

**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

*If no Interim Audit Report, select N/A*

Date of Final Audit Report:      July 2, 2021

## Auditor Information

Name: Lynni O’Haver	Email: lynni@preaauditing.com
Company Name: PREA Auditors of America, LLC	
Mailing Address: P. O. Box 1071	City, State, Zip: Cypress, TX 77410
Telephone: 239.223.0947	Date of Facility Visit: May 25 – 27, 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 Correctional Complex (FCC) Lompoc

**Physical Address:** 3901 Klein Blvd.

**City, State, Zip:** Lompoc, CA 93436

**Mailing Address (if different from above):**  
SAA

**City, State, Zip:** SAA

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:**

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

N/A

### Warden/Jail Administrator/Sheriff/Director

**Name:** Bryan Birkholz

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

**Telephone:** 805.735.2771

### Facility PREA Compliance Manager

**Name:** Brannon Grady

**Email:** LOX-PREAComplianceMgr-S@bog.gov

**Telephone:** 805.735.2771

### Facility Health Service Administrator N/A

**Name:** Lawrence Cross

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

**Telephone:** 805.735.2771

### Facility Characteristics

**Designated Facility Capacity:**

FCI – 860; USP – 1009; Camp - 436

**Current Population of Facility:**

FCI – 842; USP – 783; Camp - 341

Average daily population for the past 12 months:	FCI – 1017; USP – 942; Camp - 394	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	20 – 80 years old	
Average length of stay or time under supervision:	FCI – 671 days; USP – 694 days; Camp – 425 days	
Facility security levels/inmate custody levels:	FCI – Low / In & Out;    USP – Medium / In; Camp – Minimum / Out & Community	
Number of inmates admitted to facility during the past 12 months:	FCI – 906; USP & Camp - 1456	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	FCI – 570; USP & Camp - 1310	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	FCI – 546; USP & Camp - 920	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input 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 checked="" 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 type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	429	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	130	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	21	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	18	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	2	

## 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>	94
<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
<p><b>Number of single cell housing units:</b></p>	0
<p><b>Number of multiple occupancy cell housing units:</b></p>	9
<p><b>Number of open bay/dorm housing units:</b></p>	7
<p><b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b></p>	144
<p>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)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></p>	<p><input type="checkbox"/> On-site  <input checked="" type="checkbox"/> Local hospital/clinic  <input checked="" type="checkbox"/> Rape Crisis Center  <input type="checkbox"/> Other</p>
<b>Investigations</b>	
<b>Criminal Investigations</b>	
<p><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></p>	0
<p><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></p>	<p><input type="checkbox"/> Facility investigators  <input type="checkbox"/> Agency investigators  <input checked="" type="checkbox"/> An external investigative entity</p>
<p><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></p>	<p><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  <input type="checkbox"/></p>
<b>Administrative Investigations</b>	
<p><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></p>	253
<p><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></p>	<p><input checked="" type="checkbox"/> Facility investigators  <input checked="" type="checkbox"/> Agency investigators  <input type="checkbox"/> An external investigative entity</p>
<p><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></p>	<p><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</p>

# Audit Findings

## Audit Narrative (including Audit Methodology)

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

### Audit Narrative

Federal Bureau of Prisons, Federal Correctional Complex Lompoc is located at 3901 Klein Blvd, Lompoc California. Lompoc is approximately twenty-six miles south of Santa Maria and fifty-five miles northwest of Santa Barbara.

Federal Correctional Complex Lompoc is participating in the Prison Rape Elimination Act (PREA) audit. The on-site portion of the audit was conducted by a certified Department of Justice PREA Auditor, at the above address on May 25 – 27, 2021. The assigned PREA Auditor is an independent sub-contractor with no conflict of interest, working for the primary contract holder for the Federal Bureau of Prisons. This is the third audit for Federal Correctional Complex Lompoc; the first audit was completed on December 9 - 11, 2014 and the second audit was completed on May 15 – 17, 2018.

Federal Correctional Complex (FCC) Lompoc consists of one medium security facility (United States Penitentiary Lompoc), one low security facility (Federal Correctional Institution Lompoc), and two minimum-security facilities (Camp North and South); all four facilities operate under one administration and the name FCC Lompoc. Unless stated otherwise, for the purpose of this report, the Auditor's use of FCC Lompoc encompasses all four facilities. Additionally, for the purpose of this report, the Auditor's use of FBOP refers to the Federal Bureau of Prisons.

### Pre-Onsite Audit Phase

On April 14, 2021, the Auditor sent an introduction email to the FBOP Management Analyst with the External Auditing Branch, Program Review Division. Federal Bureau of Prisons utilizes a Management Analyst, with the External Auditing Branch, Program Review Division as the facility contact person throughout the process (pre, on-site, and post audit) and with organizing the audit process.

Along with a brief introduction, in the Auditor's email to the FBOP Management Analyst, the Auditor discussed the use of a paper audit, audit logistics, audit schedule / timelines, goals, and expectations of the audit. The Auditor also provided the deadline for posting the notifications and requested the notifications be posted in accordance with the required standards.

The PREA Audit Notifications contained the Auditor's name and mailing address (P.O. Box) for confidential correspondence from inmates or staff relating to PREA prior to, during, and after the PREA audit. The audit notifications also contained the scheduled dates of the audit, the purpose of the audit, and a statement regarding the confidentiality of any communication between the Auditor and inmates who respond to the notice with the exception of mandatory reporting laws that may apply to the Auditor. The Post Office box acquired for the audit was used strictly for correspondence from inmates or staff for the purpose of the PREA Audit.

On April 29, 2021, the Auditor received pictures of the PREA Audit Notifications posted throughout the facility in various locations. The notifications were posted in areas visible for staff and inmates.

During the on-site tour of the facility, the Auditor observed the audit notifications posted throughout each facility. The audit notifications were posted in visible locations where inmate traffic is high. These locations included housing unit, throughout each building – programs, educational, and vocational – in assigned inmate work areas, (Food Service, Laundry, & Maintenance), and in multiple areas accessible by Lompoc Staff. Posting of the audit notifications in these locations provided verification of notice to staff and inmates at FCC Lompoc.

On May 1, 2021, the Auditor began a systematic review process of the *Pre-Audit Questionnaire* responses to each standard and the supporting documentation, policies, and procedures. Supporting documentation included, but not limited to:

- Federal Bureau of Prisons Policies & Procedures
- Existing contracts between FBOP and external entities (Advocacy Services, Forensic Specialist)
- Inmate intake screenings & assessments
- Inmate medical & mental health assessments

Upon completion of the systematic review of the PAQ and supporting documentation, the Auditor and the FBOP Management Analyst had a phone conference on May 11, 2021, to discuss on-site logistics and documentation review during the on-site to include:

- All Sexual abuse & sexual harassment Administrative Investigations - May 2020 – April 2021
- All Sexual abuse & sexual harassment Criminal Investigations - May 2020 – April 2021



- Staff roster (certified & civilian staff, contract, & volunteer; requested by shift assignment/work hours)
- List of New Hires & Promotions from the last 12 months
- Inmate Rosters by Housing location for all FCC Lompoc facilities
- Inmates identified as LEP; hearing, cognitive, vision, and physically impaired;
- Inmates who identify as LGBTI
- Informal & Formal PREA related grievance reports
- Facility Site Map

The Auditor and the FBOP also discussed the Specialized Staff interviews to be completed on-site and included:

- Agency Head or Designee
- Administrative (Human Resources) Staff
- Agency Contract Administrator
- Classification Staff
- Contractors & volunteers who have contact with inmates
- Designated Staff who monitor retaliation
- Incident Review Team
- Intake Staff
- Intermediate or Higher-level Facility Staff
- Investigative Staff
- Medical & Mental Health Staff
- PREA Compliance Manager
- PREA Coordinator
- SANE/SAFE Staff
- Security Staff and Non-Security Staff First Responders
- Staff who perform screening for risk of victimization
- File review – personnel, volunteer/contractor, inmate & Medical and Mental Health (victims of SA/SH)
- FCC Lompoc PREA investigative case files

The number of sexual abuse and sexual harassment allegations in the 12 months prior to the audit (May 2020 – April 2021) was four. The following charts provide a breakdown of the four allegations:

Total Number of Allegations			
	Inmate-on-Inmate	Staff-on-Inmate	Total
Substantiated	0	0	0
Unsubstantiated	2	1	3
Unfounded	0	0	0
In progress	1	0	1
<b>Total</b>	<b>3</b>	<b>1</b>	<b>4</b>

Total Number of Sexual Abuse Allegations			
	Inmate-on-Inmate	Staff-on-Inmate	Total
Substantiated	0	0	0
Unsubstantiated	0	1	1
Unfounded	0	0	0
In progress	1	0	1
Total	1	1	2

Total Number of Sexual Harassment Allegations			
	Inmate-on-Inmate	Staff-on-Inmate	Total
Substantiated	0	0	0
Unsubstantiated	2	0	2
Unfounded	0	0	0
In progress	0	0	0
Total	2	0	2

Investigations			
	Inmate-on-Inmate	Staff-on-Inmate	Total
Administrative	2	1	3
Criminal	1	0	1
Total	3	1	4

Referred for Prosecution		
	Sexual Abuse	Sexual Harassment
Inmate-on-Inmate	1	0
Staff-on-Inmate	0	0

## Research

During the pre-on-site audit phase, the Auditor conducted an internet search on the facility to include reviewing the agency website. The agency website contained multiple links to previous annual reports and audits for FCC Lompoc as well as other facilities under the agency's jurisdiction. Each FBOP facility has an informational webpage and prior PREA Reports can be located on each of the individual facility webpage. The Auditor reviewed the prior Lompoc PREA Audits (December 2014; May 2018) and the 2020 Annual Report (§115.88).

The Auditor contacted Just Detention International (JDI), a health and human rights organization that seeks to end sexual abuse in all forms of confinement. The Auditor submitted an inquiry to determine if the agency had received any complaints from FCC Lompoc within the past 12 months; a representative from Just Detention International informed the Auditor that Just Detention International had received multiple complaints regarding FCC Lompoc. The Auditor provided her contact information to the JDI representative, which was provided to the individuals for correspondence purposes with the Auditor, at the option of the individual.

The Auditor also conducted research, specific to FCC Lompoc., on the websites of the Department of Justice Civil Rights Division and the Southern Poverty Law Center with negative results (pertaining to sexual abuse and sexual harassment) from each.

Prior to the on-site phase of the audit, the Auditor received correspondence from an inmate incarcerated at FCC Lompoc. The Auditor reviewed all correspondence received and discovered no immediate safety concerns or security threats to the inmate or to the facility; the inmate requested the Auditor assist him in filing criminal charges against the Department of Justice.

The Auditor did not receive any correspondence, other than what was previously mentioned, from staff or inmates prior to, during, or after the PREA audit.

During the pre-on-site phase of the audit, the Auditor reviewed provided documentation, which included the *SANEs/SAFEs evidence protocol*, *FBOP Sexual Assault Crisis Intervention – First Responder Guide*, staff member certificates documenting completion of the *Forensic Medical Exam: An Overview for Victim Advocates* course, and the contract between FBOP and the North County Rape Crisis Center. The contract uses clear and concise language, provides the agency's responsibilities, the contractor's responsibilities, and the reporting and

documentation requirements for each. Additionally, the contract describes in detail, the expectations, and responsibilities of each contractor including performance measures and financial consequences if the required service is not met.

Located in Santa Barbara California, the Santa Barbara County Sexual Assault Response Team (SART) is a countywide program providing care to individuals who have been sexually assaulted or sexually abused. An interagency program, SART coordinates with law enforcement, Rape Crisis Centers, Victim Witness Assistance, Child Welfare Services, Child Abuse Listening and Mediation (CALM) and a medical team of trained professionals, nurses, and physicians. Services offered through SART include forensic medical exams, forensic interviews, emotional support, advocacy, counseling referrals, prophylaxis for sexually transmitted infections and pregnancy, and other support services for the individual and his/her family.

During the pre-on-site phase of the audit, the Auditor conducted an interview with the certified SANE Examiner; she explained to the Auditor the procedure of a forensic medical examination, to include following the Department of Justice (DOJ) *National Protocol for Sexual Assault Medical Forensic Examinations Adults* and confirmed that a SANE/SAFE Examiner is available 24/7. The SANE Examiner explained when a notification for services is requested from the facility, a qualified SANE/SAFE Examiner will immediately respond to the facility to conduct the forensic medical examination. The SANE Examiner confirmed there was one forensic medical examination completed for FCC Lompoc during the past 12 months.

The North County Rape Crisis Center is a non-profit agency located in Lompoc, CA. The Center is supported in part by the Office of Emergency Services, Santa Barbara County, the cities of Lompoc and Santa Maria, as well as community foundations and private donations in an effort to provide Education/Prevention and Intervention Services to the communities in northern Santa Barbara County. The purpose of the North County Rape Crisis Center is to reduce the incidence of vulnerability to sexual assault, child abuse, and human trafficking by providing education and prevention skills to alleviate the trauma experienced by survivors of such crimes by providing direct services.

The North County Rape Crisis Center provides inmates incarcerated at FCC Lompoc with advocacy services for victims of sexual abuse or sexual violence. The services provided by the North County Rape Crisis Center include support services related to sexual violence, hospital accompaniment for the inmate victim during the forensic medical exam process and investigatory interviews, and follow-up crisis counseling on request.

During the on-site phase of the audit, the Auditor conducted an interview with a victim advocate from North County Rape Crisis Center and she confirmed the existing contract agreement with the facility. She provided a very detailed description of the advocacy services and one-on-one counseling provided to the inmates at FCC Lompoc to include emotional support services, victim advocate upon request, and accompaniment during the forensic medical exam and investigatory interviews.

### **On-Site Audit Phase**

Federal Correctional Complex Lompoc is located at 3901 Klein Blvd, Lompoc California. Lompoc is approximately twenty-six miles south of Santa Maria and fifty-five miles northwest of Santa Barbara.

Under the jurisdiction of the Federal Bureau of Prisons, FCC Lompoc consists of varying Security and Custody Levels and include:

- United States Penitentiary Lompoc – Medium / In
- Federal Correctional Institution Lompoc – Low / In & Out
- Camp North and Camp South – Minimum / Out & Community

The rated capacity of FCC Lompoc is 2,305 with an average daily population (ADP) of 2,353 for the 12 months preceding the audit. The inmate population on the first day of the audit was 1,832.

Federal Correctional Complex Lompoc consists of one medium, one low, and two minimum-security facilities and operates under one administration. FCC Lompoc encompasses approximately 2,456 acres with each of the four facilities located less than two miles apart.

