

**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.

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

Interim       Final

Date of Interim Audit Report:     N/A

Date of Final Audit Report:    January 31, 2022

### Auditor Information

Name: Brian Sutherland	Email: brian@preaauditing.com
Company Name: PREA Auditors of America, LLC.	
Mailing Address: P.O. Box 1071	City, State, Zip: Cypress, Texas, 77410
Telephone: 713-818-9098	Date of Facility Visit: November 16-18, 2021

### Agency Information

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

### Agency Chief Executive Officer

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

### Agency-Wide PREA Coordinator

Name: Jill Roth, National PREA Coordinator	
Email: BOP-RSD-PREACoordinator@bop.gov	Telephone: 202-616-2112
PREA Coordinator Reports to:  Sonya D. Thompson, Assistant Director, Reentry Services Division	Number of Compliance Managers who report to the PREA Coordinator:  0

## Facility Information

**Name of Facility:** Federal Medical Center (FMC) Lexington

**Physical Address:** 3301 Leestown Road

**City, State, Zip:** Lexington, KY 40511

**Mailing Address (if different from above):**  
Same as Above

**City, State, Zip:** Same as Above

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:**

[https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

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

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

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

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

### Warden/Jail Administrator/Sheriff/Director

**Name:** David Paul

**Email:** LEX-PREAComplianceMgr-S@bop.gov

**Telephone:** 859-255-6812

### Facility PREA Compliance Manager

**Name:** Jeremiah Johnston

**Email:** LEX-PREAComplianceMgr-S@bop.gov

**Telephone:** 859-255-6812

**Facility Health Service Administrator**  N/A

**Name:** Anthony Bryant

**Email:** LEX-PREAComplianceMgr-S@bop.gov

**Telephone:** 859-255-6812

### Facility Characteristics

**Designated Facility Capacity:**

FMC – 1296, Camp - 267

**Current Population of Facility:**

FMC – 1031, Camp - 178

Average daily population for the past 12 months:	1516
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	20-87
Average length of stay or time under supervision:	131 Months
Facility security levels/inmate custody levels:	FMC – Low (GP)/ Administrative (Medical); Camp – Minimum; Community/In/Out
Number of inmates admitted to facility during the past 12 months:	267
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	267
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	267
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g., a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g., police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	494
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	0
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	70
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

## Physical Plant

<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	5
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	16
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	8
Number of open bay/dorm housing units:	8
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	72
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Where are sexual assault forensic medical exams provided? Select all that apply.</b>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: )
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### Investigations

#### Criminal Investigations

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b>	0
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<b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: ) <input type="checkbox"/> N/A
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#### Administrative Investigations

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b>	253
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<b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: ) <input checked="" type="checkbox"/> N/A
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## Summary of Audit Findings

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

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

### Standards Exceeded

**Number of Standards Exceeded:** 0

**List of Standards Exceeded:** 0

### Standards Met

**Number of Standards Met:** 45

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** 0

# Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
<b>1. Start date of the onsite portion of the audit:</b>	November 16, 2021
<b>2. End date of the onsite portion of the audit:</b>	November 18, 2021
Outreach	
<b>3. 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?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:</b>	Just Detention International
Audited Facility Information	
<b>4. Designated Facility Capacity:</b>	FMC – 1296, Camp - 267
<b>5. Average daily population for the past 12 months:</b>	1516
<b>6. Number of inmate/resident/detainee housing units:</b>  DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	16
<b>7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

*Inmates/Residents/Detainees*

8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	FMC – 1039, Camp - 171
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	7
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	6
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	1
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	1
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	3
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	4
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	8
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0

<p><b>23. 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><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The facility reported zero single cell units, eight multiple occupancy units, eight open bay dormitories, and 72 segregation cells.</p>
<p><i>Staff, Volunteers, and Contractors</i>  <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i></p>	
<p><b>24. 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>494</p>
<p><b>25. 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>70</p>
<p><b>26. 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>19</p>
<p><b>27. 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><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The staff count on the first day of the audit was 494 and 70 contractors. No volunteers have been authorized to enter the facility in the past 12 months due to the COVID-19 Virus.</p>
<p><b>Interviews</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><i>Random Inmate/Resident/Detainee Interviews</i></p>	
<p><b>28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>20</p>
<p><b>29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:</b></p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input checked="" type="checkbox"/> Other (describe) Requested at random the fifth inmate on the housing roster based on the selected criteria and include inmates from all housing units.</p> <p><input type="checkbox"/> None (explain)</p>
<p><b>30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?</b></p>	<p>The auditor attempted to select inmates from each housing unit to ensure the sample size demonstrated a diverse mix of the population.</p>

31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	The auditor was able to interview all random requirements.

<p>32. 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, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	The auditor was able to interview a sample of inmates from all housing units as the facility was not experiencing a quarantine because of the COVID-19 Virus.
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<i>Targeted Inmate/Resident/Detainee Interviews</i>	
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<p>33. Enter the total number of <b>TARGETED INMATES/RESIDENTS/DETAINEES</b> who were interviewed:</p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	20
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34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0
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a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
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b. If 0, 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).	The auditor conducted interviews with inmates and staff that indicated no youthful offenders are on-site. The facility website indicates a male population of 20 to 87 years of age.
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<p><b>35. 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></p>	<p>7</p>
<p><b>a. If 0, 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 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. If 0, 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><b>36. 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></p>	<p>6</p>
<p><b>a. If 0, 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 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. If 0, 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><b>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</b></p>	<p>0</p>
<p><b>a. If 0, 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. If 0, 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 interview with the medical staff, facility staff, and inmate population did not indicate any reference to inmates that may be blind or having low vision. The PREA Compliance Manager could not produce an inmate for interview within this category.</p>
<p><b>38. 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></p>	<p>1</p>

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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. If 0, 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).</p>	
<p>39. 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:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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. If 0, 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).</p>	
<p>40. 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:</p>	<p>3</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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. If 0, 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).</p>	
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the</p>	<p>The interview with the medical staff, facility staff, and inmate population did not indicate any</p>

<p>PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>reference to inmates that may identify as transgender or intersex. The PREA Compliance Manager could not produce an inmate for interview within this category.</p>
<p>42. 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:</p>	<p>4</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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. If 0, 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).</p>	
<p>43. 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:</p>	<p>8</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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. If 0, 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).</p>	
<p>44. 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 Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. If 0, 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).</p>	<p>The auditor conducted interviews with the staff that supervise segregated housing, the facility PREA Compliance Manager, and facility Warden and all confirmed no inmates have been housed in segregation for high-risk victimization in the past 12 months. During the on-site review the auditor spoke with inmates in segregated</p>

	housing, reviewed samples of segregation forms and did not identify any inmates under this category.
<p><b>45. 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, etc.).</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	All interviews were conducted using COVID-19 safety protocols such as social distancing, both the auditor and interviewees wearing masks, and safety barriers.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<i>Random Staff Interviews</i>	
<b>46. Enter the total number of RANDOM STAFF who were interviewed:</b>	12
<b>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</b>	<input checked="" 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 (describe) <input type="checkbox"/> None (explain)
<b>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</b>	<input type="checkbox"/> Too many staff declined to participate in interviews <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other (describe)
<b>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:</b>	
<p><b>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	The random sample of staff included selecting the fifth staff member on the daily duty roster, utilizing staff availability, minimizing scheduling conflicts, and ensuring the samples were selected from all shifts.
<p><i>Specialized Staff, Volunteers, and Contractor Interviews</i></p> <p><i>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 interview would satisfy multiple specialized staff interview requirements.</i></p>	

50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	18
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	
54. Were you able to interview the PREA Compliance Manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff

	<input checked="" type="checkbox"/> Other (describe) Intern
<b>56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	0
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
<b>57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 (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>58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</b>  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	<p>The interviews with the specialized staff attempted to assist the auditor to determine whether roles and responsibilities are being completed. No interviews were conducted with volunteers during the on-site review. The facility is prohibiting access for volunteers into the facility because of the COVID-19 Virus. Once the agency has lifted the restriction on access for volunteers to the facility, all volunteers will have to complete the biometric clearance process and PREA training before being allowed authorization into the facility.</p>
<b>Site Review and Documentation Sampling</b>	
<b>Site Review</b>	
<p><i>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: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.</i></p>	
<b>59. Did you have access to all areas of the facility?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If no, explain what areas of the facility you were unable to access and why.</b>	
<b>Was the site review an active, inquiring process that included the following:</b>	

60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>During the site review, the auditor verified the cross-gender presence of staff as announcements were made while entering the housing units. The auditor verified the use of the language line services, tested the outside reporting mechanisms, identified areas of signage that may need to be posted, and inspected all areas for blind spots and cross-gender viewing capabilities.</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.*

65. 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>During the on-site review the auditor reviewed five employee files for PREA questions, criminal history checks, and reference checks. The auditor reviewed five employee training files for initial and annual PREA training. The auditor reviewed eight investigative files, and 30 inmate files for initial intake screenings, 30-day reassessments, initial PREA information, and 30-day comprehensive PREA education</p>

**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.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate</u> sexual abuse	7	0	7	0
<u>Staff-on-inmate</u> sexual abuse	0	0	0	0
Total	7	0	7	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate</u> sexual harassment	1	0	1	0
<u>Staff-on-inmate</u> sexual harassment	0	0	0	0
Total	1	0	1	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

**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.

**69. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

Total	0	0	0	0	0
<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>					
<p>The facility reported no substantiated allegations of sexual abuse in the past 12 months.</p>					

<p><b>70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:</b></p>					
<p><i>Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.</i></p>					
	Ongoing	Unfounded	Unsubstantiated	Substantiated	
<u>Inmate-on-inmate sexual abuse</u>	0	1	6	0	
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0	
Total	0	1	6	0	
<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>					
<p><i>Sexual Harassment Investigation Outcomes</i></p>					
<p><i>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.</i></p>					
<p><b>71. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:</b></p>					
<p><i>Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.</i></p>					
	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0	0
Total	0	0	0	0	0
<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>					
<p>No criminal allegations of sexual harassment were reported by the facility.</p>					

**72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

*Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.*

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	1
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	1

a. If you were unable to provide any of the information above, explain why this information could not be provided.

*Sexual Abuse and Sexual Harassment Investigation Files Selected for Review*

Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:

7

a. If 0, explain why you were unable to review any sexual abuse investigation files:

74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?

Yes  No

N/A (N/A if you were unable to review any sexual abuse investigation files)

**Inmate-on-inmate sexual abuse investigation files**

75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:

7

76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?

Yes  No

N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?

Yes  No

N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

**Staff-on-inmate sexual abuse investigation files**

78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:

0

79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?

Yes  No

N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)

80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?

Yes  No

N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)

Sexual Harassment Investigation Files Selected for Review

81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:

1

a. If 0, explain why you were unable to review any sexual harassment investigation files:

82. Did your selection of <b>SEXUAL HARASSMENT</b> investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
83. Enter the total number of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> investigation files reviewed/sampled:	1
84. Did your sample of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)

85. Did your sample of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
86. Enter the total number of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files reviewed/sampled:	0
87. Did your sample of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	All requested information in this post audit review was not deemed essential when the audit process began.

### Support Staff Information

#### DOJ-certified PREA Auditors Support Staff

90. Did you receive assistance from any <b>DOJ-CERTIFIED PREA AUDITORS</b> at any point during this audit?  <i>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.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, enter the <b>TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS</b> who provided assistance at any point during the audit:	

#### Non-certified Support Staff

<p><b>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</b></p> <p><i>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.</i></p>	<p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>
<p><b>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</b></p>	

Auditing Arrangements and Compensation	
<p><b>92. Who paid you to conduct this audit?</b></p>	<p><input type="checkbox"/> The audited facility or its parent agency</p> <p><input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm) PREA Auditors of America, LLC.</p> <p><input type="checkbox"/> Other</p>

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

#### Standard 115.11 Analysis

The following evidence was analyzed in making compliance determinations:

##### Documents :

1. FMC Lexington Pre-Audit Questionnaire Responses
2. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
3. Federal Bureau of Prisons Organizational Chart, BOP: Organization
4. Federal Bureau of Prisons Agency Website: BOP: Inmate Sexual Abuse Prevention

##### Interviews:

1. PREA Coordinator
2. PREA Compliance Manager

##### Site Review Observations:

1. Staff performing opposite-gender announcements upon entry to all housing units.
2. Supervisory staff documenting unannounced security rounds in the post logs.
3. Signs and posters indicating zero-tolerance posted throughout the facility.
4. Reviewed the facility training materials.

##### Findings (By Provision):

115.11 (a) - Agency PREA policy 5324.12, page 13 mandates a zero-tolerance toward all forms of sexual abuse, sexual assault, staff sexual misconduct, and sexual harassment. The agency policy 5324.12 describes the approach toward prevention, detection, reporting, and response to all forms of sexual abuse and sexual harassment. This includes facility preventive measures necessary to reduce and prevent sexual abuse and sexual harassment of inmates such as: architectural design, custody supervision, video monitoring equipment, inmate orientation procedures, medical screening within 24 hours of arrival, housing considerations, separate showers, classification screenings, 30-day reassessments, facility staffing plan, staff referrals, supervisory notifications,

mental health screenings, unannounced supervisory rounds, opposite gender announcements, community corrections procedures, and training.

During the on-site review, the auditor identified staff performing opposite gender housing announcements when entering all housing units, and unannounced supervisory rounds. The rounds were documented as unannounced in the unit logbooks, and the opposite-gender announcements were made verbally by staff entering the units. The auditor noted postings throughout the facility indicating zero-tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment. The policy includes definitions of prohibited behaviors in policy 5324.12, Section 115.6, pages 10-12, and these definitions include sexual abuse, sexual assault, staff sexual misconduct, and sexual harassment. There is a total of 6 pages included within this policy as a complete glossary of terms. Policy 5324.12, page 47 explains the presumptive approach toward staff, volunteers, and contractors who engage in sexual abuse will be termination and prosecution referral. Policy 5324.12, page 47 describes the sanctions for contractors, volunteers, and referrals to law enforcement. Agency policy 5324.12, page 48 includes disciplinary sanctions for inmates found to have participated in all forms of sexual abuse, sexual harassment, indecent exposure, kissing, and inappropriate physical contact.

Training is provided for all inmates, staff, volunteers, and contractors for the education of the duties and responsibilities toward prevention, detection, reporting, and response procedures. The auditor reviewed the facility training rosters and training curriculum that described the methods toward prevention, detection, reporting, and response procedures. Agency policy 5324.12, pages 24-29 provide information relating to employee, volunteer, contractor, and inmate training regarding zero-tolerance for sexual abuse and sexual harassment. This policy also informs the staff how to fulfill their responsibilities toward prevention, detection, reporting, and response procedures.

115.11 (b) – Agency policy 5324.12, page 13, explains the agency employs an upper-level, agency-wide National PREA Coordinator, a Regional PREA Coordinator, and designates a PREA Compliance Manager for each facility. The National PREA Coordinator position reports directly to the Assistant Director for the Reentry Services Division, and this position is documented in the agency organizational chart as an upper-level position. The National PREA Coordinator’s responsibilities include developing, implementing, and overseeing the Bureau’s compliance with PREA. The National PREA Coordinator provides oversight to all Regional PREA Coordinators. The National PREA Coordinator also ensures all contract facilities follow the PREA Standards. The Regional PREA Coordinator ensures policy guidelines are addressed in institutions within each region and this position reports directly to the National PREA Coordinator.

115.11 (c) - The PREA Compliance Manager reports directly to the facility Warden and communicates with the agency Regional PREA Coordinator. This position is in the facility organizational chart (Associate Warden Operations). The PREA Compliance Manager maintains responsibility for the Sexually Abusive Behavior Prevention and Intervention Program. The PREA Compliance Manager must provide supervisory oversight to ensure the coordination of institution departments in prevention, detection, intervention, and response. The facility Warden may appoint supervisory staff as PREA points of contact in each key department such as Correctional Services, Psychology Services, and Health Services. The PREA Compliance Manager interview indicated enough time and authority to implement and oversee the responsibilities associated with the position.

#### Conclusion:

Interviews conducted with the PREA Compliance Manager confirmed enough time and authority to develop, implement, and oversee the efforts toward PREA compliance. Communication between this auditor, Management Analyst, and the PREA Compliance Manager was professional, timely, and very knowledgeable.

Interviews conducted with staff, inmates, volunteers, and contractors indicated knowledge regarding the facilities zero-tolerance policy toward all forms of sexual abuse and sexual harassment. The PREA Compliance Manager was always accessible throughout the auditing process, responded to emails and phone calls immediately, and provided adequate responses during the on-site review. The auditor confirmed an agency policy mandating zero-tolerance of all forms of sexual abuse and sexual harassment. The facility has a documented implementation plan outlining the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. FMC Lexington is fully compliant with this standard.