United States Penitentiary (USP) Lompoc is surrounded by a perimeter road and three high security fences with rolls of razor wire and sensors. Two armed mobile patrols monitor the perimeter. The Main Entrance is a small building with a sallyport between the perimeter fences. USP Lompoc has a modified, telephone-pole design with inmate and staff movement along the main corridor with housing units and programming areas extending from the corridor. The facility has nine housing units, however only seven housing units were open at the time of the on-site; each housing unit consisted of three tiers of two-man cells and common area in the middle of each unit. Located on one end of the main corridor is the Special Housing Unit (SHU) and a Receiving and Discharge (R&D) for FCC Lompoc. Other operations and programming areas located off the main corridor include the Auditorium,

Barber Shop, Commissary, Education, Food Services, Health Services, Psychology Services, Religious Services, and Vocational Training. Two additional corridors, Recreation and Work corridors, lead to the Gym or Outside Recreation Yard, and Hobby Craft; and Safety, Laundry, and Facilities.

Federal Correctional Institution (FCI) Lompoc is surrounded by a perimeter road and two secure fences with razor wire and sensors. Two armed mobile patrols monitor the perimeter. The Main Entrance has a large processing area where staff and visitors are identified prior to admittance. FCI Lompoc has a campus style design with buildings extending out within the secure perimeter. Buildings include Barber Shop, Commissary, Correctional Systems, Education, Facilities, Food Service, Health Services, Laundry, Psychology Services, Recreation, Religious Services, Vocational Training, Visitation, and four general housing units in unit / cubicle style setting with a multi-purpose area and shower facilities in each.

Camp North and South Lompoc (SPCs) are campus-style designs with buildings spread out and no secure perimeter. The South Camp houses inmates in two, open-bay style units, each providing basic furnishings, and common shower facilities. Additional services and programming buildings consist of Administration, Activities (Recreation), Barber Shop, Commissary, Facilities, Food Service, Health Services, Law Library, Laundry, Multi-purpose (Education, Religious Services, Psychology Services), Recreation Yard, and Visitation.

Camp North is a working camp with one open-bay housing unit with basic furnishings, and common shower facilities, laundry rooms, barbershop and an activity building.

On Tuesday May 25, the first day of the audit, an entrance meeting was held with the Warden, Associate Warden, Institution PREA Compliance Manager (IPCM), FBOP Management Analyst, and a multitude of Facility Supervisors. The Auditor toured the FCI Lompoc from 0845 hours to 1200 hours. The Auditor was escorted by the Associate Warden, Institution PREA Compliance Manager (IPCM), and Facility Supervisors.

On Tuesday May 25, the first day of the audit, the Auditor toured the Camp North from 1330 hours to 1530 hours. The Auditor was escorted by the Associate Warden, Institution PREA Compliance Manager (IPCM), and Facility Supervisors.

On Wednesday May 26, the second day of the audit, the Auditor toured the USP Lompoc from 0800 hours to 1145 hours. The Auditor was escorted by the Associate Warden, Institution PREA Compliance Manager (IPCM), and Facility Supervisors.

On Wednesday May 26, the second day of the audit, the Auditor toured the Camp South from 1430 hours to 1600 hours. The Auditor was escorted by the Associate Warden, Institution PREA Compliance Manager (IPCM), and Facility Supervisors.

The Auditor used the *National PREA Resource Center, PREA Compliance Instrument-Instructions for PREA Audit Tour* when conducting the on-site review. The areas visited, for each facility, included occupied housing units, medical area, intake and transfer, security control rooms, inmate classification, food service, laundry, library, educational, vocational, and program areas, work assignment areas, Visitor Park, and facility Chapel.

During the tour, the Auditor observed opposite gender announcements, viewed PREA Audit notifications posted throughout, and PREA educational material and contact information for rape crisis counseling and emotional support services. The Auditor observed the PREA information posted in each housing unit, inmate common areas, program and educational areas, and in the facility lobby.

The Auditor also observed multiple security cameras to include the camera angles, privacy, and line of sight for shower and toilets. The Auditor did not observe any issues with privacy or line of sight; announcements are made when opposite gender enters the housing unit. The shower and bathroom areas within each dorm contain concrete privacy walls, which are constructed in such a manner that provides privacy as well as allowing staff to have a partial view of the inmate (covers midsection of the body); this allows privacy as well as ensuring the safety and security of all inmates. The Auditor did not observe blind spots during the facility tour.

Throughout the facility tour, the Auditor observed inmates participating in educational programs, various inmate movement throughout the facility, and inmates actively working in assigned jobs throughout the facility compound. The Auditor was able to observe the interaction between staff and inmates inside the housing units and throughout the facility and conduct informal interviews of certified staff, civilian staff, contract staff, and inmates in each housing unit and throughout the facility compound.

FCC Lompoc reported 366 cameras installed and operational. Of the total 366 cameras, 309 are located in the interior of the buildings and 57 exterior cameras are strategically placed throughout each compound.

## Staff Interviews

The PREA Auditor handbook requires Auditors to interview a representative sample of staff, supervisors, and administrators in the audited facility. Auditors must conduct interviews with a random sample of staff selected from varying shifts and work assignments, as well as targeted interviews with staff, which have specialized roles and responsibilities within the facility.

The Auditor conducted twelve random staff interviews. This random selection of staff included at least one member from each shift, staff from diverse work assignments, supervisors and line staff, males and females, and staff of various diversities. There are three eight-hour custody staff shifts – 0800 hours – 1600 hours; 1600 hours – 0000 hours; 0000 hours – 0800 hours. At the time of the audit, the facility reported 429 staff employed at the facility who have contact with inmates.

Twenty-two specialized staff interviews were conducted and were selected based upon their work assignment and subject matter expertise. Interviews were conducted in designated rooms that provided privacy and all interviews were conducted without interruption.

At the time of the audit, the facility had 18 contractors and 2 volunteers authorized to enter the facility and who may have contact with inmates. Interviews with staff were conducted in designated rooms that provided privacy and were all completed without interruption.

All staff interviews were conducted in accordance with the *National PREA Resource Center PREA Compliance Audit Instruments Interview Guide*. Upon arrival to the facility, the Auditor requested an updated employee roster to assist with the selection process for the random and targeted staff interviews. A detailed list and quantities for each interviewed are listed below:

<b>Staff Categories</b>	<b>Number of Interviews Conducted</b>
Random Sample of Staff:	12
Agency and PREA Staff:	
Agency Head or designee	1
Warden or designee	1
PREA Coordinator	1



PREA Compliance Manager	1
Specialized Staff:	
Agency Contract Administrator	1
Administrative / Human Resource Staff	1
Designated staff member monitoring retaliation	1
First Responders	3
Incident Review Team	1
Intake Staff	1
Intermediate or Higher level Facility Staff	2
Investigative Staff	1
Medical Staff / Mental Health Staff	2
Rape Crisis / Advocacy Center Staff	1
SAFE/SANE Staff	1
Staff who supervise inmates in Seg housing	1
Staff who screen for risk of victimization & abusiveness	1
Volunteers / Contractors	1
Total Random Staff Interviewed	12
Total Agency and PREA Staff	4
Total Specialized Interviewed	18
Total Staff Interviewed	34

## Inmate Interviews

The inmate count on the first day of the audit was 1,832. In accordance with the *PREA Auditor Handbook Table 1: Required Number of Inmate Interviews*, the Auditor was required to conduct 20 random sample inmate interviews. All inmate interviews were conducted in accordance with the *National PREA Resource Center, PREA Compliance Audit Instrument - Interview Guide*.

The Auditor conducted thirty-eight informal random inmate interviews and twenty-two formal random inmate interviews. For the selection process for the formal inmate interviews, the Auditor requested an up-to-date inmate roster (in alphabetical order) from every housing unit and selected every tenth inmate from the inmate rosters provided; inmates interviewed included every housing unit and inmates of various diversities.

In accordance with the *PREA Auditor Handbook Table 1: Required Number of Inmate Interviews*, the Auditor was required to interview at least 20 targeted inmates. The Auditor conducted twelve targeted inmate interviews. The facility provided documentation confirming they did not have the following targeted inmate categories housed at their facility at the time of the on-site review. As a result, these categories of inmates were not interviewed.

Youthful inmates

Inmates in segregated housing for high risk of sexual victimization

Inmates with a cognitive disability

FCC Lompoc does not house youthful inmates. FCC Lompoc reported during the twelve months prior to the audit, there were no inmates placed in segregated housing due to risk of sexual victimization. Therefore, the categories of youthful inmates, inmates in segregated housing for high risk of sexual victimization, and inmates with a cognitive disability were not interviewed.

All inmate interviews were conducted in accordance with the *National PREA Resource Center PREA Compliance Audit Instruments Interview Guide*. The Auditor requested an updated facility inmate roster to assist with the selection process for the random and targeted inmate interviews. All interviews were conducted in private and without interference. A detailed list and quantities for each interviewed are listed below:

<b>Inmate Categories</b>	<b>Number of Interviews Conducted</b>
Random Sample of Inmates:	
Informal	38
Formal	22
Targeted Inmates:	
Inmates with a physical disability	1
Inmates who are blind, deaf, or hard of hearing	1
Inmates who are limited English proficient	1
Inmates who identify as lesbian, gay or bisexual	2
Transgender or Intersex inmates	3
Inmates who reported prior sexual victimization	3
Inmates who reported sexual abuse	1
Total Random Inmates interviewed	60
Total Targeted Inmates interviewed	12
Total Inmates interviewed	72

### **On-site Documentation Review**

During the 12 months prior to the audit, FCC Lompoc reported four allegations of sexual abuse and sexual harassment, two allegations were sexual abuse and two allegations were sexual harassment. The Auditor reviewed three administrative investigations and one criminal investigation. The Auditor reviewed each case thoroughly and systematically to ensure each case contained all of the correct procedures, completed documentation, and that all processes were completed as required, to include the report findings for the three closed cases; at the time of the on-site, one case was pending completion with the OIG/FBI.

The four allegations included two sexual abuse allegations and two sexual harassment allegations. The two sexual harassment allegations were both inmate-on-inmate allegations; both closed as unsubstantiated. The two sexual abuse allegations included one inmate-on-inmate allegation and at the time of the Auditor's review, the case was still pending a final disposition with the OIG/FBI. The remaining sexual abuse allegation was staff-on-inmate, which was closed as unsubstantiated.

The Auditor found each closed case contained all the appropriate documentation, and determined that each incident was investigated promptly, thoroughly, and objectively by a qualified Special Investigative Agent who has received training and education and has the authority to conduct such investigations. The Auditor noted each file contained documentation to include but not limited to the initial incident report, SIS report, PREA OneSource Checklist, Memorandums, Institution Medical Assessment, Psychology Report, Hospital Report (if applicable), 30 Day Sexual Abuse Incident Review, 90 day Retaliation Checks, Photographs, Crime Scene log, Chain of Custody, SENTRY documentation, and Victim Notification. The Auditor noted each case file was well organized, extremely detailed, and contained all the required documentation.

Employee criminal background checks and training records are maintained in the employee personnel files. The Auditor reviewed documentation from twenty employee personnel files. The Auditor selected files of a newly hired employee, long-term staff members, recently promoted staff members, and employees with specialized training. All files reviewed contained the required training documentation, revealed thorough background investigations, and included updated documentation of current background investigations (five-year intervals) of current staff members.

The Auditor reviewed thirty-two inmate institutional records. These records were selected based upon the inmate sexual abuse investigations, length at facility, and inmates that disclosed sexual orientation as bisexual, gay, or transgender. Each file contained the initial risk screening form as well as the 30-day reassessment form; all were filled out completely and in accordance to the facility's policy.

Medical and mental health files are maintained in a secured section of the medical office. The Auditor reviewed twelve secondary medical and mental health files. These files were reviewed based upon the screening for risk of sexual victimization, inmates who reported sexual abuse or sexual harassment, and those inmates who identify as gay, bisexual, or transgender. Medical files also contain a body chart, which is a form that is completed by medical staff when an inmate reports either a sexual harassment or sexual abuse allegation.

The list below details the documentation reviewed from the various files:

<b>Type of File</b>	<b>Number of Files Reviewed</b>
Investigative Case files	4
Human Resources (Personnel / Training) files	20
Inmate Institutional Records	32
Medical & Mental Health (secondary) files	12
Total number of files reviewed	68

### **Exit Briefing**

At the conclusion of this audit, an exit meeting was held with the Warden, Associate Warden, Institution PREA Compliance Manager (IPCM), FBOP Management Analyst, and Facility Supervisors to discuss the audit findings. The Auditor informed all in attendance the need to review on-site observations, documentation, and interview responses in order to determine compliance for each standard and provision.

## Facility Characteristics

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

### Facility Characteristics

Federal Bureau of Prisons, Federal Correctional Complex Lompoc is located at 3901 Klein Blvd, Lompoc California. Lompoc California is approximately twenty-six miles south of Santa Maria and fifty-five miles northwest of Santa Barbara.

Under the jurisdiction of the Federal Bureau of Prisons, FCC Lompoc consists of varying Security and Custody Levels and include:

- United States Penitentiary Lompoc – Medium / In
- Federal Correctional Institution Lompoc – Low / In & Out
- Camp North and Camp South – Minimum / Out & Community

The rated capacity of FCC Lompoc is 2,305 with an average daily population (ADP) of 2,353 for the 12 months preceding the audit. The inmate population on the first day of the audit was 1,832.

Federal Correctional Complex Lompoc consists of one medium, one low, and two minimum-security facilities and operates under one administration. FCC Lompoc encompasses approximately 2,456 acres with each of the four facilities located less than two miles apart.

United States Penitentiary (USP) Lompoc is surrounded by a perimeter road and three high security fences with rolls of razor wire and sensors. Two armed mobile patrols monitor the perimeter. The Main Entrance is a small building with a sallyport between the perimeter fences. USP Lompoc has a modified, telephone-pole design with inmate and staff movement along the main corridor with housing units and programming areas extending from the corridor. The facility has nine housing units, however only seven housing units were open at the time of the on-site; each housing unit consisted of three tiers of two-man cells and common area in the middle of each unit. Located on one end of the main corridor is the Special Housing Unit (SHU) and a Receiving and Discharge (R&D) for FCC Lompoc. Other operations and programming areas located off the main corridor include the Auditorium, Barber Shop, Commissary, Education, Food Services, Health Services, Psychology Services, Religious Services,

and Vocational Training. Two additional corridors, Recreation and Work corridors, lead to the Gym or Outside Recreation Yard, and Hobby Craft; and Safety, Laundry, and Facilities.

Federal Correctional Institution (FCI) Lompoc is surrounded by a perimeter road and two secure fences with razor wire and sensors. Two armed mobile patrols monitor the perimeter. The Main Entrance has a large processing area where staff and visitors are identified prior to admittance. FCI Lompoc has a campus style design with buildings extending out within the secure perimeter. Buildings include Barber Shop, Commissary, Correctional Systems, Education, Facilities, Food Service, Health Services, Laundry, Psychology Services, Recreation, Religious Services, Vocational Training, Visitation, and four general housing units / cubicle style setting with a multi-purpose area and shower facilities in each.

Camp North and South Lompoc (SPCs) are campus-style designs with buildings spread out and no secure perimeter. The South Camp houses inmates in two, open-bay style units, each providing basic furnishings, and common shower facilities. Additional services and programming buildings consist of Administration, Activities (Recreation), Barber Shop, Commissary, Facilities, Food Service, Health Services, Law Library, Laundry, Multi-purpose (Education, Religious Services, Psychology Services), Recreation Yard, and Visitation.