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

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

#### 115.12 (a)

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

#### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## Standard 115.12 Analysis

The following evidence was analyzed in making compliance determinations:

### Documents :

1. FMC Lexington Pre-Audit Questionnaire Responses
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Federal Bureau of Prisons Agency Website: BOP: Inmate Sexual Abuse Prevention
5. Calendar Year 2019, Federal Bureau of Prisons Annual PREA Report, pages 1-17, effective November 4, 2020, cy2019\_annual\_prea\_report.pdf
6. Memorandum U.S. Department of Justice, Federal Bureau of Prisons, PREA Contracts, Private Prisons, July 12, 2013
7. Memorandum U.S. Department of Justice, Federal Bureau of Prisons, RRC Contracts, PREA, July 12, 2013
8. Calendar Year 2020, Federal Bureau of Prisons Annual PREA Report, pages 1-15, effective June 17, 2021, cy2020\_annual\_prea\_report.pdf (bop.gov)

### Interviews:

1. Agency Contract Administrator
2. Agency PREA Coordinator
3. Facility Warden

### 115.12 (a-b)

FMC Lexington does not contract with other entities for the confinement of inmates. The auditor confirmed this statement during the facility Warden interview. This statement was also confirmed during the 2019 PREA audit report. FMC Lexington does not have any responsibility, separate from that on the Agency level, to enter or maintain contracts for confinement of inmates with other agencies or jurisdictions. This statement was confirmed during the facility Warden interview. The auditor was not able to interview the Agency Contract Administrator or the National PREA Coordinator. However, both parties were interviewed on an agency level by PREA Auditors of America, LLC.

The Calendar Year 2020, Federal Bureau of Prisons Annual PREA Report, page one indicates the BOP has 122 institutions. In some cases, multiple facilities are co-located, comprising a correctional complex. In addition, the agency contracts with four privately operated low security facilities and 155 Residential Reentry Centers (RCC).

Agency policy 5324.12, page 14 indicates, “The Bureau must ensure its contracts with secure privatized facilities, jails, juvenile facilities, and Residential Reentry Centers include their obligation to adopt and comply with the PREA standards. Privatization Management Branch and Residential Reentry Management Branch field staff must include PREA compliance monitoring within their scheduled contract monitoring activity”.

Conclusion:

Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard. FMC Lexington has not entered any contracts in the last 12 months for the confinement of inmates.

## Standard 115.13: Supervision and monitoring

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

### 115.13 (a)

- Does the 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  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes

No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  
 Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

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

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

#### Standard 115.13 Analysis

The following evidence was analyzed in making the compliance determination:

#### Documents :

1. FMC Lexington Pre-Audit Questionnaire responses
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. FMC Lexington Staffing Report – Pay Period 19, October 24, 2021, to November 6, 2021
5. Facility Logbook entries
6. PREA Unannounced Rounds Log, Institution Duty Officer, May 25, 2021 to August 30, 2021
7. Memorandum for the Salary Work Force Utilization Committee, Quarterly Meeting Minutes 2021

#### Interviews:

1. Facility Warden
2. Intermediate-and Higher-Level Facility Staff
3. Agency PREA Coordinator
4. Facility PREA Compliance Manager
5. Two Informal Staff Interviews

## 6. 12 Random Staff Interviews

### Site Review Observations:

1. Viewed video camera footage, monitors, and storage
2. Inspected facility identified blind spots, locking devices, staff patrols, and supervisory log entries.

### Findings (By Provision):

115.13 (a) - The auditor conducted a review of the documented Pre-Audit Questionnaire. The facility indicated staff employed by the facility that may have contact with inmates. FMC Lexington Strength Report for pay period 22 indicated the following positions: Food Service = 20, Health Services = 81, Inmate Services = five, Case Management = two, Custody = 129, Correctional Systems = nine, Unit Management = 30, Reentry = one, Drug Abuse Program = 13, Education = 12, Recreation = ten, Religious Services = four, Psychology Services = 15, Administration = six, Financial Management = 12, Human Resource = seven, Computer Services = three, Employee Development = two, Facilities = 20, Motor Pool = two, Powerhouse = eight, Safety = five, Trust Fund = eight, PHS Medical = 33, and Unicor = 57 , for a total of 494 authorized staff at that time. The facility Warden informed me the total staffing on the first day of the audit was 494. The institutional staffing plan is reviewed on a regular basis by the facility PREA Compliance Manager, Regional PREA Coordinator, Warden, and the staffing plan is reviewed annually by the National PREA Coordinator. This is a very thorough process that includes the following: daily shift assignment rosters, summary of personnel documents, and a quarterly report. The auditor reviewed the daily operations data for the three days during the on-site review and did not find any deviations within the staffing plan for the three days.

The facility utilizes video monitoring equipment, positioned in specific locations for the operators to view. The video monitoring is recorded with digital video recording and network video recording. Each camera has its own specific DVR and the retention rate for each camera recording is 30 days. The facility has cameras that are monitored by duty post staff, controlled, and accessed by investigators and supervisors as needed. These cameras monitor the perimeter and key areas of the facility. FMC Lexington camera coverage is monitored twenty-four hours-a-day by a dedicated officer located in the control center and the on-site review did not indicate any concerns with cross-gender monitoring. The current staffing plan and video monitoring system is adequate for the protection of inmates from sexual abuse; however, the facility has identified several blind spot areas throughout the facility where enhanced camera coverage will eliminate potential soft spots. The facility has implemented preventive measures such as additional unannounced security rounds documented within these areas.

The auditor confirmed the security levels for each shift, support staff, administrative staff, maintenance staff, and management by comparing the staff assigned to the daily duty rosters. The facility Warden interview indicated the factors considered in the development of this staffing plan includes, generally accepted detention and correctional practices, no judicial findings of inadequacy from Federal, internal, or external bodies. Each housing unit is monitored by correctional officers and supervisors conduct unannounced rounds throughout the day. All programming activities are during dayshift hours and the facility provides additional staff to accommodate these needs with the addition of staff to monitor these areas. This auditor verified this process during the site inspection as the staffing levels were consistent with the daily roster report. The elements of

State, Local Laws, Regulations, Standards, and other relevant factors are considered when developing the staffing plan. There was one substantiated allegation of sexual harassment, six unsubstantiated incidents of sexual abuse, and one unfounded allegation of sexual abuse considered prior to the review of the current staffing plan. The Human Resource Management Division and Administration Division, Central Office, must consider PREA factors and safety, when allocating the overall staffing resources. At the facility level, the Salary/Workforce Utilization Committee Meeting Minutes serves as the staffing plan.

115.13 (b) - The facility provided information during the Pre-Audit Questionnaire process indicating no deviations within the staffing plan in the last 12 months. The facility developed the daily duty rosters that documents all custody staff, and which post staff members are assigned. This report is developed and updated on an annual basis and the Warden interview confirmed this process. Agency policy 5324.12, pages 14-16 implement regular review of the staffing requirements and indicates the PREA Coordinator shall complete and submit the compliance review annually. The most recent Salary/ Workforce Utilization Committee Minutes are annually compiled by the Regional PREA Coordinator by May 1st and submitted to the National PREA Coordinator by June 1st. This documentation shall be forwarded to the facility Warden for review. The auditor reviewed no incident reports indicating deviations within the staffing plan. The facility reported all post assignments are filled with overtime hiring. The most common overtime needs consisted of FMLA status, sick leave, annual leave, and training. The facility Warden indicated in the formal interview there are mandates within the policy that require every post to be filled. All Federal Bureau of Prisons institution staff are designated as correctional workers first. All institution staff are required to attend academy training to receive custody certification. This allows all institution workers the ability to fill a post if necessary.

115.13 (c) - Agency policy 5324.12, page 16, includes the specific requirement regarding an annual review of the facility staffing plan by the Regional PREA Coordinator and the National PREA Coordinator. The PREA Compliance Manager and the facility Warden interviews confirmed the staffing plan is discussed numerous times throughout the year at the facility level, and changes are necessitated as required. The Warden confirmed no litigation, and no federal mandates are currently present that may affect the safety of the facility. The interview indicated full compliance with the provisions of this standard. The auditor reviewed the Salary/Workforce Utilization Committee Meeting Minutes for 2021 and confirmed this document included a discussion regarding accepted detention practices, judicial findings, oversight, blind spots, isolated physical plant locations, group dynamics, supervisory staff, programming, regulations, substantiated/unsubstantiated allegations, and vulnerabilities. This information was confirmed by the auditor during the on-site PREA Compliance Manager interview.

115.13 (d) - Agency policy 5324.12, page 16 informs staff regarding supervisor unannounced rounds must be made throughout the facility to deter sexual abuse or sexual harassment on each shift. Agency policy 5324.12 also includes staff are prohibited from alerting other staff members regarding the supervisory rounds and disciplinary action is the standard result of these actions. The on-site review indicated the supervisory rounds are being conducted and documented on the unit logs. The auditor reviewed documented supervisory logs for the months of May 2021 to August 2021, for the facility Institution Duty Officer, and this includes records for special housing, housing unit logs, and inspections conducted by the Institution Duty Officer on each shift. These documents indicated rounds being conducted during day and night shift activities and at random intervals. The logs did not indicate a distinct pattern as all rounds were conducted at various times and on different shifts. An interview was conducted with one upper-level supervisor that serves as the Institution Duty Officer and the interview indicated the supervisor will enter the facility at random locations, double back on security rounds, and monitor the radio traffic regarding supervisory notifications. All staff interviewed indicated disciplinary action as the result of any infractions regarding unannounced rounds throughout their tours. The auditor

conducted two informal staff and two informal inmate interviews, and these interviews indicated higher-level staff are present throughout the units on both day and night shifts. The informal staff interviews indicated supervisors are always walking through the units and documenting their presence. The informal inmate interviews indicated supervisory presence within the units.

Conclusion:

Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard requiring the development and review of a facility staffing plan, intermediate-or higher-level supervisors conducting documented unannounced rounds, and the facility has developed a policy that prohibits staff from alerting other staff of the rounds occurring.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

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

### Auditor Overall Compliance Determination

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

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

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

#### Standard 115.14 Analysis

The following evidence was analyzed in making the compliance determination:

#### Documents :

1. FMC Lexington Pre-Audit Questionnaire responses
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015

#### Interviews:

1. Zero- Line Staff Who Supervise Youthful Inmates
2. Zero - Youthful Inmates
3. Zero - Education and Program Staff
4. PREA Compliance Manager

#### Site Review Observations:

1. Reviewed the daily inmate rosters and housing reports
2. Reviewed the facility intake process and classification questionnaire
3. Reviewed FMC Lexington 2019 PREA Audit Report

## Results Based on the Following Provisions:

115.14 (a-c) – FMC Lexington has not housed any youthful inmates in the last 12 months. Agency policy 5324.12, Section 115.14, Youthful Inmates, page 16 describes the considerations for a youthful inmate to be housed in the Bureau of Prison facilities. The policy states, A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. In areas outside of housing units, the facility shall either maintain sight and sound separation between youthful inmates and adult inmates or provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact. The agency shall make best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. FMC Lexington does not house youthful inmates in the facility and this practice was confirmed during the interview process and verified by the facility population analysis of age ranges for the past 12 months. The facility PREA Compliance Manager interview confirmed this during the on-site review.

The auditor reviewed the April 2, 2019, facility PREA audit report and confirmed no youthful inmates were authorized during the time of the audit. The agency website indicates the following regarding FMC Lexington: FMC Lexington is an administrative security federal medical correctional institution that houses male adult inmates with an adjacent minimum satellite camp that houses female adult inmates.

Conclusion: Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard requiring the youthful inmate to be housed separate 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. FMC Lexington does not house youthful inmates and no further action is required within this standard.

## Standard 115.15: Limits to cross-gender viewing and searches

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

#### 115.15 (a)

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

#### 115.15 (b)

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

### 115.15 (c)

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

### 115.15 (d)

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

### 115.15 (e)

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

### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

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

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

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

#### Standard 115.15 Analysis

The following evidence was analyzed in making the compliance determination:

#### Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Agency policy 5521.06, Searches of Housing Units, Inmates, and Inmate Work Areas, pages 1-12, June 4, 2015
5. Sexually Abusive Behavior Prevention and Intervention Program, Annual Training 2020 Lesson Plan, pages 1-17, slide 25, Cross-Gender Pat Searches
6. Course Completions for Search and Restraint Procedures for Special Populations

#### Interviews:

1. Non-Medical Staff Involved in Strip Searches = zero
2. Random Sample of Staff = 12
3. Two Informal Staff, and two Informal Inmates
4. Transgender/Intersex population = zero Transgender on-site, zero
5. 20 Random Inmate Interviews

#### Site Review Observations:

1. Confirmation of gender specific posts compared to the daily duty rosters.
2. Intake Risk Screening and Classification Review.
3. Zero - Transgender inmates observed during the on-site review.
4. Opposite gender announcement entering housing units.

Findings (By Provision):

115.15 (a) - Agency policy 5521.06, Searches of Housing Units, Inmates, and Inmate Work Areas indicates the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. FMC Lexington reported no cross-gender strip or visual body cavity searches conducted in the last 12 months. This includes no searches that involved exigent circumstances or performed by non-medical staff. This was confirmed through 12 random interviews with staff. As all 12 staff interviews advised the facility does not perform cross-gender strip or visual body cavity searches. The auditor conducted 20 random interviews with inmates and all 20 interviews indicated no cross-gender strip or visual body cavity searches have been performed. The inmate population advised strip searches are always conducted by the same gender. This information was also confirmed during two informal interviews with staff, and two informal inmate interviews as the interviews confirmed the female staff are only allowed to perform pat searches of female inmates and all strip searches are conducted by the same gender. During the on-site review, the auditor received notice of no inmates currently housed at FMC Lexington that identified as transgender. No non-medical staff involved in cross-gender searches were available for interview due to the facility reporting zero cross-gender searches. Agency policy 5324.12, page 17 indicates when an exigent circumstance exists regarding a cross-gender search, all searches will be documented on an incident report and forwarded to the Operations Lieutenant, and the PREA Compliance Manager.

115.15 (b) – FMC Lexington does house female inmates and the auditor observed female inmates being housed at the camp as reported by the facility. The facility reported a total of 171 female inmates being housed at the camp on the first day of the audit. The facility Warden confirmed this statement during the on-site review. The facility website indicated the facility houses male and female inmates. The auditor did not observe any inmates during the onsite review that identify as transgender. The facility could not produce any inmates for interview on the day of the audit that identify as transgender or intersex.

115.15 (c) - Agency policy 5521.06, requires the facility shall document all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat down searches of inmates. The facility Warden confirmed this statement during the on-site review. No cross-gender searches of inmates were observed by the auditor during the on-site review. Interviews with 20 random inmates and 12 random staff did not indicate any concerns with cross-gender searches.

115.15 (d) - Agency policy 5324.12, page 18 explains inmates shall be able 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. This policy mandates no gender specific posts, but male and female staff are assigned Transport Officers, Search Team Officers, Visiting Room Search Officer, and will be considerate of gender specific posts. The auditor reviewed the daily post assignments during the on-site review and compared the gender assigned with the posted memo requirements. The facility offers inmate shower curtains that do not create blind spots, half walls to protect

from viewing during restroom functions, and mirrors that do not affect privacy. The facility restrooms, showers, and housing units were inspected for compliance and the auditor observed shower curtains for privacy while taking a shower, restroom barriers for privacy while using the restroom, and camera placements throughout the facility that did not indicate cross-gender viewing during periods of undress by the population. No video monitoring equipment was identified to be positioned to allow for cross-gender viewing in this capacity.

Housing unit post orders indicate a procedure for staff of the opposite gender to announce their presence when entering an inmate housing unit. This practice was observed throughout the facility site review as staff announced their presence and documented this action in the unit logbooks. FMC Lexington provides signage at the door of each unit requiring this announcement.

115.15 (e) - Agency policy 5521.06, strictly forbids staff to examine inmates for the sole purpose of determining the inmate's genital status. This policy includes transgender and intersex inmates, and if the genital status is unknown, the information will be obtained during the inmate conversations, medical records, or by performing a broader examination conducted by a medical practitioner. The PREA Compliance Manager interview confirmed all inmate information is utilized to ensure this process is adhered to. The agency policy 5521.06 explains the agency's approach to working with transgender and intersex inmates. Importantly, this policy explains the classification process and ensures the staff effectively interact professionally and respectfully toward this specialized population.

The facility is required to develop a Plan of Action to prepare for intake and housing of transgender and intersex populations. Agency policy describes the process to include the following: For purposes of pat searching, inmates will be pat searched in accordance with the gender of the institution, or housing assignment, in which they are assigned. Transgender inmates may request an exception. The exception must be pre-authorized by the Warden, after consultation with staff from Health Services, and Psychology Services Department. Exceptions must be specifically described (e.g., "pat search only by male staff"), clearly communicated to relevant staff through a memorandum, and reflected in SENTRY (or another Bureau database, e.g., posted picture file). Inmates should be provided a personal identifier (e.g., notation on commissary card, etc.) that indicates their individual exception, to be always carried and presented to staff prior to pat searches. Each inmate is considered on a case-by-case basis and the final determination is mandated by the Warden. No inmates at FMC Lexington identify as transgender and the auditor was unable to interview inmates from this population. The inmates indicated satisfaction with current housing considerations, the facility authorizes female products to be ordered from the commissary, and the facility utilizes the inmate ID card to determine housing and search preferences to staff.

115.15 (f) – The agency policy 5521.06, indicates all staff are trained to conduct proper pat down searches on inmates to include cross-gender searches. FMC Lexington describes the methods to conducting clothed searches, visual strip searches, body scanner screenings, and body cavity searches. Staff are trained how to conduct pat searches during Introduction to Correctional Techniques, Annual Training, a Sallyport video titled "Inmate Pat Search," and written policy. This is a mandated training for all employees and the auditor reviewed the staff training course completion documents for the past 12 months. Random interviews with 12 random staff and two informal staff interviews indicated knowledge of the training and verbal demonstrations regarding proper conduct. The training curriculum described proper conduct as utilizing the back of the hand to conduct the pat-down search, maintaining strict professionalism, utilizing correct terminology, providing a private area for the search, limited cross-gender viewing, and being respectful toward population needs.

Conclusion: Based upon the review and analysis of all the available evidence, interviews, on-site observations, policy, procedure, and practice considerations, the auditor has determined that the facility is fully compliant with this standard. No corrective action is required.

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

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

#### 115.16 (a)

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

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

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Standard 115.16 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. LanguageLine Solutions Agreement Memo, National Acquisitions Chief, pages 1-5, September 29, 2020
5. Introduction to Correctional Techniques Phase I Training Curriculum, pages 1-2, July 15-19, 2019
6. Agency policy 5200.06, Management of Inmates with Disabilities, pages 1-16, November 22, 2019

Interviews:

1. Facility Warden
2. Seven Inmates with a Physical Disability
3. One Inmate with a Hearing Disability
4. One Inmate with Limited English Proficiency (LEP)
5. Six Inmates with Cognitive Disabilities
6. 12 Random Staff
7. Two Informal Staff

Site Review Observations:

1. Signs and posters indicating zero-tolerance posted throughout the facility English/Spanish formats
2. The unit phones are available with a TTY service and Spanish options
3. Opposite Gender Announcements in the housing units
4. Written materials in multiple language formats
5. Staff interpreters on-site and utilized during interviews
6. LanguageLine Solutions utilized during interviews

Findings by Provision:

115.16 (a) Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program explains the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy includes language associated with deaf or hard of hearing inmates, blind or having low vision, inmates who have intellectual disabilities, psychiatric disabilities, speech disabilities, and limited English proficiency. The auditor utilized the facility contract LanguageLine Solutions to interview 1 inmate with a limited English proficient disability. The inmate advised his primary language as Spanish and the facility provided the PREA materials, inmate handbook, and posters in a language he understood. The facility Warden interview indicated the facility has a contract to provide language line services, the facility is required to post materials in both English and Spanish formats, there are options for the blind, staff listed as interpreters, and all PREA related materials are available in multiple languages. The auditor inspected the inmate phone systems, the TTY options are available for hard of hearing populations, and the voice recorded options are available in Spanish formats.

115.16 (b) The inmate handbooks are written in both English and Spanish format. The PREA and Americans with Disabilities Act provisions are documented in policy 5200.06, Management of Inmates with Disabilities, and indicate the following resources are available for the inmates: closed captioning, large print material, reading of materials to inmates by staff, department translator lists, and the LanguageLine Solutions. Inmates are provided the facility handbook in their primary language upon request and the auditor reviewed the intake process.

115.16 (c) The facility provides interpreter services with a language line service known as LanguageLine Solutions. The facility offers a TRULINCS email service to communicate with the inmate population and the staff. This service is available for inmates with limited reading skills in both English and Spanish. The auditor tested the email process during the on-site review and an immediate response was provided. Posters and signs are available throughout the facility in both English and Spanish relating to reporting mechanisms, and prevention techniques. Staff training files reviewed indicated training received for managing inmates at risk of sexual abuse and identified the policy against using inmate interpreters. The auditor interviewed 12 random staff and conducted two informal staff interviews that described the use of the language line or staff interpreter services. Inmates would not be used to provide interpreter services during a sexual abuse or sexual harassment allegation.

Conclusion: The evidence reviewed by the auditor reveals a significant level of facility importance regarding inmates with disabilities or inmates with limited English proficiency having the ability to communicate effectively with staff. This includes efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has taken an above average approach to accommodate steps to communicate effectively with inmates who are deaf or hard of hearing, have speech disabilities, are blind or low vision, intellectual disabilities, limited reading skills, psychiatric disabilities, or limited English proficient. This includes a LanguageLine Solutions contract, and the potential staff interpreter lists. The staff interviews did not indicate concerns regarding the use of inmate interpreters, readers, or assistants during sexual abuse or sexual harassment investigations. The agency has a policy in a written format and the review of the agency training materials indicated the facility training aligns with the written policy. The Warden interview indicated a strong knowledge base and the expected communication results designed within the intent of the written policy. The facility is fully compliant with this standard.

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

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

### 115.17 (a)

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

### 115.17 (b)

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

### 115.17 (c)

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

### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Standard 115.17 Analysis

The following evidence was analyzed in making compliance determinations:

##### Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Random Staff Personnel Files
5. Random Volunteer Files
6. Random Contractor Files
7. Agency policy 3000.03, Human Resource Management Manual, pages 28-45, December 19, 2007
8. Agency policy 3420.11, Standards of Employee Conduct, pages 6-7, December 6, 2013

##### Interviews:

1. Human Resource Staff
2. PREA Compliance Manager
3. Two Informal Staff
4. Two Contractors
5. Volunteer = zero
6. 12 Random Staff
7. Facility Investigator

##### Site Review Observations:

1. Random Staff Personnel Files
2. New Employee Background Screenings Confirmed
3. Contractor Background Screenings Confirmed
4. Five-year Background Screenings Confirmed

Findings by Provision:

115.17 (a) Agency policy 3000.03, page 28 prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who has engaged in, been convicted of, or civilly/administratively adjudicated in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution. This was confirmed during the interview with one Human Resource staff member. Each staff member must provide responses to specific questions relative to PREA during the submission of the application. A background questionnaire form is completed authorizing the facility to conduct a background screening. The auditor reviewed staff personnel files that indicated a response to these PREA related questions.

115.17 (b) Agency policy 3000.03, page 41-45 requires the facility to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. This was confirmed during the interview with one Human Resource staff member. The auditor reviewed staff personnel files including their signatures on the background release forms. None of the staff personnel files indicated concerns regarding this provision.

115.17 (c) The agency policy 3000.03, Human Resource Management Manual indicates a screening is required by law prior to hiring. This includes the following: employment history checks, criminal history checks, and the National Sex Offender Registry screenings. These checks are completed prior to hiring new employees who may have contact with inmates, criminal background records checks and 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 is completed. The auditor spoke with the Human Resource Manager and determined criminal background checks were completed in the past 12 months. These record checks were through the National Crime Information Center, and all current staff background checks are performed prior to employment. The background checks include the following: Biometric information, driving records, investigation files, licensure, military records, and drug related convictions. The Federal Bureau of Prisons staff must complete a Federal Electronic Questionnaires for Investigations Processing (eQip) process that includes a preliminary screening and a full clearance for duty.

115.17 (d) The Pre-Audit questionnaire indicated background checks completed for staff covered under contracts for services that may have contact with inmates. This information was confirmed during the Human Resource Manager interview. The auditor reviewed agency policy 3000.03 regarding the provision of this standard that documents background checks are conducted for all applicants and employees. All contracted staff must complete a Federal eQip process that includes a preliminary screening and a full clearance for duty.

115.17 (e) Agency policy 3000.03, indicates criminal background checks are conducted on all current employees, volunteers, and contractors, at least every 5 years. This is dependent upon what type of clearance badge you were awarded at the time of employment or admission into the facility. This was confirmed during the one Human Resource staff interview. This is captured within the agency reporting mechanism and discussed during

the Human Resource interview. The systems that capture this information are the National Crime Information Center, and the Kentucky Department of Motor Vehicles. All employees, and contractors must renew their clearance certification every five years by completing a Federal eQip process that includes a preliminary screening and a full clearance for duty.

115.17 (f) All applicants and employees, who may have contact with inmates, will be asked about previous misconduct in all written applications, interviews for hiring or promotion, or during written evaluations. This was confirmed during the review and interview with the one Human Resource staff member. The auditor reviewed staff files and confirmed the signed document was present asking the specific questions relative to sexual abuse, sexual assault, and sexual harassment.

115.17 (g) Employees must disclose all misconduct allegations and any material omission or false information regarding misconduct will be grounds for termination. The Human Resource Manager interview explains failure to report criminal charges and convictions may result in disciplinary action, demotion, and termination. In addition, staff personnel files were reviewed, and no issues were determined regarding this practice.

115.17 (h) The facility tracking mechanism is documented on the applicant summary form and includes a criminal records check, valid driver's license, personal interview, proper documentation provided, social security number compliance, certification verification, correctional reference checks to include prior employers, resignations, and substantiated allegations. The Human Resource Staff interview provided documentation demonstrating a criminal history and driving history inspection was previously conducted for staff. The Human Resource Staff interview confirmed a criminal background check is conducted prior to offering promotional opportunities and the auditor verified this process during the employee file review. All staff and contractors are required to complete a Federal eQip process that includes a preliminary clearance and a full clearance for duty. This process is repeated every five years.

Conclusion: Based on the evidence reviewed by the auditor to include staff personnel files, interviews with one Human Resource staff, agency and facility policy, contractor reviews, 12 random staff interviews, and two informal staff interviews, the auditor finds no discrepancies within this standard required for corrective action. The steps considered by the facility to ensure the safety of the inmates with qualified staff is impressive, as all employee, and contractor background investigations are conducted by the Federal eQip process. The facility offers a very detailed ID clearance system, and all staff are required to maintain their clearance throughout employment. All staff must be reevaluated upon promotion and are required by policy to inform Human Resource staff regarding any negative interaction with law enforcement. The ID clearance system is consistent across all parameters to include the auditor clearance prior to authorized approval to conduct this audit.

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

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

#### **115.18 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Standard 115.18 Analysis

The following evidence was analyzed in making compliance determinations:

#### Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015

#### Interviews:

1. Facility Warden

2. PREA Compliance Manager
3. PREA Coordinator

Site Review Observations:

1. Camera and monitor placement throughout the facility
2. Video and storage areas and camera footage
3. Gender Specific post assignments
4. Cross-gender viewing on video monitoring equipment

Findings by Provision:

115.18 (a) The agency policy 5324.12 indicates when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.

The facility Warden confirmed no substantial expansions were performed to FMC Lexington facility within the last 12 months. The interview with the Warden indicated the safety and privacy needs for inmates is always considered. Whenever analysis is performed the idea of creating areas of safety and eliminating blind spots are important.

115.18 (b) The agency policy 5324.12 indicates when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. The facility has performed minor upgrades to the video monitoring equipment within the last 12 months. The auditor reviewed the video footage during the on-site review in correlation with the previously documented gender specific post assignments. There were no immediate concerns identified regarding cross-gender viewing of the video monitoring equipment. The video monitoring equipment has been upgraded, but future expansion is being considered in the current vision as indicated during the facility Warden interview.

Conclusion: The agency has implemented a policy and a program to monitor the effects of upgrades, camera placement, and video monitoring equipment throughout their facilities. Each camera has a full DVR recording support, and all modern additions were provided to assist in preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The efforts provided by the facility meets the requirements of this standard. The Warden advised the PREA Compliance Manager participates in the discussions regarding video monitoring equipment and future expansion, and all documentation is forwarded for review to the regional level PREA Coordinator.

## RESPONSIVE PLANNING

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

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

**115.21 (a)**

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

**115.21 (b)**

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

**115.21 (c)**

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

**115.21 (d)**

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

- Has the agency documented its efforts to secure services from rape crisis centers?  
 Yes  No

#### 115.21 (e)

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

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Standard 115.21 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington, April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Reviewed zero investigations involving a Sexual Assault Nurse Exam Referral
5. Reviewed an MOU with Kentucky Association of Sexual Assault Programs (KASAP) in correlation with AMPERSAND Sexual Violence Resource Center, August 4, 2021

Interviews:

1. 12 Random Staff
2. Zero Sexual Assault Nurse Examiner
3. PREA Compliance Manager
4. Four Inmates who Reported Sexual Abuse
5. One Non-Custody First Responder
6. Two Informal Staff

Site Review Observations:

1. Toll-Free Number posted in all Housing Units for a Victim Advocate Provider.
2. PREA Signs and Posters posted in all Housing units in English and Spanish formats.

Findings by Provision:

115.21 (a) The Federal Bureau of Prisons and FMC Lexington utilize the facility investigators for conducting administrative sexual abuse and sexual harassment investigations, the Office of the Inspector General (OIG), and the Federal Bureau of Investigation has the responsibility for conducting criminal abuse investigations. The Special Investigative Services (SIS) and the FBI utilize a uniform evidence protocol when conducting sexual assault investigations and forensic medical examinations. The agency policy 5324.12 describes the uniform evidence protocol required by the facility on pages 22-24. The auditor interviewed 12 random staff and all interviews indicated securing the scene and the Evidence Recovery Team would be responsible for collecting the

evidence at the scene. The agency policy 5324.12 indicates the standard utilized when conducting sexual harassment and discrimination investigations. The auditor reviewed a Memorandum for PREA File acknowledging an agreement between the Federal Bureau of Prisons and the Federal Bureau of Investigation. This agreement is effective until both parties express otherwise.

115.21 (b) FMC Lexington does not house youthful inmates, and this was confirmed by the agency website, on-site interviews conducted with staff, and the population statistical data. Agency policy 5324.12 explains the protocol established for evidentiary purposes shall be developmentally appropriate for youth. This policy was adapted in correlation with the National Protocol for Sexual Assault Medical Forensic Exams, Adult/Adolescents.

115.21 (c) The facility offers all inmates who experience sexual abuse access to forensic medical examinations and without financial cost to the victim. The agency policy 5324.12 advises the facility shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without cost, where evidentiary or medically appropriate. FMC Lexington utilizes the Kentucky Association of Sexual Assault Programs (KASAP), in correlation with AMPERSAND Sexual Violence Resource Center, for conducting emergency treatment and Sexual Assault Nurse Exams (SANE). A total of zero forensic medical exams were performed by a Sexual Assault Nurse Examiner (SANE) during the past 12 months. The number performed by a SANE was zero, and the number performed by a qualified medical practitioner was zero. This auditor was unable to speak with the SANE nurse during the on-site review. This was also confirmed by the PREA Compliance Manager and the Health Services Administrator during the on-site review. The Health Services Administrator confirmed all medical procedures will be performed to the victim at no cost. FMC Lexington also provides on-site mental health treatment through their crisis stabilization and transitional care units. This includes activities groups, social skills training, group therapy, and medication management groups.

115.21 (d) FMC Lexington medical staff complete the National Institute of Corrections training curriculum regarding PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting, and PREA: Behavioral Health Care for Sexual Assault victims in a Confinement Setting. FMC Lexington utilizes the AMPERSAND Sexual Violence Resource Center for outside victim advocacy programs. The agency posters are posted in all housing units to identify the 24-hour services offered by the agency, advocacy, case management, and hospital accompaniment. The poster offers an address for inmates to write directly to the agency and the information is also provided in the inmate handbook. The information provided to the inmates in intake includes a facility sexual abuse awareness handbook and the methods to obtain victim advocate services is included within the pamphlet. The auditor observed this pamphlet being provided to the inmates during the intake process. All inmates are required to sign for receipt of the inmate handbook and the PREA pamphlet.

115.21 (e) The auditor reviewed zero incident reports demonstrating a victim advocate present during the sexual assault medical exam as the facility reported zero incidents involving the need for an exam. Agency policy 5324.12, page 23 explains victim advocates from the community used by the Bureau are preauthorized by the agreement. The victim advocate will serve as emotional support for the inmate while navigating through the treatment and evidence collection processes. This was confirmed during the PREA Compliance Manager interview. The facility utilizes the AMPERSAND for outside victim advocate services and the auditor reviewed the MOU efforts for compliance.

115.21 (f) FMC Lexington utilizes the facility Special Investigative Services (SIS) and the Office of Internal Affairs (OIA) for conducting administrative sexual abuse and sexual harassment interviews, and the Federal Bureau of Investigation (FBI) and the Office of the Inspector General (OIG) have the responsibility for conducting criminal abuse investigations. This was confirmed during the PREA Compliance Manager, Investigative staff interviews,

and two informal staff interviews were able to identify the SIS Lieutenant as the point of contact for facility investigations.

115.21 (g) N/A

115.21 (h) The facility PREA Compliance Manager verified the facility has a documented MOU with AMPERSAND to provide an agreement to offer emotional support, crisis intervention, information, and referrals. The auditor reviewed the documented MOU for clarity. FMC Lexington will also utilize the Psychology Services Department staff to provide representatives for the emotional support services.

Conclusion: The facility has in place a policy reflecting the efforts toward providing investigations, victim support, evidence protocol, and forensic medical examinations. The auditor reviewed efforts by the facility to contact a provider for the provisions required and all facility efforts are documented in writing. The facility utilizes the services of AMPERSAND for outside victim advocacy services. All provisions were met within standard 115.21 and no further corrective action required.

## Standard 115.22: Policies to ensure referrals of allegations for investigations

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

### 115.22 (a)

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

### 115.22 (b)

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

### 115.22 (c)

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

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Standard 115.22 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Reviewed Zero investigations involving a Sexual Assault Nurse Exam Referral
5. Reviewed an MOU with Kentucky Association of Sexual Assault Programs (KASAP) in correlation with AMPERSAND Sexual Violence Resource Center, August 4, 2021

Interviews:

1. Facility Warden
2. One Facility Investigator

3. PREA Compliance Manager
4. PREA Coordinator

Site Review Observations:

1. Reviewed the facility website for Investigative information.
2. Reviewed Operations Lieutenant Checklist
3. Reviewed eight investigative Files
4. Case Management Log Entry System

Findings by Provision:

115.22 (a) FMC Lexington Pre-Audit Questionnaire listed seven allegations of sexual abuse and one allegation of sexual harassment in the past 12 months. The auditor reviewed eight allegations during the on-site review. This resulted in eight administrative investigations and no allegations remain pending. FMC Lexington recognizes the grievance system as a method of reporting allegations of sexual abuse; and zero grievances submitted within the last 12 months regarding allegations of sexual abuse. When a grievance form is received indicating an allegation of sexual abuse or sexual harassment, the grievance is forwarded immediately to the Special Investigative Services (SIS) for investigation. FMC Lexington provides an email helpline as a method of reporting sexual abuse or sexual harassment.