Camp North is a working camp with one open-bay unit with basic furnishings, and common shower facilities, laundry rooms, barbershop and an activity building.

FCC Lompoc reported 366 cameras installed and operational. Of the total 366 cameras, 309 are located in the interior of the buildings and 57 exterior cameras are strategically placed throughout each compound.

There are three eight-hour custody staff shifts – 0800 hours – 1600 hours; 1600 hours – 0000 hours; 0000 hours – 0800 hours. At the time of the audit, the facility reported 429 staff employed at the facility who have contact with inmates.

The PAQ indicated there are 18 contractors and 2 volunteers. Examples of services provided at FCC Lompoc include Adult Basic Education, General Education Development, English-as-a-Second-Language, Residential Drug Abuse Program (9 – 12 month substance treatment program), and Alternative to Violence Project, Inside Out Dad, Forgiveness, Ethics, Boundaries, Carpentry, Welding, various worship services, and religious programs.

## 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:** 6

**List of Standards Exceeded:** 115.21; 115.22; 115.42; 115.53; 115.65; 115.71

### Standards Met

**Number of Standards Met:** 39

**List of Standards Met:** 115.11; 115.12; 115.13; 115.14; 115.15; 115.16; 115.17; 115.18; 115.31; 115.32; 115.33; 115.34; 115.35; 115.41; 115.43; 115.51; 115.52; 115.54; 115.61; 115.62; 115.63; 115.64; 115.66; 115.67; 115.68; 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:** N/A

**List of Standards Not Met:** N/A



## 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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FCC Lompoc Complex Supplement 5324.12a, *Sexually Abusive Behavior Prevention, & Intervention Program*

Interviews conducted with:

PREA Coordinator

Institution PREA Compliance Manager (IPCM)

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the FBOP policy mandating a zero-tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. The intent of the policy is to ensure that:

- Staff and inmates are informed that this policy implements the Bureau's "zero-tolerance" of sexually abusive behavior, and sexual harassment;
- Standard procedures are in place to detect and prevent sexually abusive behavior and sexual harassment at all Bureau facilities;
- Victims of sexually abusive behavior and sexual harassment receive timely and effective responses to their physical, psychological, and security needs;
- Allegations of sexually abusive behavior and sexual harassment receive timely intervention upon report, and
- Perpetrators of sexually abusive behavior and sexual harassment will be disciplined and, when appropriate, prosecuted in accordance with Bureau policy and Federal law.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the agency shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states 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 assists the Information, Policy, and Public Affairs (IPPA) Division in providing the required information to the U. S. Department of Justice, Bureau of Justice Statistics, through their collection agent (U.S. Census Bureau), of all incidents of sexually abusive behavior. The National PREA Coordinator also coordinates with the Privatization Management and Residential Reentry Branches to ensure contract facilities comply with this provision of the PREA standard.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the Regional PREA Coordinator ensures policy guidelines are addressed in institutions within each region. Given the sensitivity required when defining and reporting cases as substantiated, a background in investigations is preferred when selecting a Regional PREA Coordinator.

Additional evidence supporting compliance with this provision of the standard is exhibited in the Memorandum of Understanding authored by the Assistant Director, Correctional Programs Division. The MOU outlines the responsibilities assigned to the National PREA Coordinator, which include:

- Serving as the agency's point of contact regarding all PREA related matters;
- Providing consultation and guidance to regional and field staff with respect to PREA implementation and monitoring;
- Providing PREA training oversight;
- Reviewing policy to determine compliance with PREA;
- Reviewing contract language for private/contract facilities relative to PREA;
- Coordinating the development or location of materials required for PREA;
- Maintaining the PREA Coordinator GroupWise mailbox;
- Maintaining and processing allegations of sexual abuse in third-party reporting instances and Office of Inspector General's forwarded inmate reports of sexual abuse allegations;
- Preparing an annual report of for the agency utilizing each facility's findings and corrective actions.

During the pre-on-site phase of the audit, the Auditor conducted an interview with the National PREA Coordinator who verified she has sufficient time and authority in her position to accomplish PREA

responsibilities for the Bureau. The National PREA Coordinator provides guidance through 6 regional PREA Coordinators and 122 Institution PREA Compliance Manager (IPCMs). The National PREA Coordinator reports to the Assistant Director, Reentry Services Division. A review of the FBOP organizational chart provided evidence that the National PREA Coordinator is designated as an upper-level position and has agency-wide oversight.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states where an agency operates more than one facility, each facility shall designate an Institution PREA Compliance Manager (IPCM) with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the Warden at each institution must ensure that all aspects of this Program Statement are implemented, including maintaining a current Institution Supplement. He/she must assign an Institution PREA Compliance Manager (IPCM) (IPCM), who except in rare circumstances will be an Associate Warden, for the overall responsibility of the program.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention & Intervention Program* states the Institution PREA Compliance Manager (IPCM) maintains responsibility for the *Sexually Abusive Behavior Prevention and Intervention Program*. He/she must provide supervisory oversight to ensure the coordination of institution departments in prevention, detection, intervention, and response, as specified in this Program Statement. The Warden may appoint supervisory staff as PREA points of contact in each key department (Correctional Services, Psychology Services, Health Services, etc.) in order to assist the Institution PREA Compliance Manager (IPCM) with the implementation of this policy.

FCC Lompoc Complex Supplement 5324.12a, *Sexually Abusive Behavior Prevention, & Intervention Program* states FCC Lompoc will ensure compliance with a zero-tolerance approach to the preventing, detecting, and responding to sexual abuse and sexual harassment. To ensure a coordinated response to a report of sexually abusive behavior, the Human Resource Manager will ensure the discussion of the Sexually Abusive Behavior Prevention and Intervention Program is conducted during both Institution Familiarization, Annual Training, and for all contractors. Additionally, the FBOP's zero-tolerance for sexual abuse and sexual harassment information will be continuously posted on the psychology bulletin boards in the housing units, the electronic bulletin board, and readily available to inmates in Psychology Services.

During the on-site phase of the audit, the Auditor interviewed the Institution PREA Compliance Manager (IPCM) and verified he has sufficient time and authority in his position to accomplish the PREA responsibilities for FCC Lompoc. Evidence shows that the FBOP has designated a facility Institution PREA Compliance Manager (IPCM) for FCC Lompoc as verified through a review of the facility organizational chart and through interviews with the Institution PREA Compliance Manager (IPCM) and the Warden.

During the on-site phase of the audit, the Auditor interviewed the Warden and confirmed the responsibilities of the Institution PREA Compliance Manager (IPCM) assigned to FCC Lompoc and verified he is provided sufficient time and authority in his position to accomplish these responsibilities.

Upon review of the policy and the agency organizational chart and upon completion of interviews conducted with the National PREA Coordinator, Institution PREA Compliance Manager (IPCM), and Warden during the on-site visit, the FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA 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.*

### Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP Contracts for Confinement of Inmates (3)

### Interviews conducted with:

Agency Contract Administrator

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states a public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states any new contract or contract shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. 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.

During the pre-on-site phase of the audit, the Auditor conducted an interview with the Agency Contract Administrator regarding how contracts are monitored to determine if the contractor complies with the PREA requirements of the contract. The Agency Contract Administrator explained each contract with the Bureau of Prisons has the following contract language:

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

The Agency Contract Administrator explained that all contractor's policies and procedures are reviewed by Bureau subject matter experts who ensure appropriate adherence to national standards and regulations. The contractor is further required to notify the FBOP of any PREA allegation and forward a copy of the allegation, the investigation, and the findings to the FBOP oversight staff for review. Additionally, at least once a year, the FBOP's Quality Assurance Program conducts a review of all contractor's PREA allegations to determine contract compliance.

The Agency Contract Administrator informed the Auditor the FBOP currently has 8 contracts with private contract facilities and 150 contracts with Residential Reentry Centers (RRC). A review of three private contract facilities contracts confirmed the required language was included in each contract.

Upon review of the policy and upon completion of the interview with the Agency Contract Administrator, the FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

## **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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP FCC Lompoc Salary/Workforce Utilization Committee Meeting Minutes (Staffing Plan) (4)

FBOP Institution Duty Officer – *Unannounced Institutional Rounds* (16)

Interviews conducted with:

Warden or Designee

PREA Coordinator

Institution PREA Compliance Manager (IPCM)  
Intermediate or Higher Level Facility Staff

On-site Review Observations:

Daily operational functions

Staff interaction with inmates

Inmate movement

Supervisory staff conducting rounds

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any inadequacy from internal or external oversight bodies;
- Any findings of inadequacy from Federal investigative agencies;
- All the components of the facility's physical layout (including blind spots);
- Composition of inmate population;
- Number of and placement of supervisory staff;
- Institution programs specific to each shift;
- All applicable State or local laws;
- Prevalence of substantiated and unsubstantiated incidents of sexual abuse;
- Any other relevant factors.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the Human Resource Management Division and Administration Division, Central Office, must consider PREA factors and safety, in general, when allocating overall staffing resources. At the institution, the *Salary/Workforce Utilization Committee Meeting Minutes* serves as the staffing plan.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states in circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. Deviations are documented in the remarks section of the *Salary/Workforce Utilization Committee Meeting Minutes*. For example, if an allocated position is not filled for budgetary or other reasons, the reasons should be noted in remarks section.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA Coordinator required by §115.11, the agency shall assess, determine, and document whether adjustments are needed to:

- The staffing plan established pursuant to policy;
- The facility's deployment of video monitoring systems and other monitoring technologies; and
- The resources the facility has available to commit to ensure adherence to the staffing plan.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states at a minimum, the most recent *Salary/Workforce Utilization Committee Meeting Minutes* are annually compiled by the Regional PREA Coordinator by May 1, and submitted to the National PREA Coordinator by June 1.

According to the information contained in the PAQ, FCC Lompoc had no deviations from the staffing plan that occurred in the 12 months prior to the on-site visit. During the on-site phase of the audit, the Auditor conducted an interview with the Warden and confirmed there were no deviations from the staffing plan in the 12 months prior to the audit. The Warden also confirmed that if a deviation were to occur, such instances of non-compliance with the staffing plan are documented in the remarks section of the *Salary/Workforce Utilization Committee Meeting Minutes*.

During the on-site phase of the audit, the Auditor conducted an interview with the Warden regarding FCC Lompoc staffing plan. The Warden discussed how staffing levels are discussed at the Budget and Planning Committee meeting as well as during Quarterly Salary/Workforce Utilization Committee meetings. The Warden also explained that when developing a staffing plan, several items are taken into consideration such as internal reviews, components of the physical plant, composition of the inmate population, the prevalence of substantiated and unsubstantiated allegations of sexual abuse, inmate-on-inmate assaults, and uses of force. Additionally, the Warden explained that weekly camera updates are provided to the Executive Staff to ensure all

video equipment is working appropriately or if necessary, work orders have been submitted if cameras require repair. To ensure compliance with the staffing plan, the Warden indicated compliance is monitored via meetings, meeting minutes, staffing reports, and regular communications with Associate Wardens, PREA Compliance Manager, Human Resource Manager, and Financial Management Administrator.

During the on-site phase of the audit, the Auditor conducted interviews with the Institution PREA Compliance Manager (IPCM) and the National PREA Coordinator; both confirmed the process of developing a staffing plan previously described by the Warden.

During the on-site phase, the auditor reviewed the average daily number of inmates' report, staff shift rosters, facility blueprint, and daily inmate activity schedules to verify adequate staff coverage in comparison to inmate population, inmate movement, and facility size and layout.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states at each agency operating a facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit 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.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states unannounced rounds by supervisory staff conducted with the intent of identifying and deterring sexual abuse and sexual harassment are conducted every week, including all shifts and all areas. The Institution Duty Officer (IDO) conducts and documents the unannounced rounds. At the end of the IDO's tour week, the documentation is forwarded to the Institution PREA Compliance Manager (IPCM) for retention.

During the on-site phase of the audit, the Auditor reviewed sixteen *Unannounced Institutional Rounds* logs and verified the unannounced rounds are being conducted and documented in accordance to the facility policy and the PREA Standard. The sample of the documents reviewed covered several days in various months, and were from every shift. In the samples reviewed, the Auditor did not find any consistent patterns or inadequacies.

During the on-site phase of the audit, the Auditor conducted supervisory level staff interviews and inquired how unannounced rounds are completed without staff knowledge. Supervisory level staff indicated this is completed

by observing staff movement, monitoring radio transmissions, alternating movement patterns or being unpredictable with times or walking pattern, and listening to staff conversations while conducting rounds throughout the facility.

During the on-site phase of the audit, the Auditor toured the facility and observed the daily operational functions, staff interacting with inmates, general inmate movement, inmates out at recreation, inmates participating in programs, inmates completing job assignments, and supervisory staff conducting rounds. These observations provided additional verification of policy and of standard compliance.

Upon review of the policies and documentation provided and upon completion of interviews conducted with the Warden, National PREA Coordinator, Institution PREA Compliance Manager (IPCM), and Intermediate or Upper-level Supervisory Staff during the on-site visit, the FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## 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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

Interviews conducted with:

Warden

Institution PREA Compliance Manager (IPCM)

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* defines a youthful inmate shall not be placed in a housing unit which the youthful inmate will have sight, sound, or physical contact with any adult inmate though use of a shared dayroom or other common space, shower areas, or sleeping quarters.

According to the information provided in the PAQ, FCC Lompoc does not house youthful inmates. This was verified during interviews with the Warden, Institution PREA Compliance Manager (IPCM). The Auditor also confirmed FCC Lompoc does not house youthful inmates during her observations throughout multiple facility tours during the on-site visit.

Upon review of the policy and upon completion of the interviews with facility staff, the FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA 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.*

#### Documents:

FBOP Program Statement 5521.06, *Searches of Housing Units, Inmates and Inmate Work Areas*

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FCC Lompoc Complex Statement 5324.12a, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP PREA Training Curriculum – *Correctional Fundamentals, Part 1*



Interviews conducted with:

Random sample of Inmates

Transgender/Intersex Inmates

On-site Review Observations:

Daily operational functions

Staff interaction with inmates

Inmate movement

FBOP Program Statement 5521.06, *Searches of Housing Units, Inmates and Inmate Work Areas* states in order to further the safe, secure, and orderly running of its institutions, the Bureau of Prisons conducts searches of inmates and of inmate housing and work areas to locate contraband and to deter its introduction and movement. Staff shall employ the least intrusive method of search practicable, as indicated by the type of contraband and the method of suspected introduction.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states 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.

Documentation provided by the facility indicated there were no cross-gender strip searches or cross-gender visual body cavity searches conducted during the last 12 months. During the on-site phase of the audit, the Auditor conducted an interview with the Warden and the Institution PREA Compliance Manager (IPCM) and verified that no cross-gender strip searches or cross-gender visual body cavity searches were conducted.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states an inspection of an inmate using the hands does not require the inmate to remove clothing. The inspection includes a search of the inmate's clothing and personal effects. Staff may conduct a pat search of an inmate on a routine or random basis to control contraband. Staff of the same sex as the inmate shall make the search, except where circumstances are such that delay would mean the likely loss of contraband. Where staff of the opposite sex makes a visual search, staff shall document the reasons for the opposite sex search in the inmate's central file.

During the on-site phase of the audit, the Auditor observed the facility operations throughout the day, to include continuous inmate movement throughout the facility, continuous physical interactions between staff and inmates, and inmates performing job assignments throughout the facility and within the compound grounds. The Auditor also observed opposite gender announcements being conducted throughout the facility tour. The Auditor compared the information reviewed with her observations made during the facility tour and noted the number of male staff members is more than adequate and covers all shifts.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the facility shall implement policies and 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate-housing unit.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states inmates should only shower, perform bodily functions, and change clothing in designated areas (e.g. cells, shower rooms, bathrooms). Housing unit officers of the opposite gender, or any other cross-gender staff, may view breasts, buttocks, or genitalia only in an exigent circumstances, or when incidental to security checks of these designated areas of the housing unit.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states staff are not required to make announcements when responding to temporary and unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order of a facility or when incidental to routine cell checks, to include circumstances such as responding to alarms, contraband detection, or detecting behavior that would constitute an inmate prohibited act.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states inmates will be notified of the presence of opposite-gender staff members in several ways:

- Inmates are advised of the requirement to remain clothed, and the presence of cross-gender staff generally, during the Intake Screening process and the Admission and Orientation process;

- The following notice must be posted on inmate bulletin boards and signs within housing units, including segregated housing areas: *NOTICE TO INMATES: Male and female staff routinely work and visit housing areas;*
- For housing unit officers, an announcement is made at the beginning of primary shifts, or other appropriate time to be determined locally. The verbal announcement to each housing unit, including segregated housing areas, will be *Notice: Opposite-gender staff will be in housing units during this shift.* This announcement is made using the general public address system from Control or Lieutenants' Office. If the public address system does not cover these areas, an individual announcement in each housing area, including segregated housing areas, is made.
- For staff members with offices in the housing units, (the Unit Team), the most recent schedule is posted in the unit so inmates are aware when opposite-gender staff are present.

During the on-site phase of the audit, the Auditor requested interviews with a random sampling of inmates. Twenty-two random inmate interviews were completed and all twenty-two inmates confirmed they have privacy while showering, changing clothes, or using the bathroom facilities. Additionally, twenty of the twenty-two inmates interviewed confirmed staff of the opposite gender announce her presence prior to entering the housing unit.

During the on-site phase of the audit, the Auditor conducted a reviewed documentation and observed entries indicating opposite gender entering housing unit with notification to inmates being announced prior to opposite gender entry. The sample reviewed covered several days throughout the month and were from all shifts. The Auditor also observed the announcement of an opposite gender entering a housing unit throughout the on-site tour of the facility, which provided additional documentation and the facility's compliance with this standard.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the facility shall not search or physically examine a transgender inmate or intersex inmate for the sole purpose of determining the inmate's genital status. If the genital status is unknown it can be determined through conversation 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.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall train custody staff in how to conduct cross-gender pat-down searches and searches of transgender

and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

During the pre-on-site phase of the audit, the Auditor reviewed documentation provided by the facility showed the facility has had zero searches of a transgender or intersex for the sole purpose of determining the inmate's genital status.

During the on-site phase of the audit, the Auditor requested an inmate roster for transgender or intersex inmates to conduct targeted interviews. The Auditor selected three transgender inmates, conducted separate interviews with each transgender inmate, and inquired if there was any reason to believe the transgender inmate was strip-searched for the sole purpose of determining genital status; all three transgender inmates responded no and indicated that staff members communicated extremely well during the intake process.

During the on-site phase of the audit, the Auditor reviewed the training records and training curriculum provided to custody staff who may have contact with inmates, how to perform cross-gender pat-down searches and searches of transgender and intersex inmates. Training records indicated custody staff receive training on the Bureau's PREA policies and how to perform cross-gender pat-down searches annually. The training curriculum outlined the Bureau's policy on cross-gender pat-down searches and searches of transgender and intersex inmates, policy prohibiting search of inmates for the sole purpose of determining the inmate's genital status, defining exigent circumstances, and conducting searches in a professional and respectful manner.

Upon review of staff training records and training curriculum, observations during the on-site visit, and information obtained during inmate interviews conducted during the on-site phase, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and with the requirements of the PREA standard.

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

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

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No

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

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  
 Yes  No

### 115.16 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP contract with Language Line, LLC

FBOP Inmate Admission & Orientation Handbook (multiple languages)

FBOP Zero-tolerance Policy Bulletins (multiple languages)

#### Interviews conducted with:

Warden

Inmates with Disabilities or Limited English Proficiency (LEP)

Random sample of Staff

#### On-site Review Observations:

PREA informational signage posted in multiple languages

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall 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.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the Institution PREA Compliance Manager (IPCM) should reach out to local disabilities assistance offices, as a resource, to ensure the facility is providing effective communication accommodations when a need for such an accommodation is known. Staff take reasonable action to ensure that available methods of communication are provided to all inmates with disabilities for complete access to its efforts of preventing, detecting, and responding to sexual abuse and sexual harassment.

During the on-site phase of the audit, the Auditor conducted an interview with the Institution PREA Compliance Manager (IPCM) regarding how the facility takes appropriate steps to ensure that all inmates have an equal opportunity to participate in the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Institution PREA Compliance Manager (IPCM) detailed the efforts made by the facility to ensure impaired inmates are provided opportunities and benefits equal to those of unimpaired inmates. Inmates with either disabilities or LEP inmates are provided with alternatives to accommodate participation in the PREA program such as videos and brochures tailored to their primary language.

Additionally, every effort is made to provide all training in a format that will be easily understood by inmates who have a physical or developmental impairment or who have limited English proficiency. FCC Lompoc

presents PREA-related information both verbally and in writing to all inmates. Additionally, FCC Lompoc has contracts for American Sign Language, interpreters, Language Line interpreters, Video Relay System conferencing, telephone access, and electronic messaging access.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties under § 115.64, or the investigation of inmate's allegations.

During the pre-on-site phase of the audit, the Auditor reviewed the existing contract between the FBOP and Language Line, LLC. The contract outlines the translation services provided for each FBOP facility, rate of service, and the contract start and ending dates.

During the on-site phase of the audit, the Auditor conducted interviews with a random sample of staff. Each custody staff confirmed the Bureau's policy prohibiting the use of an inmate to provide translation services except in exigent circumstances; all staff members acknowledged the use of either the language line or contacting another custody staff to translate.

During the on-site visit, the Auditor interviewed three targeted inmates with physical or cognitive disabilities, LEP, or hearing or vision impaired. Each inmate acknowledged receiving PREA information during the admission and orientation process. Each inmate described receiving the comprehensive PREA orientation within the first day or so after arriving to the facility. Additionally, inmates acknowledged the information was provided to them in an accessible format specific to their individual needs.

During the on-site phase of the audit, the Auditor conducted a tour of the facility and observed PREA informational bulletins posted in every housing area as well as various locations throughout the compound. These PREA bulletins (Zero-tolerance Policy bulletins) are posted in multiple languages, located throughout each housing unit, as well as several posted in common areas (food service, educational and vocational buildings) throughout the compound.



Upon review of the policies, inmate handbook, and upon completion of the targeted interviews with inmates, and the informal interviews with facility staff, the FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA 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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

Interviews conducted with:

Administrative / Human Resource Staff

On-site Review Observations:

Personnel files

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor, who may have contact with inmates, who:

1. 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);
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall 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.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states before hiring new employees who may have contact with inmates, the agency shall perform a criminal background records check and 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.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall 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.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

During the on-site phase of the audit, the Auditor conducted an interview with the agency Administrative / Human Resource personnel who confirmed the Bureau conducts the required criminal background checks prior to hiring a new employee, employees who are considered for promotions, or enlisting the services of a contractor or volunteer and at least once every five years. The HR Staff Member confirmed the FBOP's requirement imposed upon all employees to disclose any previous misconduct and the Bureau's requirement to provide information regarding a former employee upon request of another institution or Bureau. In addition, the HR Staff Member also confirmed in addition to utilizing the Bureau utilizes the National Crime Information Center (NCIC) the background investigation encompasses law enforcement and criminal record checks, credit checks, inquires with previous employers, and personal references.

FCC Lompoc reported, in the 12 months prior to the audit, one hundred and thirty background checks were performed of persons hired or promoted who may have contact with inmates. During the on-site visit, the Auditor reviewed personnel files of new hires, employees with tenure, employees recently promoted, and those with specialized training. Each file contained the required documentation to include thorough background investigations, which were completed as required and in accordance to agency policy and the requirements of the standard.

## 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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

Interviews conducted with:

Agency Head

Warden

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states 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.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states 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.

During the on-site tour of the facility, the Auditor observed convex mirrors and security cameras in housing areas, food service, laundry, and in common areas, and throughout the compound.

During the twelve months prior to the audit, FCC Lompoc indicated one modification to the facility. FCC Lompoc constructed a Hospital Care Unit (HCU) in response to the COVID-19 pandemic in an effort to relieve any undue stress on the local hospitals and to maintain the safety and security of the inmates assigned to the facility. To protect inmates from sexual abuse in the HCU, a review of camera placement was conducted and privacy screens were installed for inmates assigned to the unit. The design itself was conducive to preventing abuse, giving staff visibility to all areas of the unit from the central nursing station, eliminating blind spots. The HCU was utilized for 60 days and at the time of the on-site phase of the audit, was inactive with no inmates or staff assigned.

During the 60 days of operation, FCC Lompoc staff followed PREA guidance and agency policy requirements. Additionally, staff assessed inmate PREA risk factors and made informed decisions prior to placement in the HCU based on the risk factors of inmates assigned, made regular and unannounced rounds, and responded to inmate requests to staff and grievances in an effort to continue to protect inmates from sexual abuse.

During the on-site phase of the audit, the Auditor conducted an interview with the Agency Head and discussed if the Bureau considers how modifications or expansions to a facility effects the ability to protect inmates from sexual abuse. The Agency Head explained consideration is given to all new facility designs and technology upgrades may enhance the Bureau's ability to protect against sexual abuse. In existing institutions, all substantiated and unsubstantiated cases of inmate sexual abuse are reviewed to determine if modifications to design or the addition or upgrade of technology would help prevent a similar occurrence in the future.

Additionally, the Agency Head explained that institution reviews are ongoing to determine if upgrades or additions to existing technology would enhance the protection of inmates from incidents of sexual abuse. The technology serves as a deterrent but also allows the agency to identify unreported victims and perpetrators of sexually abusive behavior as well as aids in successful criminal prosecutions.

During the on-site phase of the audit, the Auditor conducted an interview with the Warden. During the interview, the Warden confirmed that prior to designing or acquiring any new facility or when planning any substantial expansion or modification, of existing facilities, the facility shall consider the effect of the design, acquisition, expansion, or modification might have upon the facility's ability to protect inmates from sexual abuse. The Warden also explained the facility has considered and focused the placement of monitoring technology in areas where inmates are housed, work, and program, to enhance their protection from sexual abuse. Additionally, consideration is given to camera placement to ensure the inmates' right to privacy when showering, changing clothes, etc.

Upon review of the policy and upon completion of the interviews conducted with the Agency Head and the Warden, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No



- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP contract with North County Rape Crisis Center

MOU between FBOP and the Federal Bureau of Investigation (August 1996, ongoing)

SANEs / SAFEs Uniform Evidence Protocol

FBOP *Sexual Assault Crisis Intervention – First Responder Guide*

FBOP Training Curriculum – *Forensic Medical Examinations: An Overview for Victim Advocates*

DOJ/OIG PREA Training curriculum

FBI *Domestic Investigations and Operations Guide*

Interviews conducted with:

Random sample of Staff

SANE/SAFE Staff

Institution PREA Compliance Manager (IPCM)

Inmates who reported a sexual abuse

On-site Review Observations:

Zero-Tolerance Policy Bulletins

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states to the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFE/SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or qualified agency staff member.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the Institution PREA Compliance Manager (IPCM), with the assistance of Psychology Services, attempts to enter into agreement with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence. If an agreement is not reached, efforts must be documented. Properly trained Psychology or Chaplaincy Services staff members may provide victim services locally, if a rape crisis center is not available.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

During the pre-on-site phase of the audit, the Auditor reviewed the existing Memorandum of Understanding between the FBOP and the Federal Bureau of Investigation. The MOU establishes interagency operational procedures and guidelines for the FBI and the FBOP with regard to violations of deferral criminal statutes occurring in FBOP facilities, on FBOP property, or which involve FBOP staff. Additionally, the MOU defines the respective roles and responsibilities of the FBOP and the FBI, to include policy, training, and practice compliance with regulations and standards. The MOU also establishes and in accordance to Title 28 CFR §115.21(g) (2), the FBI shall follow a uniform evidence protocol consistent with §115.21(a)-(f).

During the on-site phase of the audit, the Auditor conducted an interview with a Special Investigative Agent (SIA) who confirmed the responsibilities of an investigator, reviewed the process of an investigation, and confirmed the use of a uniform evidence protocol for the collection of physical evidence. The SIA provided the Auditor with a complete overview of the investigative process as it relates to sexual abuse and sexual harassment. The Special Investigative Agent or SIA is responsible for conducting administrative sexual abuse investigations within the facility. All criminal sexual abuse investigations either are referred to the Office of Internal Affairs (OIA), Office of Inspector General (OIG) or when appropriate, the Federal Bureau of Investigation (FBI). Each branch, OIA, OIG, and FBI have assigned qualified staff who have the legal authority to conduct criminal investigations. During the pre-on-site phase of the audit, the Auditor reviewed *DOJ/OIG PREA Training* curriculum and the FBI *Domestic Investigations and Operations Guide* that confirmed compliance with all investigatory requirements under the PREA standards.

During the pre-on-site phase of the audit, the Auditor reviewed provided documentation, which included the SANEs/SAFEs evidence protocol, FBOP *Sexual Assault Crisis Intervention – First Responder Guide*, staff member certificates documenting completion of the *Forensic Medical Exam: An Overview for Victim Advocates* course, and the contract between FBOP and the North County Rape Crisis Center. The contract uses clear and concise language, provides the agency's responsibilities, the contractor's responsibilities, and the reporting and documentation requirements for each. Additionally, the contract describes in detail, the expectations, and responsibilities of each contractor including performance measures and financial consequences if the required service is not met.

Located in Santa Barbara California, the Santa Barbara County Sexual Assault Response Team (SART) is a countywide program providing care to individuals who have been sexually assaulted or sexually abused. An interagency program SART coordinates with law enforcement, Rape Crisis Centers, Victim Witness Assistance, Child Welfare Services, Child Abuse Listening and Mediation (CALM) and a medical team of trained professionals, nurses, and physicians. Services offered through SART include forensic medical exams, forensic interviews, emotional support, advocacy, counseling referrals, prophylaxis for sexually transmitted infections and pregnancy, and other support services for the individual and his/her family.