Administrative investigations are conducted for all allegations of abuse or harassment and criminal investigations will be conducted upon referral. FMC Lexington reported a total of eight investigations conducted within the past 12 months. This includes Administrative sexual abuse cases, criminal sexual abuse cases, and cases involving sexual harassment. Investigations resulted in one substantiated claim for administrative actions, six unsubstantiated claims, and one claim that the investigation was determined to be unfounded. There are no cases that are still pending an outcome. Administrative investigations are completed for every allegation of sexual abuse and sexual harassment and referrals are made for criminal investigations as needed.

115.22 (b) The agency policy 5324.12 requires all allegations of sexual abuse and sexual harassment to be investigated and referred for administrative review or criminal prosecution. Policy 5324.12 ensures the allegation of sexual abuse or sexual harassment is referred to an agency with the legal authority to conduct criminal investigations. The Office of the Inspector General and the Federal Bureau of Investigation shall be responsible for criminal investigations in matters relating to sexual abuse. This notification policy is posted on the agency website and the procedures for reporting allegations are found in the agency policy 5324.12. This auditor reviewed documentation indicating all five cases were entered into the facility incident database. This information was provided and explained by the PREA Compliance Manager.

This auditor reviewed eight investigative reports and determined a documented credibility assessment. The considerations for credibility were included as discussed throughout the investigative staff interviews and documented within the reports. This auditor provided recommendations to the investigative staff for future implementation and the reports were impressive during the on-site review. The evidence provided demonstrated full compliance with this practice. The facility Investigator interview indicated the burden of proof

for administrative investigations to be the preponderance of the evidence. The PREA Compliance Manager confirmed the policy is posted on the agency website and this was included in the facility Pre-Audit Questionnaire.

115.22 (c) Agency policy 5324.12 indicates the Federal Bureau of Investigation (FBI) shall conduct all criminal investigations of sexual abuse, sexual battery, and inmate sexual harassment. The Office of the Inspector General (OIG) will conduct staff criminal investigations. The information provided by the agency and facility indicates compliance with this standard.

115.22 (d) N/A

115.22 (e) N/A

Conclusion: Based on the evidence provided by the facility, the agency has a policy governing the investigations of allegations of sexual abuse and sexual harassment. The facility has a documented investigative policy and documents all reports of sexual abuse and sexual harassment. The facility provided the auditor with documentation of the investigations, including full investigative reports with findings. This auditor reviewed eight investigative reports and determined a documented credibility assessment. The considerations for credibility were included as discussed throughout the investigative staff interviews and documented within the reports. This auditor provided recommendations to the investigative staff for future implementation and all reports were reviewed during the on-site review. The evidence provided demonstrated full compliance with this practice. The facility provided evidence of referrals of allegations of sexual abuse and sexual harassment. The agency policy is posted on the website, and it describes the investigative responsibilities of both the agency and the separate entities that conduct the criminal investigations on its behalf. The facility meets the provisions of this standard.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

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

**Does Not Meet Standard** (*Requires Corrective Action*)

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

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

Standard 115.31 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. PREA Sexually Abusive Behavior Prevention and Intervention Program Annual Training Documents
5. Annual Training 2021 Curriculum Lesson Plan, Sexually Abusive Behavior, and Intervention Program, 27 pages

Interviews:

1. 12 Random Staff
2. PREA Coordinator
3. Two Informal Staff
4. Zero Inmates that identify as Transgender.
5. Facility Training Staff

Site Review Observations:

1. Reviewed Staff Training Files
2. Reviewed PREA Training and Understanding Verification Forms

3. Verified a list of all current staff training dates.

Findings by Provision:

115.31 (a) Agency policy 5324.12 includes the zero-tolerance toward sexual abuse and sexual harassment policy relating to staff training. This policy includes training requirements on how to fulfill their responsibilities for prevention, detection, reporting, and response. This policy includes all elements listed in section 115.31 (a) 1-10. The auditor conducted 12 Random staff interviews indicating significant knowledge regarding the zero-tolerance policy toward all forms of sexual abuse and sexual harassment, and the staff requirements toward prevention, detection, reporting, and response. The auditor reviewed the PREA Course Lesson Plan that lists the following performance objectives required within the training: The agency's zero-tolerance policy for sexual abuse and sexual harassment, staff responsibilities for prevention, detection, response, and reporting procedures, inmates' right to be free from sexual abuse and sexual harassment, inmate and staff retaliation standards, the dynamics of sexual abuse in confinement settings, victim behaviors, signs and symptoms of threatening behaviors, how to avoid inappropriate relationships, communication and understanding the linguistic, ethnic, or cultural differences, and how to report sexual abuse to outside authorities.

115.31 (b) This auditor reviewed the staff training curriculum to include rosters, power points, briefing rosters, lesson plans, and the Power Point training program. This program is a testing platform and specifically designed to provide the PREA training elements listed in 115.31 (a) 1-10. The facility trained all staff members in the last 12 months and provided training spreadsheets demonstrating PREA training across all shifts. The Agency training is tailored to the gender of the inmates at the facility to include male and female inmates and staff. The facility utilizes the National PREA Resource Center, The Moss Group, and the Bureau of Justice Assistance U.S. Department of Justice Guidance in Cross-gender and Transgender Pat Searches power point within their training curriculum. This auditor was unable to interview inmates that identify as transgender, informal information did not depict any concerns with cross-gender viewing or searches.

115.31 (c) The auditor reviewed staff training files and the documentation provided indicated all staff received the initial and annual PREA training. A complete listing of all staff was provided by the PREA Compliance Manager to the auditor ensuring the training was received by all staff at the end of the on-site review. The Human Resource interview confirmed staff receive PREA training on an annual basis in the academy, online, during roll call briefings, and during in-service.

115.31 (d) The 12 random staff interviewed during the on-site review and two informal staff interviews indicated the ability of staff to properly identify the PREA Compliance Manager, PREA Investigator, and the PREA Coordinator.

Conclusion: Based on the review of the facility training policies, staff training curriculum, samples of the training records, and the documentation of the employees' signatures signifying comprehension of the training received, the facility appears to meet compliance with this standard. No corrective action is required at this time.

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

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

### 115.32 (a)

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

### 115.32 (b)

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Standard 115.32 Analysis

The following evidence was analyzed in making compliance determinations:

#### Documents:

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015

4. PREA Sexually Abusive Behavior Prevention and Intervention Program Annual Training Documents
5. Annual Training 2021 Curriculum Lesson Plan, Sexually Abusive Behavior, and Intervention Program, 7 pages
6. Level One Volunteer Application/Training Forms

Interviews:

1. Two Contractors
2. Volunteer - Intern
3. PREA Compliance Manager

Site Review Observations:

1. Reviewed Volunteer/Contractor/ Public Visitor Forms
2. Reviewed the facility Biometric process

Findings by Provision:

115.32 (a) Agency policy 5324.12 explains the zero-tolerance standard toward all forms of sexual abuse, sexual assault, and sexual harassment. The facility provides a volunteer and contractor lesson plan, Power point review, and a PREA test. This auditor reviewed the volunteer and contractor lesson plan, and the information includes the zero-tolerance policy, requirements for preventing, reporting, detection, response, and the discipline imposed for violations of this policy. The documentation provided by the facility indicates the volunteer and contractor signature understanding the training received. The auditor reviewed the PREA Information Acknowledgment form indicating they understand the training received. The auditor reviewed the PREA Lesson Plan Power Point provided by the PREA Compliance Manager, and the materials provide the discussion regarding the zero-tolerance standard.

The auditor reviewed the PREA Course Lesson Plan that lists the following performance objectives required within the training: The agency's zero-tolerance policy for sexual abuse and sexual harassment, staff responsibilities for prevention, detection, response, and reporting procedures, inmates' right to be free from sexual abuse and sexual harassment, inmate and staff retaliation standards, the dynamics of sexual abuse in confinement settings, victim behaviors, signs and symptoms of threatening behaviors, how to avoid inappropriate relationships, communication and understanding the linguistic, ethnic, or cultural differences, and how to report sexual abuse to outside authorities. The volunteers and contractors are required to complete a written test and the auditor verified this process throughout the on-site review.

115.32 (b) FMC Lexington has 70 contractors and one volunteer assigned throughout the facility. No volunteers have been on-site in the past 12 months because of the COVID-19 virus. The level of training provided is based on the services they provide and the level of contact they have with inmates. Each contractor and volunteer must complete an application and a background check is completed. The application consists of the following information: personal information, current employment information, personally identifiable information,

education, emergency contacts, criminal history, and previous institutional experience. Each volunteer and contractor are screened through the National Crime Information Center. All volunteers and contractors complete a screening process, and a badge identification system is conducted that authorizes the volunteer or contractor access to the facility. The auditor reviewed 34 contractor training signature forms indicating understanding of the training received.

115.32 (c) The auditor spoke with one Contractor that provided information relating to the training received, handbook notifications, and background questionnaires. All interviews indicated the ability to convey the zero-tolerance policy, preventive actions, notification procedures, and response practices. All interviews confirmed receipt of the PREA training. The facility volunteer coordinator provided documentation indicating all volunteers have received the PREA training and signed the notification indicating the volunteer understands the training received for 2020. Because of COVID 19, the volunteer training for 2021 was suspended. Additional efforts are being made to accommodate the volunteer training for 2021.

Conclusion: Based on the review of the evidence provided, the facility ensures all volunteers and contractors that have contact with inmates are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors is based on their level of contact with the inmates. The sample of contractors interviewed indicated knowledge regarding the zero-tolerance policy and how to report any incidents. The agency maintains documentation confirming that all volunteers and contractors understand the training they have received. The volunteer coordinator acknowledges the importance of ensuring all facility databases are updated regarding the training certification. No corrective action is required regarding this standard.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

### 115.33 (c)

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

### 115.33 (d)

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

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

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

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

#### Standard 115.33 Analysis

The following evidence was analyzed in making compliance determinations:

#### Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington, April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Institution Admission and Orientation Program Checklist
5. FMC Lexington Inmate Handbook

#### Interviews:

1. PREA Compliance Manager
2. One Intake Staff
3. 20 Randomly Selected Inmates
4. Two Informally Selected Inmates
5. One Limited English Proficient (LEP) Inmate
6. Six Cognitive Disability

#### Site Review Observations:

1. Observed the Intake Process and Issue of the inmate handbook
2. Reviewed 30 Inmate Intake Files
3. Reviewed 30 PREA Comprehensive Education Signature Documents

#### 4. Observed PREA Posters and Materials Posted in All Housing Units, Medical, and Programs (English/Spanish)

##### Findings by Provision:

115.33 (a-f) Agency policy 5324.12 discusses the inmate education requirements and includes elements (a-f) within the policy. The intake officer described the inmates receive an initial inmate handbook upon arrival to the intake section. This document includes the facility zero-tolerance policy, the inmates right to be free from sexual abuse, sexual assault, and sexual harassment. It also includes instructions on how to report an allegation by mail. The inmates can submit a request form, file a grievance to report allegations of sexual abuse, sexual assault, or sexual harassment. They can report to a staff member or notify staff by submitting an email to the staff they choose.

Agency policy 5324.12 indicates within the first 30 days of intake additional PREA information will be provided to the inmate population. This information includes the inmates' right to be free from sexual abuse, sexual harassment, and retaliation. Department policies are introduced, response procedures, and directions on how to report an allegation is explained during the comprehensive review. The facility also proudly displays PREA posters, and one is displayed in the intake section regarding zero-tolerance. The intake staff are required to print an inmate orientation acknowledgement form and the inmates sign acknowledging they understand the training they have received. The auditor sampled 30 inmate files indicating receipt of the inmate handbook and the 30-day comprehensive education.

There are several reporting methods provided to the inmates and this is discussed in the inmate handbook. The inmate handbook is written in both English and Spanish formats. Posters are visible throughout the facility reminding inmates regarding zero-tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment. The auditor interviewed 20 randomly selected inmates indicating PREA knowledge, expectations toward privacy, reporting mechanisms, retaliation monitoring, and pride in the overall safety of the facility. The inmate phones are equipped with a TTY system, the facility provides a language line for numerous languages and a list of certified staff interpreters. The facility employs staff to provide the information verbally to inmates that cannot read. The auditor interviewed one inmate with limited English proficiency and reported receiving PREA information on video and in documents they could read and understand.

Conclusion: The auditor has determined the agency has a policy governing PREA education for inmates. The auditor has also determined full compliance with this standard based on a review of the following evidence supplied by the facility: intake records of inmates entering the facility in the past 12 months, signed documents by the inmates indicating the understanding of the training received within 30 days of intake, confirmation of all inmates receiving the PREA information within one year of the effective date of the PREA standards, review of the inmate handbook, education materials in formats accessible to inmates that are limited English proficient, deaf, visually impaired, disabled or limited reading skills, and observations of materials posted throughout the facility in both English and Spanish formats. The facility has demonstrated compliance with this standard and no corrective action is requested at this time.

## **Standard 115.34: Specialized training: Investigations**

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

### 115.34 (a)

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

### 115.34 (b)

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

### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Standard 115.34 Analysis

The following evidence was analyzed in making compliance determinations:

#### Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Course Completions for PREA Investigating Sexual Abuse in a Confinement Setting
5. SIS – PREA National Video Conference Agenda
6. Sexual Violence, PREA: Prison Rape Elimination Act of 2003, CSV-0601-BXX, Slides 1-46, January 3, 2020
7. Warning and Assurance to Employee Required to Provide Information, Form BP-A0194, 2 pages, June 2010
8. Office of Internal Affairs, Conducting Interviews and Union Issues Power Point, Slides 1-62, January 3, 2020
9. The FBI's Domestic Investigations and Operations Guide Link

#### Interviews:

1. Facility PREA Investigator
2. PREA Compliance Manager

#### Site Review Observations:

1. Reviewed the facility PREA Training Lesson Plan and Power point
2. Reviewed Facility Investigator Training Files
3. Reviewed PREA Training and Understanding Forms
4. Reviewed Eight PREA Investigative Files

Findings by Provision:

115.34 (a-d) Agency policy 5324.12 includes the specialized training requirements for the facility PREA investigators. The required training includes the following: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral. The facility utilizes investigators from the Office of the Inspector General and the Federal Bureau of Investigation for all criminal investigations. The Special Investigative Services (SIS) and the Office of Internal Affairs (OIA) are assigned to conduct all administrative investigations. The auditor verified the facility PREA Investigators have received the specialized PREA training for investigators.

The Special Investigative Services Investigator interview indicated additional training is conducted on a continuous basis. This training provides the necessary elements required within this standard to include the following: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral. The auditor reviewed the training outline and power points associated with this learning environment. This training identified the PREA standards that apply to investigating sexual abuse of inmates and demonstrated six critical investigative techniques and protocols of competent investigations. The facility maintains records of all training received and is easily accessible for review. Agency policy 5324.12 indicates training documentation will be maintained by the employee training files and documented on the PREA Training and Understanding Form.

Conclusion: Based on the review of the materials provided by the facility: the agency training policy for investigative staff, the investigator training curriculum, documentation that the agency investigators have completed the required training, and the training records and logs presented by the staff, the auditor finds the facility meets all provisions required within this standard. No further action is required at this time.

## Standard 115.35: Specialized training: Medical and mental health care

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

#### 115.35 (a)

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

have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

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

#### 115.35 (b)

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

#### 115.35 (c)

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

#### 115.35 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

#### Standard 115.35 Analysis

The following evidence was analyzed in making compliance determinations:

##### Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Course Completions for PREA for Medical and Mental Health Care

##### Interviews:

1. One Medical Staff
2. One Mental Health Staff
3. Zero Sexual Assault Nurse Examiner (SANE)

##### Site Review Observations:

1. Reviewed medical staff training files

##### Findings by Provision:

115.35 (a-d) Agency policy 5324.12 explains the agency policy, procedures, and practice associated with this standard compliance, and requires all medical and mental health care practitioners to receive the required specialized PREA training. There is a total of 96 medical staff that work regularly in the facility and the training records indicated all staff have received the initial PREA orientation and the specialized training. The auditor reviewed the facility PREA Medical and Mental Healthcare Lesson plan that included the following topics: PREA medical and mental healthcare standards participant guide, lessons on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor interviewed one medical staff, and one mental health staff and all interviews indicated knowledge regarding the specialized medical training.

The forensic medical exams are conducted in correlation with the Kentucky Association of Sexual Assault Programs. The auditor was unable to interview a SANE nurse due to time constraints, effects of COVID-19, and a

lack of a point of contact. The facility maintains documentation demonstrating the medical and mental health practitioners have completed and understand the training received. The one medical staff interview provided direct knowledge regarding how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse, and whom to report allegations or suspicions of sexual abuse and sexual harassment.

Conclusion: Based on the review of the following evidence: agency policy governing training of medical and mental health care practitioners, documentation showing the training has been received by all staff, a review of the training curriculum, signature indicating understanding of the training received, and confirmation of the medical staff training logs ensuring the staff have received the initial training for employees, contractors, and volunteers dependent upon their status, the auditor finds the facility meets all of the provisions required within this standard with compliance. No further action is required.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

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

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

#### **115.41 (a)**

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

#### **115.41 (b)**

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

#### **115.41 (c)**

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

#### **115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Standard 115.41 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. 30 Intake Screening Forms
5. Attachment A., PREA Intake Objective Screening Instrument, page 1, June 4, 2015
6. Bureau of Prisons Psychology Services Department Risk of Sexual Victimization Document, pages 1-2, September 10, 2020

Interviews:

1. One Staff Responsible for Risk Screening
2. 20 Random Inmates
3. Two Informal Inmates
4. 12 Random Staff
5. Two Informal Staff
6. PREA Coordinator
7. PREA Compliance Manager

Site Review Observations:

1. Inmate Risk Screening Process
2. Inmate Risk Screening Reassessment Process
3. Intake and Classification Housing Assignment Review
4. Inmate File Reviews = 30
5. PREA Risk Assessment Tools

Findings (By Provision):

115.41 (a-I) Agency policy 5324.12 explains the screening procedures for risk of victimization and abusiveness. This policy explains all inmates are assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. Inmates will also be screened upon transfer to another facility for their risk of being sexually abused or sexually abusive toward other inmates. FMC Lexington utilizes the PREA Risk Assessment Tool to accomplish the risk screening process. This tool is utilized during the following procedures: the intake screening process, 20-30 days after receipt into the facility, or whenever an inmate is involved in an incident of sexual abuse, new information is provided within the inmate's history, and during the annual review.

The auditor observed the screening procedures during the on-site review within the initial receipt of the inmate population during the first two hours of arrival. The review was performed by the intake officer in a private office space with a secure workstation. The auditor also observed a reassessment being conducted by a unit team member in a private office space with a secure workstation within the housing unit. The auditor confirmed the reassessment was conducted within 28 days of the initial receipt of the inmate. Agency policy 5324.12 indicates this tool must be completed within the first 72 hours of intake to the facility. The auditor reviewed 30 inmate files and determined the intake screenings usually take place within the same day of arrival, and usually within the first two hours. This follows the 72-hour mandate required by the standard. The files reviewed consisted of 30 inmate assessments upon arrival within the first 72 hours, and 30 inmate reassessment files for allegations of sexual abuse. None of the 30 files reviewed indicated major concerns regarding the initial intake screening or the reassessment.

The facility utilizes an objective classification screening instrument that includes: an individual points system, yes and no responses, classification protocol, a classification questionnaire, a brief jail mental health screen, an inmate risks and needs assessment, and a PREA initial intake screening tool. The objective classification screening includes the following criteria for the risk of sexual victimization: inmate mental, physical, developmental disabilities, age, physical build, previous incarcerations, criminal history, violent or nonviolent behaviors, prior sex convictions, whether the inmate is perceived gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous sexual victimization, vulnerability perceptions, or if the inmate is detained solely for civil immigration purposes. The auditor observed the staff performing the risk screening to document the responses of the inmate. Staff indicated the scores also reflected the inmate's personal perceptions of themselves. The auditor reviewed this process with the staff assigned to conduct the screening and monitored the interview being conducted. The Bureau of Prisons utilizes the Unit Team for performing the risk screenings. The Unit Team consists of the following: Case Managers, Unit Counselors, and Unit Managers.

The objective classification system questionnaire also assesses inmates for the risk of being sexually abusive by including the following criteria: prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. The auditor conducted an interview with the staff performing the screening and was advised, each inmate must be carefully screened, and every evaluation should be unbiased. The results of the screening should be based on the communication between the staff conducting the review and the inmate's own perceptions and responses to the questions. Agency policy 5324.12 indicates within 28 days of intake an inmate's risk level will be reassessed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Interviews conducted with 20 random inmates indicated this process was being applied as the inmates could explain the questions being asked by the facility staff. The inmates identified the Unit Team as conducting the initial assessment and the reassessment. This information is consistent with the agency policy previously discussed.

Agency policy 5324.12 indicates inmates will not be disciplined for refusing to answer, or for not disclosing complete information in response to the risk screening, and the facility considers these documents to be treated in a confidential nature. Select staff are authorized to view this data and the facility information technician must authorize usage on all electronic devices. The evidence provided indicates compliance with this standard and this was also confirmed with the PREA Compliance Manager interview. The staff interview advised a new reassessment would have to be uploaded to provide written changes to the responses. The PREA Compliance Manager interview indicated limited access to review these documents once they have been uploaded within the system. Access must be approved by the PREA Compliance Manager as advised by the Warden, and a password provided by the Computer Services Department. The Receiving and Discharge (R&D) Staff have access to the answers submitted on the risk screening and the staff utilize this document to assign the bed assignments.

Conclusion: Based on the review and analysis of all available evidence to include agency policy governing the screening of inmates upon admission to the facility or transfer to another facility, screening instruments to determine risk of victimization or abusiveness, and detainee records, the auditor has determined that the agency is fully compliant with this standard regarding inmate risk of victimization and abusiveness.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Standard 115.42 Analysis

The following evidence was analyzed in making compliance determinations:

#### Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Intake Screening Forms
5. Attachment A., PREA Intake Objective Screening Instrument, page 1, June 4, 2015
6. Bureau of Prisons Psychology Services Department Risk of Sexual Victimization Document, pages 1-2, September 10, 2020

#### Interviews:

1. PREA Coordinator
2. PREA Compliance Manager
3. One Staff Responsible for Risk Screening
4. No Inmates Identifying as Transgender on site
5. Facility Warden

Site Review Observations:

1. Reviewed the PREA Risk Screening Process
2. Reviewed the PREA Risk Screening Reassessment Process
3. Reviewed Inmate Files = 30
4. Reviewed the housing unit cell, shower, restroom, and bed accommodations

Findings (By Provision):

115.42 (a-g) Agency policy 5324.12 indicates the facility utilizes the information collected from the risk screenings to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. This information was confirmed during the interview with the facility PREA Compliance Manager as the staff advised all facility risk screenings are objective, case-by-case evaluations of the inmates with their own perceptions and views being considered. The views of the inmate are recognized along with the score provided by the staff on the risk assessment document. The intake screening staff interview indicated utilizing the risk screening instruments to ensure all bed assignments, work assignments, education, and program assignments are carefully reviewed to ensure potential abusers are not interacting with potential victims. The auditor was not able to speak with inmates that identify as Transgender during the review. Interviews with the medical staff confirmed no inmates were present during the on-site review.

Agency policy 5324.12 indicates the facility will make individualized determinations on a case-by-case basis to ensure the inmates health, safety, and personal views are considered. Reassessments shall be conducted by the Unit Team within 28 days of the inmate's arrival. Considerations for single cell housing or double cell housing will be determined using the risk assessment tool. The PREA Compliance Manager confirmed the Unit Team will review and recognize an imbalance of power within the cell assignment. This is performed during individual meetings, conversations, group activities, review of the disciplinary actions, and considerations based on the inmate's personal views. This was confirmed during the Unit Team interview, and all assessments will be documented on the PREA Risk Assessment Tool.

The facility utilizes an objective classification screening instrument that includes: an individual points system, yes and no responses, classification protocol, a classification questionnaire, a brief jail mental health screen, an inmate risks and needs assessment, and a PREA initial intake screening tool. The objective classification screening includes the following criteria for the risk of sexual victimization: inmate mental, physical, developmental disabilities, age, physical build, previous incarcerations, criminal history, violent or nonviolent

behaviors, prior sex convictions, whether the inmate is perceived gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous sexual victimization, vulnerability perceptions, or if the inmate is detained solely for civil immigration purposes.

The agency policy 5324.12 explains the departments approach to working with transgender and intersex inmates. Importantly, this policy explains the classification process and ensures the staff effectively interact professionally and respectfully toward this specialized population. The facility Unit Team works with the Psychology Services Department to develop a Plan of Action to prepare for intake and housing of transgender and intersex populations. The Unit Team consists of Case Managers, Unit Counselors, and the Unit Managers. Each inmate is considered on a case-by-case basis and the final determination is mandated by the facility Warden. No inmates at FMC Lexington identify as transgender or intersex and the auditor was unable to interview one inmate from this special population. The auditor reviewed the following documents utilized to review the classification and housing assignments for this specific population: Risk Assessment Tool, Pre-Sentence Report (PSI), Bureau of Prisons Psychology Services Department Risk of Sexual Victimization Document, and the PREA Housing and Programming Decision Meeting Forms.

The facility site review provided the opportunity to confirm all inmate showers are conducted separately, shower doors are provided for privacy, and the 20 random inmate interviews and two informal inmate interviews concluded no issues reported due to other staff or inmates viewing the inmates while changing clothes, showering, or using the restrooms. The 12 random staff interviews advised no concerns with this type of issue reported. The video monitoring equipment did not indicate concerns regarding cross-gender viewing during episodes of undress or showering. This is especially important when unit staff are evaluating the housing considerations for transgender and intersex inmates as they are provided the opportunity to shower separately from other inmates. All showers are conducted separately, and inmates can purchase clothing items through commissary to assist with shower activities. The facility does not place lesbian, gay, bisexual, transgender, or intersex inmates in a dedicated housing facility, unit, or wing based on their status. This is strictly forbidden in policy 5324.12. The facility Warden interview confirmed there are no consent decrees regarding legislative action pertaining to restrictive housing considerations. The on-site review indicated special populations are not assigned to one housing unit as the auditor was able to interview inmates from all Housing units.

Conclusion: Based on the review and analysis of the following available evidence: agency policy governing the use of screening information, documentation of the use of screening, documentation of housing decisions, reassessments, and facility housing considerations for the special populations, the auditor has determined that the agency is fully compliant with this standard regarding inmate risk of victimization and abusiveness.

## **Standard 115.43: Protective Custody**

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

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

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  
 Yes  No

#### 115.43 (b)

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Standard 115.43 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Intake Screening Forms
5. Attachment A., PREA Intake Objective Screening Instrument, page 1, June 4, 2015
6. Bureau of Prisons Psychology Services Department Risk of Sexual Victimization Document, pages 1-2, September 10, 2020

Interviews:

1. Facility Warden
2. Staff Supervising Inmates in Segregated Housing
3. Inmates in Segregated Housing for Risk of Suffering Sexual Abuse

Site Review Observations:

1. Inmate Case Files
2. Segregation Housing Records

Findings (By Provision):

115.43 (a-e) Agency policy 5324.12, pages 33-35 clearly define the information within this standard. Inmates at high risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and there are no other alternative means of separation. The inmate victim will not be held for more than 24 hours to complete the assessment. This policy was confirmed during the interview with the facility Warden. This policy allows for programming, privileges, education, and work opportunities to the extent possible. If the facility restricts access to these opportunities, the facility must document this occurrence. The facility must ensure documentation exists reflecting the limitation, duration, and rationale for limitation. The FMC Lexington has a total of 72 segregation cells. No inmates in the past 12 months were identified to be housed in segregated housing involuntary. Agency policy 5324.12 indicated all reviews for inmates in segregation are conducted during the weekly Special Housing Unit meetings. Inmates at high risk for sexual victimization cannot 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.

Conclusion: Based on the review and analysis of all available evidence, the auditor has determined that the agency has a policy governing involuntary segregated housing for inmates at high risk for sexual victimization. The facility would conduct 30-day reviews and document accordingly. The auditor reviewed facility records of housing assignments and verified out-of-cell activities were not interrupted throughout this review as the facility has a dedicated segregated housing area. The auditor has determined the facility is fully compliant with the provisions of this standard.

<b>REPORTING</b>
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**Standard 115.51: Inmate reporting**

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

**115.51 (a)**

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No

- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.51 (b)

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

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Inmate Handbook, English/Spanish, February 2021
5. Zero-tolerance Poster, English/Spanish

Interviews:

1. 12 Randomly Selected Staff
2. 20 Randomly Selected Inmates
3. Two Informal Staff
4. Two Informal Inmates
5. PREA Compliance Manager
6. Facility Warden

Site Review Observations:

1. Reviewed the signs and posters throughout the facility
2. Confirmed the facility does have a dedicated special housing area

Findings (By Provision):

115.51 (a-d) FMC Lexington provides multiple methods for inmates to privately report sexual abuse, sexual assault, sexual harassment, retaliation against reporting, staff neglect, and contributing factors to these incidents. These factors are described in agency policy 5324.12, pages 35-36 and they include: the facility allows for inmates to report abuse or harassment to a public or private entity by filing reports directly to the U.S. Department of Justice, Office of the Inspector General either electronically or in writing, report directly to a staff member, file an administrative remedy, email a staff member, or through request form. These reports are documented in writing immediately and forwarded to the facility PREA investigator for prompt review. All administrative investigations are conducted by the SIS or OIA, and all criminal investigations are conducted by

the OIG or the FBI. The auditor interviewed 20 randomly selected inmates and conducted two informal inmate interviews that concluded knowledge of this process.

FMC Lexington does not detain inmates solely for civil immigration purposes and this was confirmed by the PREA Compliance Manager, and the facility Warden interviews. However, steps are in place to conduct calls for immigration purposes and these calls are authorized at no cost to the inmate population if required. The auditor confirmed this statement was written in the facility handbook. All facility mail related to PREA is considered privileged correspondence and is treated in the same manner as legal materials. These items must be opened in front of the inmate and outgoing mail is not searched.

Agency policy 5324.12 requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against inmates or staff, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This policy also advises the Warden or designee will monitor the conduct and treatment of inmates or staff who reported sexual abuse or sexual harassment for at least 90 days. The Warden confirmed this monitoring period during the interview process. The Warden also confirmed any allegations reported by another facility or to another facility will be performed from the facility head to the other facility's head in writing. This information will then be passed on to the SIS/OIG promptly.

Conclusion: The auditor has reviewed all available information provided by the facility during the Pre-Audit, on-site review, and during the post-audit phase. The auditor has determined the facility has several internal methods for inmates to privately report all allegations of sexual abuse and sexual harassment. This includes internal methods to external entities. The facility accepts reports verbally, in writing, anonymously, and from a third-party. Inmates at FMC Lexington are not detained solely for civil immigration purposes and there is a system in place for free calls for civil immigration services if required. Therefore, the facility has met the requirements of this standard and no further action is required.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (c)

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

#### 115.52 (d)

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

#### 115.52 (e)

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

#### 115.52 (f)

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

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## Standard 115.52 Analysis

The following evidence was analyzed in making compliance determinations:

### Documents :

1. FMC Lexington Pre-Audit Questionnaire Responses
2. Agency policy 1330.18, Administrative Remedy Program, pages 1-16, January 6, 2014
3. FMC Lexington Inmate A&O Handbook, English/Spanish, February 2021
4. Inmate Grievance Forms
5. PREA Compliance Manager Information Tracking Log

### Interviews:

1. PREA Compliance Manager
2. 20 Randomly Selected Inmates
3. 12 Randomly Selected Staff

### Site Review Observations:

1. Grievance forms are readily available to the inmate population in all housing units.
2. Reviewed the Inmate Grievance Log

### Findings (By Provision):

115.52 (a-g) Agency policy 1330.18 describes the grievance procedure for dealing with inmate grievances regarding sexual abuse. Agency policy advises, Inmates shall utilize the inmate grievance system to report sexual abuse or sexual harassment by a staff member or inmate-on-inmate sexual abuse, as defined in the Glossary of Terms for this procedures manual. However, an inmate may file a grievance related to staff-on-inmate sexual abuse/sexual harassment or inmate-on-inmate sexual abuse, the Facility Grievance Coordinator shall forward the grievance to the Special Investigative Services (SIS) or Office of Internal Affairs for tracking and investigation. The inmate shall be notified of this action. The Institution PREA Compliance Manager reports that the SIS/OIA will be responsible for notifying the Federal Bureau of Investigation for any actions resulting in a potential criminal investigation.

The facility reported no allegations of sexual abuse submitted through the grievance process in the last 12 months. Interviews with the PREA Compliance Manager revealed that while the grievance process is set up for reporting allegations of sexual abuse and sexual harassment, in the instances such allegations are received

through this channel, they are forwarded to the Special Investigative Services (SIS) or the Office of Internal Affairs for immediate investigation. Agency policy 1330.18 advises the Inmate Grievance System is intended to deal with a wide range of issues, procedures, or events that may be of concern to an inmate. It is meant to address incidents of an urgent or emergency nature including allegations of sexual abuse. Any allegation of a sexual nature (abuse/harassment) against a staff member or inmate-on-inmate sexual abuse must be addressed through Department policy. When faced with an incident of an urgent or emergency nature, the inmate shall contact the nearest staff member for immediate assistance.

The auditor reviewed the inmate handbook, and the inmate grievance system is listed as an available method of reporting allegations of sexual abuse, sexual assault, or sexual harassment. The auditor conducted 12 interviews with randomly selected staff, and these interviews indicated knowledge of the inmates being allowed to submit grievances regarding sexual abuse. The auditor conducted interviews with 20 randomly selected inmates and several of the inmates indicated they could submit a grievance to notify the staff of an allegation of sexual abuse. Agency policy 1330.18 explains the response to all inmate grievances related to sexual abuse is immediate and a final decision will be made within 24 hours. All facility grievances are returned with a response to the inmate within 3 days and the inmate has an opportunity to appeal the decision to the facility Warden. The final decision must be returned within five days.