During the pre-on-site phase of the audit, the Auditor conducted an interview with the certified SANE Examiner; she explained to the Auditor the procedure of a forensic medical examination, to include following the Department of Justice (DOJ) *National Protocol for Sexual Assault Medical Forensic Examinations Adults* and confirmed that a SANE/SAFE Examiner is available 24/7. The SANE Examiner explained when a notification for

services is requested from the facility, a qualified SANE/SAFE Examiner will immediately respond to the facility to conduct the forensic medical examination. The SANE Examiner confirmed there was one forensic medical examinations completed for FCC Lompoc during the past 12 months.

The North County Rape Crisis Center is a non-profit agency located in Lompoc, CA. The Center is supported in part by the Office of Emergency Services, Santa Barbara County, the cities of Lompoc and Santa Maria, as well as community foundations and private donations in an effort to provide Education/Prevention and Intervention Services to the communities in northern Santa Barbara County. The purpose of the North County Rape Crisis Center is to reduce the incidence of vulnerability to sexual assault, child abuse, and human trafficking by providing education and prevention skills to alleviate the trauma experienced by survivors of such crimes by providing direct services.

The North County Rape Crisis Center provides inmates incarcerated at FCC Lompoc with advocacy services for victims of sexual abuse or sexual violence. The services provided by the North County Rape Crisis Center include support services related to sexual violence, hospital accompaniment for the inmate victim during the forensic medical exam process and investigatory interviews, and follow-up crisis counseling on request. Additionally, the Center provides a mailing address to FCC Lompoc inmates for written communication for support or advocacy services.

During the on-site phase of the audit, the Auditor conducted an interview with a victim advocate from North County Rape Crisis Center and she confirmed the existing contract agreement with the facility. She provided a very detailed description of the advocacy services and one-on-one counseling provided to the inmates at FCC Lompoc to include emotional support services, victim advocate upon request, and accompaniment during the forensic medical exam and investigatory interviews.

During the on-site phase of the audit, the Auditor interviewed a random sample of staff regarding his/her role as a First Responder to an allegation of sexual abuse. The staff members provided specific details of their responsibilities as a First Responder. These responsibilities include separating the victim and abuser, preserving, and protecting the crime scene, requesting that the alleged victim not take any actions that could destroy physical evidence, ensuring the alleged abuser does not take any actions, which would destroy physical evidence, and to immediately notify the shift Lieutenant and Psychology Services. In addition, each staff member acknowledged the importance of the agency's response protocol to a sexual abuse allegation as well as his or her role as a First Responder.

FCC Lompoc reported one forensic medical exam was conducted during the past 12 months. During the on-site phase of the audit, the Auditor conducted interviews with the Institution PREA Compliance Manager (IPCM) and the Warden and both confirmed this information is correct.

During the 12 months prior to the audit, FCC Lompoc reported four allegations of sexual abuse and sexual harassment, two allegations were sexual abuse and two allegations were sexual harassment. During the on-site phase of the audit, the Auditor was provided with an updated inmate roster, which provided documentation that one of the four inmates, who reported an allegation of sexual abuse or sexual harassment, were in custody at FCC Lompoc. The facility provided the Auditor with documentation showing the remaining three inmates either were released from the custody of the Federal Bureau of Prisons or were transferred to another correctional facility and unavailable for an interview.

During the on-site phase of the audit, the Auditor conducted one targeted interview with the inmate who reported an incident of sexual harassment or sexual abuse. The Auditor inquired to the inmate, after reporting, did the facility allow them to contact anyone. The inmate informed the Auditor that after reporting the incident, he was able to meet with a Psychology Services staff member. The inmate also confirmed being provided with information on advocacy services provided by North County Rape Crisis Center; the inmate informed the Auditor he declined the advocacy services.

Upon review of the policies, contracts with outside entities, the SANES/SAFEs Uniform Evidence Protocol, and observations made during the facility tour, and upon completion of interviews conducted prior to and during the on-site visit, the FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with and exceeds the PREA standard.

## **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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP Program Statement 5508.02, *Hostage Situations, or Criminal Actions Requiring FBI Presence*

MOU between FBOP and the Federal Bureau of Investigation (August 1996, ongoing)

SANes / SAFEs Uniform Evidence Protocol

FBOP *Sexual Assault Crisis Intervention – First Responder Guide*

FBOP Training Curriculum – *Forensic Medical Examinations: An Overview for Victim Advocates*

DOJ/OIG *PREA Training* curriculum

FBI *Domestic Investigations and Operations Guide*

Investigative Case files (4) – Sexual abuse and sexual harassment

FBOP Website

Interviews conducted with:

Agency Head

Investigative Staff

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency shall have in place a policy 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. The agency shall publish such policy on its website or make the policy available through other means. The agency shall document all such referrals.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states if a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

During the on-site phase of the audit, the Auditor conducted an interview with the Agency Head regarding how the agency ensures that an administrative or criminal investigation is completed for allegations of sexual abuse or harassment. The Agency Head explained the Office of Inspector General (OIG) of the Department of Justice investigates potential criminal cases involving staff on inmate sexual abuse. The Office of Internal Affairs (OIA) of the Bureau of Prisons investigates administrative cases of staff on inmate sexual abuse or harassment.

Institution investigative staff, the Special Investigative Supervisor (SIS), investigates all other cases. OIG, OIA, and



SIS review the allegation(s) and predicated information. Substantiated allegations for administrative investigations or criminal prosecutions are based on corroboration of witnesses' and victim statements, predicated information, along with physical evidence.

FBOP Program Statement 5508.02, *Hostage Situations, or Criminal Actions Requiring FBI Presence* states the FBI has the investigative responsibility for criminal activities at all Bureau facilities. Additionally, in accordance with the existing MOU between the FBOP and the FBI, upon the occurrence of any incident that may involve a criminal act, the FBOP will take immediate action to preserve the scene of the incident and immediately notify the appropriate designated FBI representative of the incident.

During the pre-on-site phase of the audit, the Auditor reviewed the existing Memorandum of Understanding between the FBOP and the Federal Bureau of Investigation. The MOU establishes interagency operational procedures and guidelines for the FBI and the FBOP with regard to violations of deferral criminal statutes occurring in FBOP facilities, on FBOP property, or which involve FBOP staff. Additionally, the MOU defines the respective roles and responsibilities of the FBOP and the FBI, to include policy, training, and practice compliance with regulations and standards. The MOU also establishes and in accordance to Title 28 CFR §115.21(g) (2), the FBI shall follow a uniform evidence protocol consistent with §115.21(a)-(f).

During the on-site phase of the audit, the Auditor conducted an interview with a Special Investigative Agent (SIA) who confirmed the responsibilities of an investigator, reviewed the process of an investigation, and confirmed the use of a uniform evidence protocol for the collection of physical evidence. The SIA provided the Auditor with a complete overview of the investigative process as it relates to sexual abuse and sexual harassment. The Special Investigative Agent or SIA is responsible for conducting administrative sexual abuse investigations within the facility. All criminal sexual abuse investigations either are referred to the Office of Internal Affairs (OIA), Office of Inspector General (OIG) or when appropriate, the Federal Bureau of Investigation (FBI). Each branch, OIA, OIG, and FBI have assigned qualified staff who have the legal authority to conduct criminal investigations. During the pre-on-site phase of the audit, the Auditor reviewed *DOJ/OIG PREA Training* curriculum and the FBI *Domestic Investigations and Operations Guide* that confirmed compliance with all investigatory requirements under the PREA standards.

FBOP publishes agency policy regarding the referral of allegations of sexual abuse or sexual harassment for on the agency website [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

During the 12 months prior to the audit, FCC Lompoc reported four allegations of sexual abuse and sexual harassment, two allegations were sexual abuse and two allegations were sexual harassment. The Auditor reviewed three administrative investigations and one criminal investigation. The Auditor reviewed each case thoroughly and systematically to ensure each case contained all of the correct procedures, completed documentation, and that all processes were completed as required, to include the report findings for the three closed cases; at the time of the on-site, one case was pending completion with the OIG/FBI.

The Auditor found each closed case contained all the appropriate documentation, and determined that each incident was investigated promptly, thoroughly, and objectively by a qualified Special Investigative Agent who has received training and education and has the authority to conduct such investigations. The Auditor noted each file contained documentation to include but not limited to the initial incident report, SIS report, PREA OneSource Checklist, Memorandums, Institution Medical Assessment, Psychology Report, Hospital Report (if applicable), 30 Day Sexual Abuse Incident Review, 90 day Retaliation Checks, Photographs, Crime Scene log, Chain of Custody, SENTRY documentation, and Victim Notification. The Auditor noted each case file was well organized, extremely detailed, and contained all the required documentation.

Upon review of the policies, documentation, and case files previously discussed, and upon completion of the interviews conducted during the on-site visit, the FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with and exceeds the PREA 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.*

### Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP FCC Lompoc PREA Training Curriculum

FBOP FCC Lompoc Training Roster / Documentation of Attendance

### Interviews conducted with:

Random sample of Staff

### On-site Review Observations:

Personnel Training Records

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall train all employees who may have contact with inmates on:

- It's zero-tolerance for sexual abuse and sexual harassment;
- How to fulfill their responsibilities under Bureau sexual abuse and sexual harassment; prevention, detection, reporting, and response policies and procedures;
- Inmates' rights to be free from sexual abuse and sexual harassment;
- The right of inmates & employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse, sexual battery and sexual harassment in confinement;

- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened & actual sexual abuse;
- How to avoid inappropriate relationships with inmates;
- How to communicating effectively & professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa. Annual refresher training takes the gender of the inmate population at each facility into account. Transferring staff members receive gender-appropriate training, as needed.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states all current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall document, through employee signature or electronic verification that employees understand the training they have received. Participation must be documented through employee signature or electronic verification. Participation documentation will note that employees understood the training they have received.

During the pre-on-site phase of the audit, the Auditor reviewed training curriculum and documentation of staff signatures verifying training comprehension and attendance. The training curriculum outlined the staff member's responsibilities in preventing, detecting, and response to inmate sexual abuse and sexual harassment. The curriculum also provided staff with communicating effectively and professionally with inmates, understanding that inmates have the right to be free from sexual abuse and sexual harassment.

The FBOP PREA training curriculums provided to the Auditor, titled *Sexually Abusive Behavior Prevention & Intervention Program* and *PREA Presentation*. The Auditor reviewed both training curriculums and confirmed the training include, but not limited to, an inmate's right to be free from sexual abuse and sexual harassment, reporting methods, First Responder responsibilities, responding appropriately to victims of sexual abuse, and administrative and criminal investigative processes. The training also included the appropriate method to introduce/announce "opposite gender" correctional officers and supervision staff into an all-male or all-female housing unit and how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner consistent with security correctional environments. The training curriculum was extremely detailed with discussions of the required PREA standards and FBOP policies and procedures.

During the on-site phase of the audit, the Auditor conducted random staff interviews. Each staff member interviewed articulated the agency's zero-tolerance policy on sexual abuse and sexual harassment, their role and responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, how to communicate effectively and professionally with inmates, and an inmates right to be free from sexual abuse and sexual harassment. All staff members acknowledged receiving the training every year during his/her Annual Refresher Training (ART).

Upon review of the policies and training documentation listed above and previously discussed, and after completion of interviews conducted during the on-site visit, in addition to the files reviewed during the on-site visit, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## **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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP Volunteer & Contractor PREA Training Curriculum

FBOP Volunteer & Contractor PREA Training Attendance (w/Signatures)

Interviews conducted with:

Volunteer or Contractor who have contact with Inmates

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall ensure 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.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states 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, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. Participation must be documented through volunteer and contractor signature or electronic verification, and will indicate that the volunteer and contractor understood the training they have received. At the conclusion of the training, volunteers and contractors are asked to seek additional direction from Bureau staff, if necessary, to ensure understanding of the training.

During the pre-on-site phase, the Auditor reviewed training documentation to include training curriculum titled, *Sexually Abusive Behavior Prevention and Intervention Program* and attendance roster for contract and volunteer staff. The attendance roster included signatures from each contract staff and volunteer staff confirming understanding of policies and training received. The volunteer and contractor training was tailored based on the services they provide and the level of contact they have with inmates and included the Bureau's zero-tolerance policy regarding sexual abuse and sexual harassment along with how to report such incidents.

During the on-site visit, the Auditor conducted interviews with volunteers and contract staff; each staff member confirmed and acknowledge understanding of the Bureau's zero-tolerance policy and PREA standards and reporting responsibilities.

Upon review of the policy and documentation and after completion of interviews conducted during the on-site visit, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA 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.*

#### Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP Inmate Admission & Orientation Handbook (multiple languages)

FBOP *Inmate Acknowledgement of Receipt of PREA Orientation* (w/Inmate signatures)

FBOP Admission & Orientation Pamphlet – PREA (multiple languages)

#### Interviews conducted with:

Institution PREA Compliance Manager (IPCM)

Intake Staff

Random Sample of Inmates

Targeted Inmates (Limited English Proficient (LEP), Hearing or Vision Impaired, or Disabled)

#### On-site Review Observations:

Inmate files – Comprehensive PREA Education documentation

Zero-Tolerance Signage posted throughout facility

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states during the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the Bureau's Admission and Orientation (A&O) Pamphlet on Sexually Abusive Behavior Prevention and Intervention is provided to each inmate at intake screening. It describes the key elements of the program and informs inmates of the Bureau's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of sexual abuse. It also provides inmates notice that male and female staff routinely work and visit inmate housing areas.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and incidents. During the A&O Program, a staff member designated by the Warden, present the Sexually Abusive Behavior Prevention and Intervention Program. This presentation must include:

- Definitions of sexually abusive behavior and sexual harassment;
- Prevention strategies the inmate can take to minimize his/her risk of sexual victimization while in BOP custody;
- Methods of reporting an incident of sexually abusive behavior against oneself, and for reporting allegations of sexually abusive behavior involving other inmates, including reporting procedures directly to Regional Staff, if desired.
- Methods of reporting an incident of sexual harassment against oneself, and for reporting allegations of sexual harassment involving other inmates.
- Treatment options and programs available to inmate victims of sexually abusive behavior and sexual harassment.
- Monitoring, discipline, and prosecution of sexual perpetrators.
- Notice that male and female staff routinely work and visit inmate housing areas.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states where inmates do not participate in a formal A&O Program (e.g. WITSEC, Pretrial, or SHU inmates), the Warden designates a staff member to ensure these inmates receive information on the Bureau's Sexually Abusive Behavior Prevention and Intervention Program within 30 days of intake. This is documented in the same manner as for inmates who participated during the regularly scheduled A&O session.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The agency shall maintain documentation of inmate participation in these education sessions. The A&O forms are filed in the Inmate Central File or pretrial/holdover files.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states in addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. In each housing unit, the following will be posted:

- A notice to inmates stating, *Male and female staff routinely work and visit inmate housing areas.*
- A poster reflecting the FBOP's zero-tolerance for sexual abuse and harassment and contact information for inmate reporting of sexual abuse allegations.