Conclusion: FMC Lexington recognizes the inmate grievance system may be used as a method of reporting allegations of sexual abuse. However, all grievances received relative to sexual abuse will be forwarded to the facility Special Investigative Services or the Office of Internal Affairs for immediate investigation. The facility has a policy to ensure grievances alleging sexual abuse or sexual harassment are forwarded for investigation. Inmates are informed the proper ways to submit grievances in the inmate handbook, comprehensive education, and through educational posters. The Auditor determined the facility meets the requirements of this standard as its policy is to forward all grievances alleging sexual abuse and sexual harassment immediately to the Special Investigative Services or the Office of Internal Affairs for investigation.

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

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

#### 115.53 (a)

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

#### 115.53 (b)

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Standard 115.53 Analysis

The following evidence was analyzed in making compliance determinations:

#### Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Inmate Handbook, English/Spanish, February 2021
5. Zero-tolerance Poster, English/Spanish, pages 1-2.

## 6. Memorandum of Understanding, AMPERSAND Sexual Violence Resource Center, August 4, 2021

### Interviews:

1. 20 Random Inmates
2. Inmates Who Reported Sexual Abuse
3. Facility Warden
4. PREA Compliance Manager

### Site Review Observations:

1. Verified all third-party reporting materials are posted in the inmate Housing units in both English and Spanish.
2. Verified telephone and mail monitoring notices are posted in the inmate housing units in both English and Spanish.
3. Tested the helpline numbers/emails for adequacy and received confirmation.

### Findings (By Provision):

115.53 (a-c) Agency policy 5324.12 advises the PREA Compliance Manager shall ensure that inmates are offered and provided with access to outside victim advocates for emotional supportive services related to sexual abuse which has occurred in a confinement setting. During non-working hours, the Operations Lieutenant shall be responsible to ensure the support services in FMC Lexington are available. Supportive services may be provided via a variety of methods including in person, during a non-monitored phone call, and/or in writing. The PREA Compliance Manager shall 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. The facility shall ensure that if facility phones or public pay phones within the facility are monitored, that the level of monitoring is clearly posted next to the phone. This shall be posted in English and Spanish, and if the facility monitors mail, the level of monitoring must be clearly posted in the facility handbook and bulletin boards.

Agency policy 5324.12 includes the information regarding outside victim advocates for emotional support services relating to sexual abuse, sexual assault, and sexual harassment. FMC Lexington utilizes the services of the AMPERSAND Sexual Violence Resource Center, a nonprofit organization providing confidential services to persons through counseling, preventive education, and advocacy. FMC Lexington also enlists the services of the Office of the Inspector General to provide an outside reporting mechanism for inmates. This is accomplished by inmates writing a letter to access the services and provide notifications or by email to leave a message. The auditor reviewed the documents for clarity and all signatures are current and binding. The AMPERSAND Sexual Violence Resource Center information is provided to the inmates by the Operations Lieutenant and the information is provided on the PREA handout. The auditor confirmed the facility provides the name and address, at no cost to the inmate and these services are confidential.

FMC Lexington does not detain persons solely for civil immigration purposes, but the auditor observed the English and Spanish Department of Justice notification posting along with phone numbers for the consulate services in the inmate handbook. The auditor confirmed the facility provides persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free helpline numbers where available of local, State, or national immigrant services agencies. This information was confirmed during the facility Warden interview. The 12 random staff interviewed were able to identify the Office of the Inspector General as an option for confidential reporting services. A total of 20 random inmate interviews, and inmate interviews that have reported sexual assault allegations, indicated knowledge of the available outside services, identified the address, and the poster. The inmates reported feeling confident these services would be useful, but no inmates advised attempts to contact the address.

Conclusion: Based on the review of all evidence supplied by the facility to include: agency policy regarding an outside victim advocate for emotional support and services, a policy describing one method for inmates to report anonymously, a policy regarding inmates being detained solely for immigration purposes, a policy for staff to privately report, accepting reports from inmates in writing, and inmate handbooks, the auditor has determined the facility meets the substantial requirements of this standard. No further action is required at this time.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## Standard 115.54 Analysis

The following evidence was analyzed in making compliance determinations:

### Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Inmate Handbook, English/Spanish, February 2021
5. Zero-tolerance Poster, English/Spanish, pages 1-2.

### Interviews:

1. PREA Compliance Manager
2. 20 Random Inmates
3. Two Informal Inmates

### Site Review Observations:

1. Identified the PREA posters in both Spanish/English format indicating the third-party reporting address
2. Reviewed the agency website for the third-party reporting information

### Findings (By Provision):

115.54 (a) The facility has established a procedure to receive third-party reports of sexual abuse and sexual harassment. This is described in the agency policy 5324.12. This information is also published on the facility's website and the notification process is to call or write a letter to the third-party reporting agency. There are posters throughout the facility such as: inmate housing units, medical, programs, visitation, and intake regarding third-party reporting and the address required to file the complaint. The inmates are provided an address and phone number to contact the Office of the Inspector General, notify the Department of Justice Sexual Abuse Reporting Mailbox (TRULINCS) email notification, and contact the AMPERSAND Sexual Violence Resource Center. This information is posted in the inmate handbook, and signs posted near the inmate phones in all housing Units. The 20 random and two informal inmate interviews indicated knowledge of the third-party reporting methods and inmates advised they felt comfortable reporting all allegations of sexual abuse.

Conclusion: Based on the evidence provided, the auditor was able to determine the facility provides publicly distributed information on how to report inmate sexual abuse or sexual harassment on behalf of inmates.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Standard 115.61 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Incident Report Forms
5. Investigative Files
6. Incident Reports Relating to Sexual Abuse
7. Incident Reports Relating to Sexual Harassment

Interviews:

1. 12 Randomly Selected Staff
2. Two Informal Staff

3. Facility Warden
4. PREA Compliance Manager
5. One Medical Staff
6. One Mental Health Staff

Site Review Observations:

1. Reviewed Investigative Files
2. Reviewed Incident Reports
3. Reviewed Allegations of PREA Reports Referred to the PREA Investigator
4. Compared the dates received to the date the investigation began

Findings (By Provision):

115.61 (a-e) Agency policy 5324.12 describes the agency requirements for all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment immediately. The policy also requires the staff to report any knowledge of retaliation against inmates or staff who reported incidents and staff neglect that may have contributed to an incident or retaliation. This was confirmed during the interview with the facility Warden and the PREA Compliance Manager. The auditor verified this process during the 12 random staff and two informal staff interviews as staff conveyed the directive to notify a supervisor immediately. The staff also identified the Special Investigative Services (SIS) as the primary source for conducting PREA investigations. Policy 5324.12 indicates apart from reporting to designated supervisor or officials, staff shall not reveal any information related to a sexual abuse, report to anyone other than to make treatment, investigation, and other custody and management decisions. The auditor interviewed 12 random staff indicating knowledge of this policy and the mandatory reporting requirements.

FMC Lexington does not house youthful inmates as confirmed during the census report review. Agency policy 5324.12 advises if the alleged victim is under the age of 18 or over the age of 60, the facility shall refer the allegation to the designated State or local services agency under applicable mandatory reporting laws. The auditor interviewed one medical staff and one mental health staff and both interviews indicated knowledge regarding mandatory requirements as one medical staff member advised she will always report an allegation to her supervisor and the Operations Lieutenant. Agency policy 5324.12 indicates all reports received by the Sexual Abuse Reporting Address, established for the third-party and anonymous reporting of sexual abuse or sexual harassment are reported to the SIS/OIA immediately. During the on-site review, the auditor reviewed investigative files, incident reports relating to a sexual abuse allegation, and incident reports relating to a sexual harassment allegation. The auditor did not find any concerns relating to a delayed investigation. All investigations began either the same day or the next working day.

Conclusion: Based on the evidence provided by the facility, the auditor determined the Agency has relevant policies governing the reporting by staff regarding incidents of sexual abuse or sexual harassment, and the reporting by the facility regarding all allegations of sexual abuse and sexual harassment to designated

investigators. The facility medical staff indicated no limits toward confidentiality regarding the reporting of sexual abuse, sexual assault, or sexual harassment allegations as all staff interviewed advised reporting to the Operations Lieutenant immediately. The facility does not house youthful inmates and the agency policy mandates reporting to the designated State and local services for an alleged victim under the age of 18, or over the age of 60 who are considered a vulnerable adult under a State or local vulnerable persons statute. The auditor reviewed samples of the reports provided by investigators and determined all investigations began immediately. The facility meets the provision requirements of this standard and no further action is required.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Standard 115.62 Analysis

The following evidence was analyzed in making compliance determinations:

#### Documents:

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report

3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Incident Report Forms
5. Investigative Files
6. Incident Reports Relating to Sexual Abuse
7. Incident Reports Relating to Sexual Harassment

Interviews:

1. Facility Warden
2. 12 Random Staff
3. Zero Inmates in Segregation for High Risk of Sexual Abuse

Site Review Observations:

1. File review indicated inmate behavior concerns as opposed to high risk for sexual victimization
2. Reviewed PREA Allegations and Bed Moves Reports

Findings (By Provision):

115.62 (a) Agency policy 5324.12 ensures that when facility staff learn that an inmate is subject to a substantial risk of imminent sexual abuse, appropriate and immediate action shall be taken to protect the inmate. Alleged inmate victims of sexual abuse shall 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. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, custody staff first responders shall take preliminary steps to protect the alleged victim. The facility Warden indicated steps are taken immediately to protect the inmate victim or others, but the action must be reviewed within 24 hours by the Unit Team. The Warden interview determined the facility takes all allegations seriously and any inmate subject to imminent sexual abuse will receive immediate action. The facility reported zero incidents in the past 12 months that determined an inmate was subject to a substantial risk of imminent sexual abuse. The facility utilizes classification decisions to house inmates in separate units as opposed to segregation.

Conclusion: The auditor determined the agency has a policy governing the facilities protection duties when inmates are subject to a substantial risk of imminent sexual abuse. The auditor reviewed relevant documentation related to the determination of inmate's substantial risks and the agency's response. This includes medical requirements, investigator requirements, and the relevant views of the facility leadership toward compliance. Based on the review of all evidence provided the facility meets the provision of this standard. No further action is required.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Standard 115.63 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Reviewed case files for notification to another facility
5. Reviewed Zero case files for notification received from another facility

Interviews:

1. Facility Warden
2. PREA Compliance Manager

Site Review Observations:

1. Reviewed investigative reports, and case information

Findings (By Provision):

115.63 (a-d) Agency policy 5324.12 indicates upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The facility Warden indicated he would personally contact the Warden at the facility where the abuse occurred, and he would expect the other facility to return the same courtesy. The agency policy 5324.12 indicates the documented notification will occur within 72 hours and must be documented in the PREA Tracking System (PTS). FMC Lexington has reported three allegations of sexual abuse to other facilities in the past 12 months. Once the notification was received all information was forwarded to the SIS/OIA for an immediate response to begin the investigation.

FMC Lexington has not received any allegations of sexual abuse from other facilities in the past 12 months. The auditor reviewed investigative case files and did not determine any concerns regarding this statement. The SIS/OIA staff interview confirmed no investigations have been conducted due to notification from another facility. The Warden interview confirmed notification would be provided within the mandated 72-hour time frame to the facility head and documented in an incident report. The Warden advised all notifications are received by the facility PREA Compliance Manager and the Warden. The victim would be seen by medical immediately and the SIS/OIA would be notified to begin the investigation immediately.

Conclusion: The agency has a policy to ensure reporting of allegations of sexual abuse of inmates while confined at another facility. The agency policy requires all allegations of sexual abuse received from another facility is investigated immediately. All investigations and notifications are documented and referred to the investigator within 72 hours of the receipt of the allegation. The staff interviews indicated the facility would review the documentation of allegations that an inmate was abused while in confinement, document that the notifications occurred within 72 hours, and document the notification from the facility head or appropriate staff person.

Based on the evidence provided the facility meets the provisions required within this standard and no further action is required.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

#### Standard 115.64 Analysis

The following evidence was analyzed in making compliance determinations:

##### Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015

##### Interviews:

1. One Non-Custody Staff First Responder
2. One Custody Staff First Responder
3. Inmates Who Reported Sexual Abuse
4. 12 Random Staff

##### Site Review Observations:

1. Reviewed the Initial Response Checklist for the victim and the abuser
2. Reviewed the Emergency Response Card being utilized by the staff

##### Findings (By Provision):

115.64 (a-b) Agency policy 5324.12 describes the staff first responder duties. The policy indicates the staff responsibilities for custody and non-custody employees. The directives for the custody staff include the following four step action plan: separate the alleged victim and abuser, preserve, protect the scene, collect the evidence if time is allotted, and do not allow the victim or abuser to participate in any activities that may destroy evidence such as: washing, brushing teeth, changing clothes, urinating, defecating, smoking, or eating. If the first responder is a non-custody staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify a custody staff member immediately. The auditor interviewed one inmate who reported an allegation of sexual abuse, and the inmate indicated a feeling that the staff respected the incident and kept them safe from their abuser. The facility reported seven allegations of sexual abuse within the past 12 months, seven cases that involved the separation of the victim

and the abuser, zero cases where physical evidence was collected, and the staff informed the inmates to not make any attempts to destroy the physical evidence.

The auditor concluded staff knowledge regarding these actions throughout the facility as the auditor interviewed one custody staff designated as a first responder, and one non-custody staff. The common response was to notify a supervisor immediately and follow the four-step action plan. The action plan was also noted in the employee handbook, staff training curriculum, and verified during the Warden interview. The auditor interviewed 12 random staff members, and all 12 were able to convey the action plan steps required within the policy to provide an immediate response. The staff also carry emergency response cards that indicate the four-step action plan. The auditor observed the staff carrying these cards throughout the on-site review. The auditor reviewed one Initial Response Checklist for the alleged victim and one Initial Response Checklist for the alleged abuser that included the 4-step action plan.

Conclusion: The agency has a policy governing the staff first responder duties to include a custody and non-custody staff response. The policy mandates the four-step action plan previously mentioned within the body of the narrative. The auditor reviewed documentation and interviews indicating full compliance with this standard. No further action is required by the facility as they have met substantial compliance.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Standard 115.65 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. FMC Lexington policy 5324.12D, Sexually Abusive Behavior Prevention and Intervention Program

Interviews:

1. Facility Warden
2. PREA Coordinator
3. 12 Random Staff
4. Two Informal Staff

Site Review Observations:

1. Reviewed the First Responder Duty Cards

Findings (By Provision):

115.65 (a) FMC Lexington has a written plan to coordinate actions for all staff during reported allegations of sexual abuse, sexual assault, and sexual harassment. The action plan describes the procedures for the following participants: volunteers and contractors, support staff, custody staff, Operations Lieutenant, shift supervisors, first responder duties, medical and mental health practitioners, investigators, and facility leadership. The facility plan documented provides detailed actions for providers, and the staff were able to convey their specific duties during the 12 random and two informal staff interviews. The facility Warden and the PREA Compliance Manager interviews indicated reminders to staff regarding their specific duties annually and the auditor reviewed this information within the training plan.

Conclusion: FMC Lexington has a facility institutional response plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The auditor reviewed documents and conducted staff interviews to measure the effectiveness of the written plan. Based on the evidence provided by the facility, compliance was indicated, and no further action is required.

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

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

### 115.66 (a)

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

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Standard 115.66 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015

Interviews:

1. Facility Warden
2. PREA Compliance Manager

Findings (By Provision):

115.66 (a) FMC Lexington has not entered into any agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. In deciding to suspend an employee pending investigation, the agency must be able to demonstrate that the “nature of the allegation” is such that there is cause to remove the employee from the institution pending investigation and not that the employee committed the offenses. The Fair Labor Standards Act (FLSA) regulations, for exempt employees, permit suspensions of less than a full workweek for violations of written workplace policies applicable to all employees. This provision applies to generally applicable written work rules which prohibit serious workplace misconduct, which includes, but is not limited to, workplace violence, sexual abuse, sexual harassment, substance abuse, internet access policies, Code of Ethics violations, or violations of state or federal law. Discipline for these infractions should be consistent with the Collective Bargaining Agreement as indicated in the Master Agreement. The Collective Bargaining process in the Bureau will be completed pursuant to Title Five of the United States Code, and all other applicable laws, rules, and regulations, including third-party appeals.

Conclusion: The auditor reviewed the evidence provided by the facility and found no evidence to deny satisfactory compliance toward this standard. These documents do not limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility Warden interview confirmed this process and indicated disciplinary action will be followed by notification to the OIG and the FBI for criminal acts and certifying bodies for certification review.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

### 115.67 (b)

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

### 115.67 (c)

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

### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Standard 115.67 Analysis

The following evidence was analyzed in making compliance determinations:

#### Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Retaliation Monitoring Forms

#### Interviews:

1. Facility Warden
2. One Staff Member Assigned to Monitor Retaliation
3. One Inmate who Reported Sexual Abuse
4. Zero High Risk of Sexual Victimization Inmates
5. 12 Random Staff
6. 20 Random Inmates
7. PREA Compliance Manager

Site Review Observations:

1. Reviewed investigative report templates
2. Reviewed retaliation monitoring forms

Findings (By Provision):

115.67 (a-e) The agency has established a policy to protect all inmates and staff who report sexual abuse or harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation, and this is described in agency policy. The agency shall 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. For at least 90 days following a report of sexual abuse or sexual harassment, the PREA Compliance Manager and the Unit Teams shall monitor the conduct and treatment of third-party reporters and any other individual who cooperates with an investigation.

The facility PREA Compliance Manager is the designated staff member charged with monitoring possible retaliation and this position serves as the facility Associate Warden. This position is provided the necessary support by the Warden, and the interview process indicated an active role toward retaliation monitoring advising this is an ongoing process.

The facility attempts to employ multiple protection measures by monitoring housing changes, transfers for inmate victims and abusers, removal of staff through termination, emotional support services, monitoring the inmate and staff performance evaluations, disciplinary actions, unannounced lockdowns, denial of privileges, grievances, and the inmates are provided with materials to assist the communication process. Information is posted in the inmate handbook, posters, and methods of reporting retaliation described in the daily inmate education. The Warden interview indicated additional reviews may be considered once the 90-day review has concluded.

Random interviews with 12 staff members and 20 random inmates indicated no cause for concern with retaliation. The auditor interviewed the PREA Compliance Manager, one inmate that previously reported sexual abuse, zero inmates identified as high risk for sexual victimization, and no interviews indicated retaliation concerns. The facility reported zero allegations of retaliation in the past 12 months, and the classification files documented the 90-day review. All reviews indicated no concerns regarding retaliation; however, there was a

slight delay in the initiation of the process. The PREA Compliance Manager recognized the issue and corrected the process toward future implementation.

Conclusion: FMC Lexington has an agency policy protecting all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation. This extends from retaliation from inmates or staff and includes the monitoring of inmates and staff following a report, and the agency response to the suspected retaliation. The auditor reviewed documentation and interviews to support these findings and the auditor finds the facility has met the provisions of this standard with compliance. No further action is required.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Standard 115.68 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report

3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Agency Form BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation, page1, May 2015
5. Warden Memorandum for PREA File

Interviews:

1. Facility Warden
2. Staff Supervising Segregated Housing
3. Zero Inmates in Segregated Housing

Site Review Observations:

1. Reviewed records and documentation of housing assignments of inmates who alleged to have suffered sexual abuse.
2. Reviewed if the facility restricts access to programs, privileges, education, or work opportunities.
3. Reviewed records for length of placement in segregated housing for those who alleged to have suffered sexual abuse.

Findings (By Provision):

115.68 (a) Agency policy 5324.12, pages 33-35 clearly define the information within this standard. Inmates at high risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and there are no other alternative means of separation. The inmate will not be held for more than 24 hours to complete the assessment. Adherence to the guidelines set forth in policy 5324.12 of this procedures manual shall occur when inmates are at a high risk for sexual victimization or inmates who have alleged sexual abuse are involuntarily placed into Protective Custody (PC) after a determination has been made that no other available alternative means of separation exist from likely abusers. The Program Statement Sexually Abusive Behavior Prevention & Intervention Program requires staff to immediately safeguard an inmate victim when sexually abusive behaviors have been reported. Accordingly, staff should assess and consider all appropriate alternatives for safeguarding alleged inmate victims. Placing an inmate in protective custody or transferring the inmate to another federal, state, or local prison remain viable options to safeguard an inmate. However, staff must first consider other alternatives based on the circumstances of the allegation. This policy was confirmed during the interview with the facility Warden. This policy allows for programming, privileges, education, and work opportunities to the extent possible.

Conclusion: The agency has a policy governing the use of segregated housing to protect an inmate victim who is alleging to have suffered sexual abuse. The auditor reviewed the facility evidence provided, interviews, and on-site compliance determinations. Based on the evidence provided the facility demonstrates compliance to all provisions within this standard. No further action is required.

# INVESTIGATIONS

## Standard 115.71: Criminal and administrative agency investigations

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

### 115.71 (a)

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

### 115.71 (b)

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

### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

### 115.71 (d)

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

### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

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

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

Standard 115.71 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Investigative Reports
5. Record Retention Schedule
6. Copies of Case Records
7. Course Completions for PREA Investigating Sexual Abuse in a Confinement Setting
8. SIS – PREA National Video Conference Agenda
9. Sexual Violence, PREA: Prison Rape Elimination Act of 2003, CSV-0601-BXX, Slides 1-46, January 3, 2020
10. Warning and Assurance to Employee Required to Provide Information, Form BP-A0194, 2 pages, June 2010
11. Office of Internal Affairs, Conducting Interviews and Union Issues Power Point, Slides 1-62, January 3, 2020
12. The FBI's Domestic Investigations and Operations Guide Link

Interviews:

1. Investigative Staff
2. Inmates who Reported Sexual Abuse
3. Facility Warden
4. PREA Coordinator

## 5. PREA Compliance Manager

### Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports

### Findings (By Provision):

115.71 (a-l) The OIG, and the FBI conducts all criminal investigations regarding allegations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment for the Federal Bureau of Prisons as required in agency policy 5324.12, pages 41-43. This information was confirmed during the investigator interview. Agency policy requires the investigations to be conducted promptly, thoroughly, and objectively for all allegations of sexual abuse, sexual assault, and sexual harassment. The auditor reviewed eight investigative reports to include reports from the third-party allegations and no cases are still active pending review and prosecution referral. The facility reports zero substantiated allegations of sexual abuse and one substantiated allegation of sexual harassment during the past 12 months.

Agency policy 5324.12 requires the agency use investigators who have specialized training in sexual abuse investigations. This training includes interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The OIA will prepare compelled interviews and communicate all activities with the OIG and the FBI. The compelled interviews would be conducted while moving forward throughout the investigative process and truth-telling devices, such as a polygraph, would not be utilized strictly to continue the investigation. The auditor verified investigators have received the specialized PREA investigator training. All investigative records reviewed by the auditor were conducted by PREA trained investigators.

This auditor reviewed investigative reports and determined no concern with the documented credibility assessment. The considerations for credibility are included as discussed throughout the investigative staff interviews and the auditor recommended further inclusion within the report. The staff interviews indicated knowledge regarding securing the scene and allowing the trained evidence collection team to collect all evidence throughout the investigation. A criminal case will be consulted with the local prosecutor and the administrative case will be directed back to the facility Warden for administrative action. The Warden will consult with the investigator to determine if staff actions or failure to act contributed to the incident. The after-action review committee will make a final determination regarding staff actions and note a final decision within the report. All cases will be reviewed, and determinations made based on the following: written reports, physical and testimonial evidence, credibility assessments, and the investigative facts and findings. All investigations are documented in a written report and maintained for as long as the alleged abuser is incarcerated or employed by the agency, and then five years thereafter.

Agency policy 5324.12 explains the departure of the alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating the investigation. All parties will cooperate with the investigation and outside licensing bodies will be notified. This was confirmed during the investigator and Warden interviews.

Conclusion: FMC Lexington has an agency policy related to the handling of criminal and administrative agency investigations in cases where sexual abuse is alleged. The auditor reviewed all evidence provided, reviewed case files, conducted interviews, and reviewed a sample of the retained investigations. The considerations for credibility are included as discussed throughout the investigative staff interviews, and continued efforts to document within the reports. The evidence provided demonstrated full compliance with this practice. The auditor finds FMC Lexington meets the provisions of this standard and no further action is required.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Standard 115.72 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015

4. Investigative Reports
5. Record Retention Schedule
6. Copies of Case Records
7. Course Completions for PREA Investigating Sexual Abuse in a Confinement Setting
8. SIS – PREA National Video Conference Agenda
9. Sexual Violence, PREA: Prison Rape Elimination Act of 2003, CSV-0601-BXX, Slides 1-46, January 3, 2020
10. Warning and Assurance to Employee Required to Provide Information, Form BP-A0194, 2 pages, June 2010
11. Office of Internal Affairs, Conducting Interviews and Union Issues Power Point, Slides 1-62, January 3, 2020
12. The FBI’s Domestic Investigations and Operations Guide Link

Interviews:

1. Investigative Staff
2. PREA Compliance Manager

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports

Findings (By Provision):

115.72 (a) Agency policy 5324.12 requires the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The interview with the SIS Investigator revealed the facility standard is preponderance of the evidence. This evidence was verified through monitoring the results of eight total investigations conducted. The auditor reviewed investigative files that included, eight closed cases, and no pending allegations or prosecution referral. The facility reported one substantiated allegation of inmate-on-inmate sexual harassment.

FMC Lexington reported the following allegations and results data for the past 12 months:

During the past 12 months, there have been seven reports of sexual abuse and one report of sexual harassment by inmates at FMC Lexington. Of these cases, six were determined to be Unsubstantiated, one allegation of sexual abuse was determined to be unfounded, and one allegation of sexual harassment was documented as a substantiated allegation. No cases remain open pending review or prosecution referral.

Conclusion: The agency has a policy imposing a standard of preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment is substantiated. Based on

the evidence provided, the auditor has determined compliance with the provisions of this standard. No further action is required.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been indicted on a charge related to sexual abuse within the facility?

Yes  No

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes  No

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Standard 115.73 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Investigative Reports

5. Record Retention Schedule
6. Copies of Case Records
7. Investigation Summary with Inmate Notification
8. Course Completions for PREA Investigating Sexual Abuse in a Confinement Setting
9. SIS – PREA National Video Conference Agenda
10. Sexual Violence, PREA: Prison Rape Elimination Act of 2003, CSV-0601-BXX, Slides 1-46, January 3, 2020
11. Warning and Assurance to Employee Required to Provide Information, Form BP-A0194, 2 pages, June 2010
12. Office of Internal Affairs, Conducting Interviews and Union Issues Power Point, Slides 1-62, January 3, 2020
13. The FBI's Domestic Investigations and Operations Guide Link

Interviews:

1. Investigative Staff
2. Facility Warden
3. Inmates who Reported Sexual Abuse

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Inmate Notifications

Findings (By Provision):

115.73 (a-e) Agency policy 5324.12 reports following an investigation into an inmate's allegation of sexual abuse, the agency must inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The auditor reviewed a documented investigation and written notification to the inmate was provided as an unsubstantiated complaint. The PREA Compliance Manager reported eight investigations conducted in the last 12 months and eight notifications were documented as issued to the inmate. No allegations remain pending with the Office of Internal Affairs for a pending prosecution referral.

FMC Lexington reported the following allegations and results data for the past 12 months:

During the past 12 months, there have been eight reports of sexual abuse and one report of sexual harassment by inmates at FMC Lexington. Of these cases, six were determined to be Unsubstantiated, one was listed as unfounded, and one allegation was substantiated for sexual harassment.

Agency policy requires if the allegation is that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate whenever the staff member is no longer posted in the inmate's unit, no longer employed at the facility, indicted on a charge, or been convicted on a charge related to sexual abuse. The PREA policy reflects these steps are not required if the results of the allegation are unfounded. The facility reported zero substantiated allegations documented within the last 12 months against a staff member.

Agency policy 5324.12 requires when the allegation is the result of sexual abuse by another inmate, the facility must notify the victim when the agency learns that the alleged abuser has been indicted on a charge, or convicted on a charge, and these steps are not required if the result of the allegation is unfounded. The facility Warden and the PREA investigator confirmed this communication process during the on-site review. The PREA Coordinator indicated knowledge of this occurring throughout the investigative process.

Conclusion: The agency has a policy requiring any inmate who makes an allegation of suffering sexual abuse in an agency or facility is informed, in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Based on the evidence provided FMC Lexington meets the provisions of this standard with compliance. No further action is required.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Standard 115.76 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Investigative Reports
5. Record Retention Schedule
6. Copies of Case Records
7. Investigation Summary with Inmate Notification
8. Agency policy 3420.11, Standards of Employee Conduct, pages 1-34, December 6, 2013
9. Agency policy 3000.03, Human Resource Management Manual, pages 1-146, December 19, 2007

#### Interviews:

1. Facility Warden
2. Investigative Staff

#### Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Inmate Notifications

#### Findings (By Provision):

115.76 (a-d) The presumptive disciplinary sanction for staff who has engaged in sexual abuse at FMC Lexington is termination and this is explained in agency policy 5324.12. This policy was confirmed by the facility Warden during the interview process and reviewed by the auditor in the employee handbook. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. The disciplinary action is commensurate with the acts committed, staff disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The auditor reviewed documentation in attempts to determine if other staff actions may have contributed to the incident that led to disciplinary sanctions for staff such as: failing to act to prevent sexual abuse from occurring, standing by while the abuse takes place, failing to act as required after the incident, negligent supervision that leads to, or could lead to an incident, or deliberately ignoring evidence that a colleague has abused an inmate. No findings of this nature were reported within the eight investigative reports reviewed. The facility reported zero incidents in the past 12 months for staff who have been terminated or disciplined for violation of the agency sexual abuse or sexual harassment policies.

The auditor reviewed the disciplinary action of staff with the facility Warden and the sanctions imposed for violation of this policy is termination. The facility Warden confirmed past incidents being referred to law enforcement for prosecution and notifying the applicable licensing board such as the Criminal Justice Services, Board of Nursing, and the Department of Education. These notifications occur upon termination or resignations in lieu of termination. This is required by agency policy 3420.11, Standards of Conduct.

Agency policy 5324.12, states, "If evidence supports that a staff member engaged in sexual abuse, the matter will first be referred for criminal prosecution. Administrative discipline will be conducted using the Program Statement Standards of Employee Conduct, the Program Statement Human Resource Management Manual, and the collective bargaining agreement".

Conclusion: FMC Lexington has a policy regarding disciplinary violations for acts of sexual abuse or sexual harassment. Based on the evidence provided by the facility such as: interviews, investigative reports, and agency policy referrals the auditor determined FMC Lexington meets the provisions required within this standard. No further action is required, and the presumptive expectation of disciplinary action is termination.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Standard 115.77 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report

3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Investigative Reports
5. Record Retention Schedule
6. Copies of Case Records
7. Investigation Summary with Inmate Notification
8. Agency policy 3420.11, Standards of Employee Conduct, pages 1-34, December 6, 2013
9. Agency policy 3000.03, Human Resource Management Manual, pages 1-146, December 19, 2007

Interviews:

1. Facility Warden

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Inmate Notifications

Findings (By Provision):

115.77 (a-b) Agency policy 5324.12 requires any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies. This procedure is not enforced if the activity is clearly not criminal, or the allegation is unfounded. Notifications will also be made to relevant licensing bodies and the facility shall take appropriate remedial measures to determine further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment. The facility did not report any volunteer or contractor terminations, discipline, law enforcement referrals, or notifications to relevant licensing bodies for violations of sexual abuse, sexual assault, or sexual harassment. This was confirmed during the facility Warden interview and informal interviews with the Executive Staff. The auditor reviewed documentation in attempts to determine if other volunteer or contractor actions may have contributed to the incident that led to disciplinary sanctions for staff such as: failing to act to prevent sexual abuse from occurring, standing by while the abuse takes place, failing to act as required after the incident, negligent supervision that leads to, or could lead to an incident, or deliberately ignoring evidence that a colleague has abused an inmate. No findings of this nature were reported within the investigative reports reviewed.

Conclusion: FMC Lexington has a policy regarding disciplinary violations for acts of sexual abuse or sexual harassment. Based on the evidence provided by the facility such as: interviews, investigative reports, and agency policy referrals the auditor determined FMC Lexington meets the provisions required within this standard. No

further action is required, as the presumptive expectation of disciplinary action is termination, law enforcement referral, and notifications to licensing bodies.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)

- 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  No  NA

### **Auditor Overall Compliance Determination**

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

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

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

Standard 115.78 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Investigative Reports
5. Record Retention Schedule
6. Copies of Case Records
7. Investigation Summary with Inmate Notification
8. Agency policy 3420.11, Standards of Employee Conduct, pages 1-34, December 6, 2013
9. Agency policy 3000.03, Human Resource Management Manual, pages 1-146, December 19, 2007
10. Inmate Classification Files
11. Inmate Disciplinary Files

12. Inmate Medical Files

13. Agency policy 5270.09 CN, Inmate Discipline Program, pages 1-56, July 8, 2011

Interviews:

1. Facility Warden
2. One Medical Staff
3. One Mental Health Staff

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Inmate Notifications
4. Reviewed Inmate Medical Files

Findings (By Provision):

115.78 (a-g) Agency policy 5324.12 informs inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for sexual abuse. The facility reported zero substantiated administrative findings of inmate-on-inmate sexual abuse or criminal findings in the past 12 months. There were zero Substantiated Inmate-on-Inmate Abuse allegations. This was confirmed by the facility Warden, one Mental Health staff, one medical staff interview, and two inmate medical files were reviewed. The Mental Health staff indicated potential screenings to address or correct the underlying reasons or motivations for abuse. The facility utilizes medical staff for assistance and the facility Psychology Services Department for counseling services.

Agency policy 5270.09, advises the facility may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The facility 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 enough evidence to substantiate the allegation. The facility prohibits all sexual activity between inmates and may discipline inmates for such activity.

Conclusion: The agency has a policy which states inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following a finding that the inmate engaged in prohibited sexual activity. The auditor reviewed all records and findings associated with the provisions of this standard and no further action is required. FMC Lexington meets the compliance required with this standard.