During the pre-on-site phase of the audit, the Auditor reviewed documentation to include inmate PREA education curriculum and FBOP Inmate *Acknowledgement of Receipt of PREA Orientation*. A review of the inmate education curriculum indicated inmates are educated on PREA definitions, zero-tolerance, reporting methods, prevention techniques, counseling opportunities available for victims of sexual abuse, and information on the investigative process. A review of thirty-two *Inmate Acknowledgement of Receipt of PREA Orientation* forms confirmed documentation of inmate attendance and acknowledgment of understanding (inmate signatures).

During the on-site phase of the audit, the Auditor conducted separate interviews with the Institution PREA Compliance Manager (IPCM) and Intake Staff Member and discussed the inmate comprehensive PREA orientation and documentation process. Both the Institution PREA Compliance Manager (IPCM) and Intake Staff Member provided specific details on the process of educating inmates including upon intake into the facility, and during the Admission & Orientation process. Additionally, both confirmed the multiple additional information provided to inmates through PREA informational pamphlets, FBOP Inmate Admission & Orientation Handbook, and the signage posted throughout the facility.

During the on-site visit, the Auditor interviewed three targeted inmates with physical or cognitive disabilities, Limited English Proficiency (LEP), or hearing or vision impaired. Each inmate acknowledged receiving PREA information upon immediate arrival to the facility. Each inmate also confirmed receiving the comprehensive PREA information during the Admission & Orientation process. Additionally, inmates acknowledged the information was provided to them in an accessible format specific to their individual needs.

During the on-site phase of the audit, the Auditor conducted a tour of the facility and observed PREA informational bulletins. These PREA bulletins are posted in multiple languages, located near the phones banks inside every housing unit, as well as several informational bulletins were posted in common areas (educational and vocational buildings) throughout the compound. The bulletins display phone numbers and addresses for the victim advocate services and the Tips hotline and are displayed in multiple languages.

During the on-site phase of the audit, the Auditor conducted twenty-two interviews with a random sample of inmates. All inmate interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*. The Auditor requested an up-to-date inmate facility roster (in alphabetical order) from every housing unit and selected every tenth inmate from the inmate rosters provided.

Inmates from every housing unit and of various diversities were interviewed. Twenty of the twenty-two inmates interviewed recalled receiving both the initial PREA orientation and the comprehensive orientation during A&O. All inmates also acknowledged the zero-tolerance policy on sexual abuse sexual harassment and the various ways to report such incidents.

Inmates also referred to utilizing the multiple PREA informational bulletins, pamphlets, and brochures, which are posted throughout the facility, as a source of information. Seventeen of the twenty-two inmates interviewed

referred to utilizing TRULINCS or notifying a staff member as the most direct method to report or inquire about PREA information. All inmates interviewed also referred to calling a family member as their source outside the facility and all twenty-two inmates interviewed confirmed knowledge of third party reporting. Eighteen of the twenty-two inmates interviewed were aware of the availability of submitting an anonymous PREA report.

During the on-site phase of the audit, the Auditor was provided a demonstration of TRULINCS, the inmate electronic messaging system. The Auditor interviewed an inmate privately while touring the facility and requested the inmate to demonstrate the use of the TRULINCS. Although there are multiple services available for inmates within the TRULINCS, the demonstration confirmed to the Auditor one method for inmates to report sexual abuse and sexual harassment with the option of reporting the incident anonymously.

Upon review of the policy and documentation listed above and previously discussed, and after completion of interviews conducted during the on-site visit, in addition to the observations made throughout the on-site tour, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## **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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBI *Domestic Investigations and Operations Guide*

MOU between FBOP and the Federal Bureau of Investigation (August 1996, ongoing)

National Institute of Corrections *Specialized Training: Investigating Sexual Abuse in Confinement Settings*.

DOJ/OIG *PREA Training* curriculum

FBOP SIS/SIA Training curriculum

FBI *Domestic Investigations and Operations Guide*

Interviews conducted with:

Investigative Staff

On-site Review Observations:

Training files

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states in addition to the general training provided to all employees pursuant to §115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The Chief of Correctional Services ensures his/her Special Investigative Supervisor/Special Investigative Agents are appropriately trained under this section. The Chief of the Office of Internal Affairs ensures his/her staff are appropriately trained under this section.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states specialized training shall include techniques for interviewing sexual abuse victims, proper use of *Miranda* and *Garrity* warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

During the pre-on-site phase of the audit, the Auditor reviewed the existing Memorandum of Understanding between the FBOP and the Federal Bureau of Investigation. The MOU establishes interagency operational procedures and guidelines for the FBI and the FBOP with regard to violations of deferral criminal statutes occurring in FBOP facilities, on FBOP property, or which involve FBOP staff. Additionally, the MOU defines the respective roles and responsibilities of the FBOP and the FBI, to include policy, training, and practice compliance



with regulations and standards. The MOU also establishes and in accordance to Title 28 CFR §115.21(g) (2), the FBI shall follow a uniform evidence protocol consistent with §115.21(a)-(f).

During the on-site phase of the audit, the Auditor conducted an interview with a Special Investigative Agent (SIA) who confirmed the responsibilities of an investigator, reviewed the process of an investigation, and confirmed the use of a uniform evidence protocol for the collection of physical evidence. The SIA provided the Auditor with a complete overview of the investigative process as it relates to sexual abuse and sexual harassment. The Special Investigative Agent or SIA is responsible for conducting administrative sexual abuse investigations within the facility. All criminal sexual abuse investigations either are referred to the Office of Internal Affairs (OIA), Office of Inspector General (OIG) or when appropriate, the Federal Bureau of Investigation (FBI). Each branch, OIA, OIG, and FBI have assigned qualified staff who have the legal authority to conduct criminal investigations. During the pre-on-site phase of the audit, the Auditor reviewed *DOJ/OIG PREA Training* curriculum, *FBOP SIS/SIA Investigative Training* curriculum, and the FBI *Domestic Investigations and Operations Guide* that confirmed compliance with all investigatory requirements under the PREA standards.

Additionally, the Special Investigative Agent (SIA) also confirmed his attendance and successful completion of the required specialized training curriculum from the National Institute of Corrections, *Specialized Training: Investigating Sexual Abuse in Confinement Settings*. The SIA clearly articulated the comprehensive training he had received which included investigating sexual abuse and harassment in confinement settings, understanding the impact of victim trauma, techniques for interviewing sexual abuse victims, preservation of crime scene and evidence collection, proper use of *Miranda* and *Garrity* and the importance of each, and criteria required for administrative action and prosecution referrals.

During the on-site audit phase, the Auditor reviewed training documentation, which included the specialized training curriculum from the National Institute of Corrections, *Specialized Training: Investigating Sexual Abuse in Confinement Settings* and training certificates of completion verifying investigative staff that conduct sexual abuse investigations attended and completed the required specialized training.

Upon review of the policy and documentation listed above and previously discussed, and after completion of interviews conducted during the on-site visit, in addition to the observations made throughout the on-site visit, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## 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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP Medical & Mental Health Specialized Training Curriculum – *PREA and Psychology Services*

FBOP Training Certificates (Medical / Mental Health Staff)

Interviews conducted with:

Medical / Mental Health Staff

On-site Review Observations:

Medical Staff Training Records

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall ensure that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been training in:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;

3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
4. How and to who to report allegations or suspicions of sexual abuse and sexual harassment.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the Health Services Division ensures medical staff are appropriately trained under this section. The Reentry Services Division ensures mental health staff are appropriately trained under this section.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states if medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard from either the agency or elsewhere. Medical and mental health care practitioners shall also receive the training mandated for employees under §115.31 or for contractors and volunteers under §115.32, depending upon the practitioner's status at the agency.

During the pre-on-site phase of the audit, the Auditor reviewed training records of all medical and mental health staff currently assigned to the facility; training records included the training curriculum and certificates of completion (with signatures). The training curriculum included the required elements of the agency policy and of the PREA standard.

During the on-site phase, the Auditor conducted interviews with two Medical & Mental Health staff members and confirmed receipt of specialized training on how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how to report allegations of sexual abuse and sexual harassment. Both Medical and Mental Health staff members also confirmed receiving the agency's general PREA training, which included the zero-tolerance to sexual abuse and sexual harassment.

Upon review of the policy and documentation listed above and previously discussed, and after completion of interviews conducted, in addition to the observations made during the on-site visit file review, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

### 115.41 (a)

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

### 115.41 (b)

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

### 115.41 (c)

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

### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No

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

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, 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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*  
 FBOP PREA Intake Objective Screening Instrument

Interviews conducted with:

Staff Responsible for Risk Screening

Random sample of Inmates

PREA Coordinator

On-site Review Observations:

Inmate records of initial assessment & reassessment

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states all inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states all inmates entering an institution are screened as directed by Health Services, Psychology Services, and Unit Management policies. The following steps should be taken:

- Inmates with a history of sexual victimization while in BOP custody – when, during the intake screening process, staff identify inmates with a history of sexual victimization within BOP custody (e.g. from self-report or from review of available documents), they must refer the inmate to Psychology Services. If not previously documented on BOP records, staff must notify the Chief of Correctional Services of the inmate’s report of victimization to ensure appropriate steps have been taken.
- Inmates with a history of sexual victimization while in a non-BOP setting – if victimization occurred in a non-BOP setting, staff should document information, and appropriate psychological treatment and monitoring will be provided if needed.
- Inmates with a history of sexual predation – when, during the intake screening process, staff identify inmates with a history of sexual predation (self-report or from review of available documents), staff must refer the inmate to Psychology Services. If incidents of sexual predation have not previously been documented on BOP records, staff must notify the Chief of Correctional Services of the inmate’s history of predation to ensure appropriate steps have been taken.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states intake screening shall ordinarily take place within 72 hours of arrival at the facility. Such assessments shall be conducted using an objective screening instrument. The *PREA Intake Objective Screening Instrument* should be completed using only information available to staff at the time of intake, and with the purpose of referring the inmate for further assessment if needed.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states if further assessment is needed after documenting and applying the criteria, an inmate is considered “at-risk” until



a final determination is made by Psychology Services or Correctional Services. Referrals to Psychology Services or Correctional Services are documented at the local level.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states inmates are encouraged to disclose as much information as possible for the agency to provide the most protection possible under this policy. If an inmate chooses not to respond to questions relating to his/her level of risk, he/she may not be disciplined.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

1. Whether the inmate has a mental, physical, or developmental disability;
2. The age of the inmate;
3. The physical build of the inmate;
4. Whether the inmate has previously been incarcerated;
5. Whether the inmate's criminal history is exclusively nonviolent;
6. Whether the inmate has prior convictions for sex offenses against an adult or child;
7. Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
8. Whether the inmate has previously experienced sexual victimization;
9. The inmate's own perception of vulnerability; and
10. Whether the inmate is detained solely for civil immigration purposes.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. In the case of inmates "at risk" for perpetration, Correctional Services should be notified by Psychology Services.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states within a set time, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states an inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall implement 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. Any information related to sexual victimization or abusiveness, is limited to a need-to-know basis for staff, only for the purpose of treatment and security and management decisions (housing and cell assignments, work, education and programming assignments).

During the on-site phase of the audit, the Auditor reviewed twenty-seven *PREA Intake Objective Screening Instrument* screening forms completed during this audit period. All forms were filled out completely and in accordance to the agency policy and the requirements of the PREA standard.

During the on-site phase of the audit, the Auditor conducted an interview with a Staff Member responsible for conducting screenings for risk of victimization and abusiveness. The Staff Member provided the Auditor with a complete overview of the inmate risk screening process to include how all inmates are screened the same day of arrival. The Staff Member confirmed that all risk screening interviews are conducted in private and any information obtained in the interview is strictly used to determine an inmate's risk of sexual victimization or abusiveness and she confirmed such sensitive information is limited to staff for the purpose of security, management, and treatment decisions (housing, programming, work assignments, etc.).

The Auditor inquired to the Staff Member what actions are taken against inmates who refuse to cooperate or answer the questions in the risk screening process. The Staff Member responded that inmates are not required to provide answers. The Staff Member confirmed that inmates are not disciplined for refusing to cooperate or answer the questions in the risk screening process.

During the on-site phase of the audit, the Auditor reviewed thirty-six inmate records. These records were selected based upon the inmate sexual abuse investigations, inmates who reported sexual victimization during intake, length at facility, and inmates that disclosed sexual orientation as gay, bisexual, or transgender. Each file

contained the initial risk screening form as well as the 30-day reassessment form; all were filled out completely and in accordance to the facility's policy.

During the on-site visit, the Auditor requested interviews with three inmates who disclosed prior sexual victimization. One inmate informed the Auditor that he never disclosed sexual victimization during the intake process and denied reporting any prior sexual victimization. The remaining two inmates confirmed to the Auditor that they were offered the opportunity to meet with a medical or mental health care practitioner during the risk screening process. Both inmates also confirmed meeting with the mental health care practitioner within a day or two after the initial screening process.

During the on-site visit, the Auditor conducted twenty-two interviews with a random sample of inmates. All inmate interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*. The Auditor requested an up-to-date inmate roster (in alphabetical order) from every housing unit and selected every tenth inmate from the inmate rosters provided.

Inmates from every housing unit and of various diversities were interviewed. Twenty of the twenty-two inmates interviewed entered the facility twelve months or longer, therefore this particular interview question was not posed to them. Of the remaining two inmates interviewed, both inmates recalled the initial risk screening assessment interview as well as the second risk assessment interview occurring with a Psychology Services staff member and within a month from the initial assessment.

During the on-site phase of the audit, the Auditor inquired to the National PREA Coordinator how the facility protects sensitive information, in particular an inmate's risk assessment. The National PREA Coordinator explained the policy mandates such sensitive information is limited to staff who have a need to know and will vary depending on what is recommended within the risk assessment. The National PREA Coordinator provided the Auditor with the following example: If there is an elevated risk level with recommendations on cell assignment and work assignment, then the Correctional Counselor will be notified since that individual is responsible for those assignments. Executive staff and the Captain are made aware in all instances due to security concerns.

Upon review of the policies, on-site file review, and upon completion of the interviews with staff, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP PREA Intake Objective Screening Instrument

Interviews conducted with:

Institution PREA Compliance Manager (IPCM)

Staff Responsible for Risk Screening

Transgender / Intersex Inmates

PREA Coordinator

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall use information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall make individualized determinations about how to ensure the safety of each inmate.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states a transgender or intersex inmate's own views with respect to his or her own safety shall be given serious

consideration. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

During the on-site phase of the audit, the Auditor reviewed twenty-seven *PREA Intake Objective Screening Instrument* screening forms completed during this audit period. All forms were filled out completely and in accordance to the agency policy and the requirements of the PREA standard.