## **MEDICAL AND MENTAL CARE**

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

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

#### 115.81 (a)

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

#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

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

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

Standard 115.81 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Pre-Audit Questionnaire Responses
2. Inmate Medical Files
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Classification Records
5. Mental Health Confidential Disclosure Statement
6. Medical and Mental Health Records

Interviews:

1. Facility Warden
2. One Medical Staff
3. One Mental Health Staff
4. Inmate Reporting Prior Sexual Victimization

Site Review Observations:

1. Reviewed inmate files.

## Findings (By Provision):

115.81 (a-e) The auditor reviewed randomly selected electronic medical files and reviewed the agency policy regarding inmates experiencing prior victimization and abusiveness. Agency policy 5324.12 explains the inmates are screened by mental health providers upon entry to the facility. This information explains staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake process. This was also confirmed during the interview with the Mental Health staff. Agency policy 5324.12 explains, If the screening pursuant to PREA standard 115.41 indicates that a prison or jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening or sooner, if clinically indicated. This information is documented in the medical incident injury report. Interviews with one inmate who disclosed sexual victimization during a risk screening interview, and review of corresponding documentation is consistent with the policy requirement and adhere to this standard. The auditor interviewed an inmate that reported prior sexual victimization during the risk screening and the inmate confirmed being offered a follow-up referral with mental health staff. The inmate advised this was conducted within a few days and the inspection of the medical file indicated 2 days.

The auditor identified no concerns with the tracking mechanism presented by the medical staff regarding the 14-day reviews. The auditor reviewed inmate files and no immediate concerns were identified. The staff member from intake will generate the referral request based on the information received during the inmate risk screening. The referral will be noted in the medical files, and this begins an internal time clock to track the number of days until the 14-day review is completed. The medical staff and authorized staff are provided a username and password to access the medical records. This information is strictly for treatment plans, housing decisions, bed assignments, work details, educational programming, or as otherwise required by federal, state, and local law. The medical screening form is signed by inmates to provide consent for professional health care services and receive instructions regarding access to medical, dental, and mental health care. Interviews with medical and mental health staff revealed that a consent form is signed by the inmates regarding the limits to confidentiality. The auditor reviewed two sample inmate consent forms and no discrepancies were noted in association with the mental health follow-up reviews.

Conclusion: FMC Lexington has a policy governing the facility response to medical and mental health services in correlation with the review of the inmate risk assessment screenings. The policy stresses confidentiality within the medical environment and manages the immediate health needs, security risks, and the determination for further treatment. A review of all evidence provided by the facility indicates full compliance with the provisions of this standard. No further action is required.

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

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

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

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

### 115.82 (b)

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

### 115.82 (c)

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

### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Standard 115.82 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Pre-Audit Questionnaire Responses
2. Inmate Medical Files

3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Classification Records
5. Mental Health Confidential Disclosure Statement
6. Medical and Mental Health Records

Interviews:

1. Facility Warden
2. One Medical Staff
3. One Mental Health Staff
4. Inmate Reporting Prior Sexual Victimization
5. Sexual Assault Nurse Examiner

Site Review Observations:

1. Reviewed files and records logs

Findings (By Provision):

115.82 (a-d) Agency policy 5324.12 requires inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The facility offers 24-hour medical care and 24-hour crisis intervention services. The facility provides off-site emergency room care and utilizes the MOU with the Kentucky Association of Sexual Assault Programs in correlation with AMPERSAND Sexual Violence Resource Center for SANE exams.

The AMPERSAND Sexual Violence Resource Center offers 24-hour counseling and crisis intervention services, and the facility supports its own crisis stabilization and transitional care units. The SANE provider performs all sexual assault examinations and offers prophylaxis to safeguard from sexually transmitted diseases. The SANE provides the notification to the AMPERSAND Sexual Violence Resource Center for on-site advocacy during the exam. The volunteers will be notified to provide crisis intervention services and advocacy.

Interviews with the medical staff indicated the level of care at FMC Lexington is consistent with the level of care demonstrated within the community. The auditor was unable to speak with the SANE staff due to scheduling conflicts, and concerns with the COVID-19. The auditor reviewed the efforts of contract for the victim advocate services during the audit phase. The Psychology Services Department also provides on-site counseling services to the victims of sexual abuse. This auditor reviewed the inmate handbook provided by the facility to ensure compliance. The treatment services are provided to every victim without financial cost, regardless of whether the victim names an abuser or cooperates with any investigation arising out of the incident. This was confirmed by the Health Services Administrator and no concerns were present during the informal inmate interviews. The

auditor interviewed one inmate who reported sexual abuse during risk screening, and they did not indicate any concerns within this standard.

Conclusion: Based on the auditor's review of the evidence provided by the facility to include policies regarding access to treatment services, samples of secondary materials relating to forms, logs, and immediate notification documents, FMC Lexington is fully compliant with this standard. No further action is required.

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

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

#### **115.83 (a)**

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

#### **115.83 (b)**

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

#### **115.83 (c)**

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

#### **115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### **115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### **115.83 (f)**

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

### 115.83 (g)

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Standard 115.83 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Pre-Audit Questionnaire Responses
2. Inmate Medical Files
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Classification Records

5. Mental Health Confidential Disclosure Statement

6. Medical and Mental Health Records

Interviews:

1. Facility Warden

2. One Medical Staff

3. One Mental Health Staff

4. Inmate Reporting Prior Sexual Victimization

5. SANE Nurse

6. 20 Random Inmates

Site Review Observations:

1. Reviewed files and records logs

Findings (By Provision):

115.83 (a-h) The facility Chief Psychologist indicated the facility offers medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse. The Chief Psychologist advised the evaluation and treatment plans are consistent with the level of care demonstrated within the community. At times, the inmate may qualify for additional services due to their status. The inmate treatment plans may consist of referrals for continued care, medications, transfers to other facilities, or accommodations upon release.

FMC Lexington does house female inmates as confirmed during the population analysis. There have been no reported incidents involving vaginal penetration that resulted in the need to perform a pregnancy test. This was confirmed during review of the PAQ and during the interviews with the medical and mental health staff.

Agency policy advises inmate victims will be offered tests for sexually transmitted infections and all treatment services will be provided at no cost to the victim. This information is supported in the inmate handbook. The facility Psychology Services Department will provide on-site counseling services. This information was confirmed during the Health Services interview and the informal staff interviews. The informal inmate interviews expressed knowledge regarding the free medical, mental health, and emotional support services offered at the facility. The facility reported zero substantiated allegations of sexual abuse in the past 12 months.

Conclusion: Based on the auditor's review of the following evidence provided by the facility: policy governing ongoing medical and mental health care for sexual abuse victims and abusers, medical records indicating timely access to treatment plans, referrals, and sexually transmitted infections testing as medically appropriate. The auditor determined the facility was found in compliance with the provisions of this standard as staff indicate the level of care is consistent with the level of care within the community. No further action is required.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

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

#### 115.86 (e)

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

### **Auditor Overall Compliance Determination**

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

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

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

Standard 115.86 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Pre-Audit Questionnaire Responses
2. Investigative Reports
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Classification Records

Interviews:

1. Facility Warden
2. PREA Coordinator
3. Incident Review Team Member

Site Review Observations:

1. Discussed the Incident Review Team Process

Findings (By Provision):

115.86 (a-e) Agency policy 5324.12 mandates the facility conduct a sexual abuse incident review at the end of every sexual abuse investigation unless the allegation has been determined to be unfounded. This incident review must be conducted within 30 days of the conclusion of the investigation. This process was confirmed by the Warden and PREA Compliance Manager interviews. The incident review team consists of the following: The Facility Warden/Designee, Associate Warden, the facility PREA Compliance Manager, line supervisors, SIS for reviews involving inmate-on-inmate sexual abuse, OIA for all staff-on-inmate sexual abuse reviews, health care staff, mental health practitioners, and all other staff deemed appropriate by the facility Warden.

The facility presents a report of its findings from the sexual abuse incident reviews and makes a final recommendation for improvement or documents the reasons for not performing improvements. The criteria included within the reviews consists of the following: suggested policy revisions, incident motivations by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, intersex, gang affiliation, physical barriers that may have contributed to the abuse, adequate staffing levels, video monitoring equipment or lack of, mandated training by staff and inmates, appropriate supervision, notifications, and operational considerations. The auditor reviewed six incident review documents and noted the information was provided within the form. The Warden confirmed review of six reported facility incident reviews. The Warden/Designee shall distribute copies of the Sexual Abuse Incident Review Report to the Regional Director and the Regional PREA Coordinator. This was confirmed in agency policy 5324.12, and during the facility Warden interview.

Conclusion: The auditor determined the facility met this standard with compliance based on the review of the following documentation: policies on conducting sexual abuse incident reviews, sample documentation or completed investigations, documentation of review team minutes, and recommended findings.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Standard 115.87 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Pre-Audit Questionnaire Responses
2. Investigative Reports
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Classification Records

5. 2020 Federal Bureau of Prisons Annual PREA Report, effective June 17, 2021, pages 1-15

Interviews:

1. Facility Warden
2. PREA Coordinator
3. Incident Review Team Member
4. PREA Compliance Manager

Site Review Observations:

1. Discussed the data collection process

Findings (By Provision):

115.87 (a-f) The auditor reviewed the agency uniform data for every allegation of sexual abuse and compared the data to the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The agency aggregates the incident-based sexual abuse data annually and includes definitions as appropriate to the Survey of Sexual Violence.

The auditor reviewed the data collected from 2014 to 2020 as the data is compiled for a one-year (calendar) period after December. FMC Lexington does not operate another facility or contract with other facilities for the confinement of its inmates. The agency securely maintains all documentation used to compile the information and the SIS and OIA maintains the investigative data and records. Approved data is posted on the Agency website and available upon request by the Department of Justice. The facility Warden confirmed the use of all facility data relative to this standard.

Agency policy 5324.12 fully explains the procedures associated with this standard compliance:

The Bureau tracks information concerning sexual abuse using the methods listed below. In disseminating this information within the Bureau, or releasing information to a third-party, the Bureau complies with the Privacy Act and Freedom of Information Act, and all other applicable laws, rules, and regulations.

(1) SIS Data. The SIS must maintain secure investigative files and data, which include: The victim(s) and perpetrator(s) of sexually abusive behavior. A factual description of the events. Formal and informal action(s) taken. All collateral reports, supporting memoranda, and videotapes. Medical forms (e.g., injury assessments). Any other evidentiary materials pertaining to the allegation.

(2) Office of Internal Affairs Data. The Office of Internal Affairs reports the cumulated data on the inmate victims of staff sexually abusive behavior to all Chief Executive Officers and the Psychology Services Department Administrator at the end of each quarter and at the end of each fiscal year.

(3) Inmate Data. The Information, Policy, and Public Affairs Division collects and reports on the data used in the Bureau of Justice Statistics Survey of Sexual Violence.

(4) SENTRY Data. The captain in each institution is responsible for accurate STG SENTRY assignments related to sexually abusive behavior. Access to this SENTRY assignment must be limited to those staff who are involved in managing and treating the inmate victim or inmate perpetrator or investigating the incident.

The National PREA Coordinator, with the assistance of the Regional PREA Coordinators, aggregates, and reviews data from all sources annually.

Conclusion: The auditor reviewed the agency policies for collecting data on sexual abuse allegations, the instrument used for collecting the data, the set of definitions applied, the facility website, and a sample of the historical data used to determine the facility is fully compliant with the provisions of this standard. No further action required.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Standard 115.88 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. FMC Lexington Pre-Audit Questionnaire Responses
2. Investigative Reports
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Classification Records
5. 2020 Federal Bureau of Prisons Annual PREA Report, effective June 17, 2021, pages 1-15

Interviews:

1. Facility Warden
2. PREA Coordinator
3. Incident Review Team Member
4. PREA Compliance Manager

Site Review Observations:

1. Discussed the Incident Review Team Process
2. Reviewed the agency website data

Findings (By Provision):

115.88 (a-d) Agency policy 5324.12 requires the National PREA Coordinator to review data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This auditor reviewed the data posted on the agency website that includes the total number of substantiated, unsubstantiated, and unfounded allegations of sexual harassment by inmate-to-inmate and staff-to-inmate reports from 2014 to 2020.

This information is approved by the Agency Director and posted on the agency website for review. The agency National PREA Coordinator reviews data compiled by the Regional PREA Coordinators, the Information, Policy, and Public Affairs Division, and the Office of Internal Affairs, issues a report to the Director on an annual basis, meeting the requirements of this section. The facility Warden advised this information is utilized to identify problem areas and initiate corrective action measures when appropriate. The facility Warden confirmed the use and data associated with this report during the interview.

Any facility data redacted from the annual report for publication follows the Privacy Act, and the Freedom of Information Act. This statement was provided in the agency policy 5324.12.

Conclusion: The auditor reviewed evidence provided by the facility such as corrective action plans, an annual report of findings, website materials, and found the facility is compliant with the provisions of this standard. No further action required.

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

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

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)

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

## 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Standard 115.89 Analysis

The following evidence was analyzed in making compliance determinations:

#### Documents :

1. FMC Lexington Pre-Audit Questionnaire Responses
2. Investigative Reports
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. Classification Records
5. 2020 Federal Bureau of Prisons Annual PREA Report, Effective June 17, 2021, pages 1-15

#### Interviews:

1. Facility Warden
2. PREA Coordinator

### 3. Incident Review Team Member

#### Findings (By Provision):

115.89 (a-d) The agency policy 5324.12 indicated all documentation utilized for data collection is maintained by the following:

The Bureau tracks information concerning sexual abuse using the methods listed below. In disseminating this information within the Bureau, or releasing information to a third-party, the Bureau complies with the Privacy Act and Freedom of Information Act, and all other applicable laws, rules, and regulations.

(1) SIS Data. The SIS must maintain secure investigative files and data, which include: The victim(s) and perpetrator(s) of sexually abusive behavior. A factual description of the events. Formal and informal action(s) taken. All collateral reports, supporting memoranda, and videotapes. Medical forms (e.g., injury assessments). Any other evidentiary materials pertaining to the allegation.

(2) Office of Internal Affairs Data. The Office of Internal Affairs reports the cumulated data on the inmate 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.

(3) Inmate Data. The Information, Policy, and Public Affairs Division collects and reports on the data used in the Bureau of Justice Statistics Survey of Sexual Violence.

(4) SENTRY Data. The captain in each institution is responsible for accurate STG SENTRY assignments related to sexually abusive behavior. Access to this SENTRY assignment must be limited to those staff who are involved in managing and treating the inmate victim or inmate perpetrator or investigating the incident.

The National PREA Coordinator, with the assistance of the Regional PREA Coordinators, aggregates, and reviews data from all sources annually.

The data report is approved by the Agency Director and posted on the Agency website annually. The auditor reviewed the report and did not observe any personally identifying information. Agency policy requires the facility shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Conclusion: Based on the auditor's review of the agency policy, website, interviews, and historical data, FMC Lexington is fully compliant with the provisions of this standard. No further action is required.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Standard 115.401 Analysis

The following evidence was analyzed in making compliance determinations:

#### Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. PREA Audit Notice Verification
5. Postal Communications from Inmates

#### Interviews:

1. Facility Warden
2. PREA Coordinator
3. Inmates Sending Correspondence

#### Site Review Observations:

1. Reviewed the Agency Website and Facility Data

#### Findings (By Provision):

115.401(a-n) FMC Lexington conducted its second cycle PREA audit April 2, 2019, and the facility was found in compliance on 45 standards, three standards exceeded expectation (115.11, 115.41, and 115.83), 42 met the standards, and no standards were documented as does not meet or not applicable. The auditor reviewed the report on the facility web page during the Pre-Audit phase. This data was confirmed by the PREA Compliance Manager during the on-site review. All facility audit reports were posted on the agency website.

No interview restrictions were placed on the auditor during the on-site review. The auditor received all documents requested and was provided electronic viewing upon request. The on-site review provided the auditor the opportunity to conduct private interviews with inmates, staff, volunteers, and contractors with limitations due to the potential concerns with the COVID-19 pandemic. The facility PREA Compliance Manager provided photographic evidence regarding the posting of the PREA Audit Notification in all inmate housing units on August 31, 2021. The audit notice was posted in both English and Spanish formats, large color print, and visible for everyone to see upon entering the units. This posting provided the inmates and staff a name and mailing address for the auditor. The auditor confirmed this posting during the on-site review as staff and inmate interviews validated the posting at least 6 weeks prior to the on-site review. The auditor received one postal communication from an inmate at FMC Lexington and zero correspondence from staff.

Conclusion: The auditor has determined based on the evidence provided by the facility and review of the agency website; FMC Lexington meets compliance with the provisions of this standard. No additional action is required.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

## Standard 115.403 Analysis

The following evidence was analyzed in making compliance determinations:

### Documents :

1. FMC Lexington Responses to the Pre-Audit Questionnaire
2. FMC Lexington April 2, 2019, PREA Audit Report
3. Agency policy 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-62, June 4, 2015
4. PREA Audit Notice Verification
5. Postal Communications from Inmates

### Interviews:

1. Facility Warden
2. PREA Coordinator

### Site Review Observations:

1. Reviewed the Agency Website and Facility Data

### Findings (By Provision):

115.403 (a-f) FMC Lexington conducted its second cycle PREA audit April 2, 2019, and the facility was found in compliance on 45 standards, three standards exceeded expectation (115.11, 115.41, and 115.83), 42 met the standards, and no standards were documented as does not meet or not applicable. The auditor reviewed the report on the facility web page during the Pre-Audit phase. This data was confirmed by the PREA Compliance Manager during the on-site review. All facility audit reports were posted on the agency website.

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**Conclusion:** Based on the evidence provided by the facility, FMC Lexington meets compliance with the provisions of this standard, and no further action is required.

# AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

## Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Brian C. Sutherland

January 31, 2022

**Auditor Signature**

**Date**

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

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