During the on-site phase of the audit, the Auditor conducted an interview with a Staff Member responsible for conducting screenings for risk of victimization and abusiveness. The Staff Member provided the Auditor with a complete overview of the inmate risk screening process to include how all inmates are screened the same day of arrival. The Staff Member confirmed that all risk screening interviews are conducted in private and any information obtained in the interview is strictly used to determine an inmate's risk of sexual victimization or abusiveness and she confirmed such sensitive information is limited to staff for the purpose of security, management, and treatment decisions (housing, programming, work assignments, etc.).

The Auditor inquired to the Staff Member what actions are taken against inmates who refuse to cooperate or answer the questions in the risk screening process. The Staff Member responded that inmates are not required to provide answers. The Staff Member confirmed that inmates are not disciplined for refusing to cooperate or answer the questions in the risk screening process.

During the on-site phase of the audit, the Auditor reviewed thirty-six inmate records. These records were selected based upon the inmate sexual abuse investigations, inmates who reported sexual victimization during intake, length at facility, and inmates that disclosed sexual orientation as gay, bisexual, or transgender. Each file contained the initial risk screening form as well as the 30-day reassessment form; all were filled out completely and in accordance to the facility's policy.

During the on-site visit phase of the audit, the Auditor conducted an interview with the Institution PREA Compliance Manager (IPCM) on how the facility uses information obtained from the risk screening assessment interview to keep inmates from being sexually victimized or being sexually abusive. The Institution PREA Compliance Manager (IPCM) described the risk screening process and explained how depending upon the responses given by the inmate; the information obtained in the screening process is used to ensure inmates are properly referred for treatment and to ensure appropriate housing.

The Auditor also inquired to the Institution PREA Compliance Manager (IPCM) how the facility determines housing and program assignments for transgender or intersex inmates. The Institution PREA Compliance Manager (IPCM) explained that housing for a transgender or intersex inmate is determined on a case-by-case basis. The inmate's safety as well as the safety and the security of facility will be taken into consideration when making the housing determination.

During the on-site visit, the Auditor requested an up-to-date inmate roster for gay, bisexual, transgender, and intersex inmates to conducted targeted inmate interviews. All inmate interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*.

The Auditor conducted five interviews with inmates who identify as either gay, bisexual, or transgender. Each inmate was questioned whether they were placed in a housing area only for gay, bisexual, or transgender inmates. Each inmate acknowledged being housed in a general population housing area for all inmates of the same level of classification. The inmates who identified as transgender were questioned if each transgender is allowed to shower alone, without other inmates and all three transgender inmates acknowledged yes.

During the pre-on-site phase of the audit, the Auditor conducted an interview with the National PREA Coordinator and inquired how the agency ensures against placing lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities or wings. The National PREA Coordinator informed the Auditor that the Bureau of Prisons does not have any facilities, units, or wings, dedicated to lesbian, gay, transgender, or intersex inmates.

Upon review of the policies and upon completion of the interviews with staff, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with and exceeds the PREA standard.

## **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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

Interviews conducted with:

Warden

Staff who supervise Inmates in Segregated Housing

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work

opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

1. The opportunities that have been limited;
2. The duration of the limitation; and
3. The reasons for such limitations.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If an involuntary segregated housing assignment is made, the facility shall clearly document:

1. The basis for the facility's concern for the inmate's safety; and
2. The reason why no alternative means of separation can be arranged.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

During the on-site phase of the audit, the Auditor conducted an interview with the Warden regarding inmates at high risk of victimization. The Warden explained inmates at high risk for sexual victimization should not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours, or review for placement in one of our neighboring facilities while completing the assessment. Any limits on programming due to the involuntary segregated housing must be documented.

During the on-site phase of the audit, the Auditor conducted an interview with a Facility Staff Member who supervises inmates in segregated housing. The Auditor inquired to the Facility Staff Member if an inmate who is placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, what restrictions are placed on the inmate. The Facility Staff Member articulated that inmates placed in the Special Housing Unit (SHU) do not have restrictions and retain the same privileges as inmates in general population housing, to include participating in programs and education opportunities. The Facility Staff Member explained if an inmate has restrictions, it would be limited and the Chief of Correctional Services ensures that proper documentation exists reflecting the limitations, duration, and rationale for the limitations.

During the 12 months prior to the audit, the facility reported in the PAQ there were no inmates at risk of sexual victimization being assigned to involuntary segregated housing. Therefore, inmates in this targeted category were not interviewed. During the on-site phase of the audit, the Auditor interviewed the Warden and the Institution PREA Compliance Manager (IPCM) and each confirmed the information previously provided by the facility in the PAQ.

Upon review of the policy and documentation provided and upon completion of the interviews with staff, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  
 Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (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.*

#### Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP Program Statement 3420.11, *Standards of Employee Conduct*

FBOP contract with North County Rape Crisis Center

FBOP Inmate Handbook (English/Spanish)

FBOP Admission & Orientation Pamphlet – PREA (multiple languages)

FBOP PREA Zero-tolerance Poster (English/Spanish)

#### Interviews conducted with:

Institution PREA Compliance Manager (IPCM)

Random sample of Staff

Random sample of Inmates

On-site Review Observations:

Zero-Tolerance Policy Bulletins

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states during the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states inmates are encouraged to report allegations to staff at all levels, including local, regional, and Central Office. They are also currently provided with avenues of internal reporting, such as telephonically to a specific department (such as the Special Investigative Lieutenant), or by mail to an outside entity (North County Rape Crisis Center).

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. Inmates are provided contact information and access to the Office of the Inspector General to make such reports.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates. Staff

may privately contact any supervisory staff at the local institution, Regional staff, or Central Office staff, including the Regional PREA Coordinators, and the National PREA Coordinator. Allegations involving staff members may also be reported to the Office of Internal Affairs or the Office of the Inspector General.

During the on-site phase of the audit, the Auditor reviewed the contract between FBOP and the North County Rape Crisis Center.

The North County Rape Crisis Center is a non-profit agency located in Lompoc, CA. The Center is supported in part by the Office of Emergency Services, Santa Barbara County, the cities of Lompoc and Santa Maria, as well as community foundations and private donations in an effort to provide Education/Prevention and Intervention Services to the communities in northern Santa Barbara County. The purpose of the North County Rape Crisis Center is to reduce the incidence of vulnerability to sexual assault, child abuse, and human trafficking by providing education and prevention skills to alleviate the trauma experienced by survivors of such crimes by providing direct services.

In accordance with the contract between the FBOP and the North County Rape Crisis Center provides inmates incarcerated at FCC Lompoc with advocacy services for victims of sexual abuse or sexual violence. The services provided by the North County Rape Crisis Center include support services related to sexual violence, hospital accompaniment for the inmate victim during the forensic medical exam process and investigatory interviews, and follow-up crisis counseling on request. Additionally, the Center provides a mailing address to FCC Lompoc inmates for written communication for support or advocacy services.

During the on-site phase of the audit, the Auditor conducted an interview with a victim advocate from North County Rape Crisis Center and she confirmed the existing contract agreement with the facility. She provided a very detailed description of the advocacy services and one-on-one counseling provided to the inmates at FCC Lompoc to include emotional support services, victim advocate upon request, and accompaniment during the forensic medical exam and investigatory interviews.

During the on-site phase of the audit, the Auditor conducted twenty-two interviews with a random sample of inmates. All inmate interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*. The Auditor requested an up-to-date inmate facility roster (in alphabetical order) from every housing unit and selected every tenth inmate from the inmate rosters provided.

Inmates from every housing unit and of various diversities were interviewed. Inmates were asked how they would report an incident of sexual abuse or sexual harassment if it happened to them or another inmate. Seventeen of the twenty- inmates interviewed referred to utilizing TRULINCS or notifying a staff member as the most direct method to report or inquire about PREA information. All inmates interviewed also referred to calling a family member as their source outside the facility and all twenty-two inmates interviewed confirmed knowledge of third party reporting. All of the inmates listed more than two methods of reporting when the Auditor posed the initial question, confirming inmates are educated in the multiple reporting avenues available. Eighteen of the twenty-two inmates interviewed were aware of the availability of submitting an anonymous PREA report.

During the on-site phase of the audit, the Auditor-conducted interviews with a random sample of staff and asked each staff member how an inmate can privately report sexual abuse and sexual harassment or retaliation by other inmates or staff for previously reporting sexual abuse and sexual harassment. Each staff member interviewed was able to articulate the various methods an inmate may privately report an allegation of sexual abuse or sexual harassment (supervisory staff at the local institution, the Regional PREA Coordinators, or by notifying the Office of Inspector General). Staff members also explained that reports concerning sexual abuse or sexual harassment, whether reported verbally or in writing, are considered confidential and must be documented immediately.

The Auditor inquired to each staff member how he/she would report an allegation of sexual abuse or sexual harassment of inmates privately. Staff responses included either calling the Office of the Inspector General or tell his/her immediate supervisor. Staff members expressed confidence in reporting either to the OIG or privately to his/her supervisor and no one reported fear of retaliation.

During the on-site phase of the audit, the Auditor conducted an interview with the Institution PREA Compliance Manager (IPCM) to verify reporting methods for sexual abuse or sexual harassment allegations that are available for inmates and staff. The Institution PREA Compliance Manager (IPCM) confirmed the multiple methods of reporting available for inmates and staff, these reports can be made either verbally, in writing, by a third party and may be done so in private or anonymously and all reports, no matter the method used to report, are confidential and handled promptly and professionally. The Institution PREA Compliance Manager (IPCM) confirmed that inmates could report anonymously through TRULINCS or by mailing the North County Rape Crisis Center.



During the on-site phase of the audit, the Auditor conducted a tour of the facility and observed PREA informational bulletins posted in every housing area as well as various locations throughout the compound. These PREA bulletins (Zero-tolerance Policy bulletins) are posted in multiple languages, located throughout each unit, as well as several posted in common areas (food service, educational and vocational buildings) throughout the compound.

Upon review of the policies, contracts, employee handbook, FBOP inmate handbook, and PREA bulletins and signs and upon completion of interviews conducted, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP Program Statement 1330.18, *Administrative Remedy Program*

FBOP Inmate Admission & Orientation Handbook

Interviews conducted with:

Inmates who reported a Sexual Abuse

FBOP Program Statement 1330.18, *Administrative Remedy Program* states the agency shall establish procedures for the filing of an emergency grievance where an inmate is subject to a substantial risk of imminent sexual abuse.

FBOP Program Statement 1330.18, *Administrative Remedy Program* states after receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

FBOP Program Statement 1330.18, *Administrative Remedy Program* the agency shall 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 and such grievance is not referred to a staff member who is the subject of the complaint.

FBOP Program Statement 1330.18, *Administrative Remedy Program* third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates.

FBOP Program Statement 1330.18, *Administrative Remedy Program* 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.

FBOP Program Statement 1330.18, *Administrative Remedy Program* the agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

During the pre-on-site phase of the audit, the Auditor reviewed the FBOP Inmate Handbook and confirmed the handbook contains information about the grievance process to include explanation of the two types of grievance, informal and formal. The handbook informs inmates that additional and more detailed grievance

information is covered during orientation or they may find the information in Rule 33-103, Florida Administrative Code.

During the 12 months prior to the audit, FCC Lompoc reported four allegations of sexual abuse and sexual harassment, two allegations were sexual abuse and two allegations were sexual harassment. During the on-site phase of the audit, the Auditor was provided with an updated inmate roster, which provided documentation that one of the four inmates, who reported an allegation of sexual abuse or sexual harassment, were in custody at FCC Lompoc. The facility provided the Auditor with documentation showing the remaining three inmates either were released from the custody of the Federal Bureau of Prisons or were transferred to another correctional facility and unavailable for an interview.

During the on-site phase of the audit, the Auditor conducted one targeted interview with the inmate who reported an incident of sexual harassment or sexual abuse. The Auditor inquired to the inmate if the facility notified him of the final decision made regarding the allegation and were if he was notified in writing. The inmate confirmed to the Auditor he was notified in writing, by staff of the case disposition. The Auditor verified the notification while reviewing the investigative files and the inmate notification contained the date, case disposition, and inmate signature.

Upon review of policies and of the FBOP Inmate Admission & Orientation Handbook, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements of the PREA standard.

## **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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP contract with North County Rape Crisis Center

FBOP PREA Zero-Tolerance Bulletins (English / Spanish)

FBOP Admission & Orientation Pamphlet – PREA (English / Spanish)

FBOP Inmate Admission & Orientation Handbook (English / Spanish)

Interviews conducted with:

Random sample of Inmates

Inmates who reported a Sexual Abuse

On-site Review Observations:

Zero-Tolerance Policy Bulletins

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the facility shall 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 were available, of local, State, or national victim advocacy or rape crisis organizations, and for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the facility 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.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or qualified agency staff member.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the Institution PREA Compliance Manager (IPCM), with the assistance of Psychology Services, attempts to enter into agreement with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence. If an agreement is not reached, efforts must be documented. Properly trained Psychology or Chaplaincy Services staff members may provide victim services locally, if a rape crisis center is not available.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

During the pre-on-site phase of the audit, the Auditor reviewed the FBOP Inmate Admissions & Orientation Handbook. The FBOP Inmate Admission & Orientation Handbook provides information regarding victim advocacy services for inmates and all information provided will be kept confidential, except information that requires mandatory reporting.

During the on-site phase of the audit, the Auditor reviewed the contract between the FBOP and North County Rape Crisis Center.

The North County Rape Crisis Center provides inmates incarcerated at FCC Lompoc with advocacy services for victims of sexual abuse or sexual violence. The services provided by the North County Rape Crisis Center include support services related to sexual violence, hospital accompaniment for the inmate victim during the forensic medical exam process and investigatory interviews, and follow-up crisis counseling on request. Additionally, the Center provides a mailing address to FCC Lompoc inmates for written communication for support or advocacy services.

During the on-site phase of the audit, the Auditor conducted twenty-two interviews with a random sample of inmates. All inmate interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*. The Auditor requested an up-to-date inmate facility roster (in alphabetical order) from every housing unit and selected every tenth inmate from the inmate rosters provided.

Inmates from every housing unit and of various diversities were interviewed. Inmates were asked if needed, there are services available outside of the facility for dealing with sexual abuse. Twenty of the twenty-two inmates interviewed stated there are services available as they were explained to them during the comprehensive PREA orientation (A&O) and referred to the informational bulletins posted in the unit and throughout the compound, which provides specific details. Eighteen of the twenty-two inmates interviewed acknowledged being provided mailing address and telephone numbers to victim advocacy services.



During the on-site phase of the audit, the Auditor conducted a facility tour. During the tour of the facility, the Auditor conducted informal interviews with inmates in the housing dormitories and in various work assignments, and while touring the programs, educational, and workshop buildings. Throughout the tour, the Auditor noted PREA Zero-Tolerance Bulletins displayed in all of the above areas / buildings.

During the 12 months prior to the audit, FCC Lompoc reported four allegations of sexual abuse and sexual harassment, two allegations were sexual abuse and two allegations were sexual harassment. During the on-site phase of the audit, the Auditor was provided with an updated inmate roster, which provided documentation that one of the four inmates, who reported an allegation of sexual abuse or sexual harassment, were in custody at FCC Lompoc. The facility provided the Auditor with documentation showing the remaining three inmates either were released from the custody of the Federal Bureau of Prisons or were transferred to another correctional facility and unavailable for an interview.

During the on-site phase of the audit, the Auditor conducted one targeted interview with the inmate who reported an incident of sexual harassment or sexual abuse. The Auditor inquired to the inmate, after reporting, did the facility allow them to contact anyone. The inmate informed the Auditor that after reporting the incident, he was able to meet with a Psychology Services staff member. The inmate also confirmed being provided with information on advocacy services provided by North County Rape Crisis Center; the inmate informed the Auditor he declined the advocacy services.

Upon review of the policies and upon completion of the interviews with staff, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with and exceeds the PREA standard.

## **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.*

#### Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP Inmate Admission & Orientation Handbook (multiple languages)

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

FBOP PREA Zero-Tolerance Bulletin (English / Spanish)

#### Interviews conducted with:

Random sample of Inmates

#### On-site Review Observations:

Zero-Tolerance Bulletin

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.

During the on-site phase of the audit, the Auditor conducted a tour of the facility and observed PREA informational bulletins posted. These PREA Zero-Tolerance bulletins are posted in multiple languages, located near the phones banks inside every unit, as well as several posted in common areas (educational and vocational

buildings) throughout the compound. The bulletins display multiple reporting instructions to include telling any staff member, file an administrative remedy, TRULINCS, or write to the Office of the Inspector General.

During the on-site phase of the audit, the Auditor conducted twenty-two interviews with a random sample of inmates. All inmate interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*. The Auditor requested an up-to-date inmate facility roster (in alphabetical order) from every housing unit and selected every tenth inmate from the inmate rosters provided.

Inmates from every housing unit and of various diversities were interviewed. Twenty of the twenty-two inmates interviewed recalled receiving both the initial PREA orientation upon arrival to the facility and the comprehensive orientation during the Admission & Orientation process. All inmates also acknowledged the zero-tolerance policy on sexual abuse sexual harassment and the various ways to report such incidents. When questioned about third party reporting, all twenty-two inmates interviewed acknowledged how to submit a third party report. In addition, several of the inmates referred to the PREA bulletins posted throughout the facility as it contains the directions on how to submit a third party report.

During the pre-on-site phase of the audit, the Auditor visited the agency's website and confirmed the availability for the public to submit a report of sexual abuse or sexual harassment on behalf of an inmate. The report may also be submitted anonymously.

Upon review of the policies and upon completion of the interviews with staff, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## 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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

Interviews conducted with:

Random sample of Staff

Medical / Mental Health Staff

Warden

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states all staff must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the Operations Lieutenant, or where appropriate, in accordance with the Program Statement *Standards of Employee Conduct*.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to policy and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the facility shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators. Staff must report and respond to allegations of sexually abusive behavior, regardless of the source of the report. The Institution PREA Compliance Manager (IPCM) refers the incident for investigation to the appropriate office, and reviews the incident for any further response. As the severity of the sexually abusive behavior increases, so should the level of response.

During the on-site phase of the audit, the Auditor conducted interviews with a random sample of staff members. Each staff member interviewed articulated the agency's zero-tolerance policy on sexual abuse and sexual harassment, their role and responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, how to communicate effectively and professionally with inmates, and an inmates right to be free from sexual abuse and sexual harassment. Staff members also acknowledged that reports concerning sexual abuse or sexual harassment, whether reported verbally or in writing, are considered confidential and must be documented immediately.

During the on-site phase of the audit, the Auditor conducted interviews with two Medical and Mental Health Staff members regarding responsibilities to disclose to inmates the confidentiality limitations and reporting incidents of sexual abuse or sexual harassment. Both the Medical and Mental Health Staff member articulated in detail step-by-step process when reporting incidents of sexual abuse or sexual harassment as well as expressed the requirement to report such incidents immediately. Additionally, both Medical and Mental Health Staff member acknowledged disclosing the confidentiality limitation prior to the initiation of services with any inmate. The Auditor inquired if any inmates had reported an incident of sexual abuse or harassment during the past 12 months to them and one of the Medical and Mental Health Staff members indicated they had received a report from an inmate and immediately reported the incident to the Operations Lieutenant.

During the on-site phase of the audit, the Auditor conducted an interview with the Warden and inquired how FCC Lompoc responds when an allegation of sexual abuse or sexual harassment is made by someone under the

age of 18 or someone who is considered vulnerable adult under state law. The Warden explained that FCC Lompoc does not house inmates under the age of 18 nor inmates who are considered vulnerable adults.

The Auditor inquired to the Warden are allegations of sexual abuse and sexual harassment, to include third party and anonymous sources, reported to designated facility investigators. The Warden indicated all allegations of sexual abuse and sexual harassment, no matter the origin of reporting, are investigated in accordance with policy.

Upon review of the policies and upon completion of the interviews with staff, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

Interviews conducted with:

Agency Head

Warden

Random sample of Staff

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states in cases where the alleged perpetrator is another inmate, the Operations Lieutenant is notified immediately and immediately safeguards the inmate (which will vary depending on the severity of the alleged sexually abusive behavior and could include monitoring the situation, changing housing assignments, changing work assignment, placing alleged victim and perpetrator in Special Housing, etc.). The Operations Lieutenant promptly refers all inmates reported or suspected of being the victim of sexually abusive behavior to Psychology Services for assessment of vulnerability and treatment needs. The Operations Lieutenant also notifies the Institution PREA Compliance Manager (IPCM).

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states if the alleged perpetrator is a staff member, all options for safeguarding the inmate should be considered. The decisions made to safeguard the inmate should take impact on staff member into account, in accordance with the Master Agreement. Removal from the facility is an extreme measure, and other options include reassignment to another unit or post, or other measures that will effectively separate the staff member from the inmate.

During the on-site phase of the audit, the Auditor conducted interviews with a random sample of staff and inquired about his/her actions if they received information that an inmate was in imminent risk of sexual abuse. Each staff member articulated the agency's response protocol to receiving such information and all staff members interviewed confirmed the first priority is ensuring the safety of the inmate (safeguard). Staff indicated



that once the inmate who was at risk is secured, they would immediately notify the Operations Lieutenant and Institution PREA Compliance Manager (IPCM).

During the on-site phase of the audit, the Auditor conducted an interview with the Warden and inquired as to what action is taken upon learning an inmate is subject to a substantial risk of imminent sexual abuse. The Warden informed the Auditor that if staff determine an inmate is subject to a substantial risk of imminent sexual abuse, the inmate will be safeguarded and notifications will be made, to include Institution PREA Compliance Manager (IPCM), Operations Lieutenant, SIS, Medical, and Psychology for appropriate follow-up, investigation, and care.

During the on-site phase of the audit, the Auditor conducted an interview with the Agency Head regarding what action is taken upon learning an inmate is subject to a substantial risk of imminent sexual abuse. The Agency Head stated if an inmate is at risk of imminent sexual abuse the first thing staff will be responsible for is safeguard the inmate by separating him from the potential danger. Our actions vary depending on the severity of the threat. If the possible threat is by another inmate, we may change the inmate's housing assignment, work assignment, or possibly place the inmate in the Special Housing Unit. If the possible threat is from a staff member, other options exist in addition to these, to include a change in the staff member's work assignment or removal from the facility while the investigation is conducted.

Upon review of the policy, observations made during the on-site facility tour, and upon completion of the interviews with staff, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## **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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

Interviews conducted with:

Agency Head

Warden

Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states 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.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states in cases where there is an allegation that sexually abusive behavior occurred at another Bureau facility, the Warden (or his/her designee) of the victim's current facility reports the allegation to the Warden of the identified institution.

In cases alleging sexual abuse by staff at another institution, the Warden of the inmate's current facility refers the matter directly to the Office of Internal Affairs.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states for non-Bureau secure privatized facilities, jails, juvenile facilities, and Residential Reentry Centers, the Warden will contact the appropriate office of the facility, and notify the Privatization Management or the Residential Reentry Management Branches, as appropriate. For non-Bureau facilities, the Warden (or his/her designee) contacts the appropriate office of that correctional agency.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

In the twelve months prior to the audit, FCC Lompoc reported receiving one allegation from a FCC Lompoc inmate alleging he was a victim of sexual abuse while confined at another facility. FCC Lompoc reported no allegations of sexual abuse incidents were received from other facilities.

During the on-site phase of the audit, the Auditor conducted an interview with the Warden and asked what the process is when your facility receives an allegation from another facility or Bureau that an incident of sexual abuse or sexual harassment occurred at the facility. The Warden assured the Auditor that the allegation would be investigated in accordance with policy.

During the on-site phase of the audit, the Auditor conducted an interview with the Agency Head and inquired if another agency or facility refers allegations of sexual abuse or sexual harassment that occurred within one of your facilities, is there a designated point of contact. The Agency Head explained that typically, other agencies make the referral directly to the institution, specifically to the Warden. On other occasions, the agencies contact the Bureau of Prisons National PREA Coordinator if they are unsure how to contact the institution directly. In these cases, the National PREA Coordinator will forward the referral directly to the Warden of the institution. For notifications involving a facility within the agency, if the notification does not go directly to the Warden of the institution, the staff who receive the notification immediately forward it to the Warden so that the allegation can be appropriately investigated. The Warden determines whether the allegation(s) can be investigated locally or if it should be referred to Office of Internal Affairs (OIA).

Upon review of the policy, documentation, and investigative files, and upon completion of the interviews conducted, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## 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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP FCC Lompoc PREA Training Curriculum

FBOP FCC Lompoc Training Roster / Documentation of Attendance

Interviews conducted with:

Security Staff / Non-Security Staff First Responders

Random sample of Staff

Inmates who reported a sexual abuse

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser;
- Preserve and protect any crime scene until appropriate steps can be taken to collect evidence;
- If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; and
- If the alleged abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser 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 first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the staff first responder must preserve the crime scene. SIS staff are responsible for collecting information/evidence.

The investigation, in coordination with the agency to which the case may be referred, must follow the guidance given in agency policies and practices concerning evidence gathering and processing procedures.

During the on-site phase of the audit, the Auditor conducted random custody staff interviews and three targeted interviews (Security Staff who act as First Responders) regarding his/her role as a First Responder to an allegation of sexual abuse. The Custody Staff Members provided specific details of their responsibilities as a First Responder. These responsibilities include separating the victim and abuser, safeguarding the inmate victim, preserving, and protecting the crime scene, requesting that the alleged victim not take any actions that could destroy physical evidence, ensuring the alleged abuser does not take any actions, which would destroy physical evidence, and to immediately notify the Operations Lieutenant.

In addition, each Custody Staff Member acknowledged the importance of the agency's response protocol to a sexual abuse allegation as well as his or her role as a First Responder. Every Staff Member interviewed articulated in detail the responsibilities of a First Responder and the importance of his/her responsibility when responding to an incident of sexual abuse or sexual harassment.

During the 12 months prior to the audit, FCC Lompoc reported four allegations of sexual abuse and sexual harassment, two allegations were sexual abuse and two allegations were sexual harassment. During the on-site phase of the audit, the Auditor was provided with an updated inmate roster, which provided documentation that one of the four inmates, who reported an allegation of sexual abuse or sexual harassment, were in custody at FCC Lompoc. The facility provided the Auditor with documentation showing the remaining three inmates either were released from the custody of the Federal Bureau of Prisons or were transferred to another correctional facility and unavailable for an interview.

During the on-site phase of the audit, the Auditor conducted a targeted interview with the inmate who reported an incident of sexual harassment or sexual abuse. The Auditor inquired to the inmate, after reporting the incident, how did the facility respond and what did staff do when they first arrived to the scene. The inmate interviewed informed the Auditor that staff responded quickly, immediately removed him from the housing area, and escorted him to medical (Health Services) for evaluation and interview.

Upon review of the policy, documentation, and upon completion of the interviews with staff, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## 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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP FCC Lompoc *Response Protocol*

Interviews conducted with:

Warden

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states all staff report incidents of sexual abuse to the Operations Lieutenant. The Operations Lieutenant immediately

safeguards the inmate. The Operations Lieutenant promptly refers all inmates reported or suspected of being the victim of sexually abusive behavior to the Health Services for physical assessment and documentation of injuries and to Psychology Services for assessment of vulnerability and treatment needs.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the Operations Lieutenant ensures that the SIS, Chief of Correctional Services, Institution PREA Compliance Manager (IPCM), and Warden are notified.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the Institution PREA Compliance Manager (IPCM) will review relevant factors and make a determination whether or not to proceed with full activation of the *Response Protocol*. Once the Institution PREA Compliance Manager (IPCM) determines that the intervention should continue, a sensitive and coordinated response is necessary. Services will be provided in an environment that meets both security and therapeutic needs.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the full *Response Protocol*, monitored by the Institution PREA Compliance Manager (IPCM), involves the following components:

- Correctional Services safeguard the inmate; engage in evidence collection and preservation at the institution, including inmate clothing and footwear; investigate cases involving inmate perpetrators; arrange for outside medical trips if necessary; and ensure that STG categories for victims and predators are entered into SENTRY.
- Psychologists are responsible for crisis intervention, assessment of treatment needs, documentation of the evaluation results, treatment, psychiatric referral, and other treatment options related to the alleged victim. Psychologists also notify the qualified agency staff member or the outside victim advocate, if necessary, to assist the inmate.
- Properly trained Health Services clinicians are responsible for assessment, examination, documentation, and treatment of inmate injuries arising from incidents of sexual abuse, including testing when appropriate for pregnancy, HIV, and other sexually transmissible infections (STIs). Where indicated, medical staff, trained in the collection of sexual assault evidence should conduct an examination for physical evidence that may be used later in formal investigations, or refer the inmate to trained health care professionals from the local community or the local community facility equipped to evaluate and treat sexual assault victims.



During the pre-on-site phase of the audit, the Auditor reviewed the above FCC Lompoc *Response Protocol*. The plan is very detailed, provides systematic instructions, and outlines the roles and responsibilities for all staff, to include first responders, Health Services, Psychology Services, investigators, and facility leadership, responding to an incident of sexual abuse.

During the on-site phase of the audit, the Auditor conducted an interview with the Warden and inquired as to the implementation of the FCC Lompoc *Response Protocol*. The Warden provided a detailed description of the response plan (*FCC Lompoc Response Protocol*) which outlines the local coordinated actions among staff first responders, medical, mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.

Upon review of the policies and upon completion of the on-site interview with the Warden, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with and exceeds the PREA standard.

## **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.*

### Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

Federal Bureau of Prisons and Council of Prison Locals, *American Federation of Government Employees* (Master Agreement)

*American Federation of Government Employees*, Council of Prison Locals 33 (Local 3048, Local 4048) FCC Lompoc, CA (Local Supplemental Agreement)

### Interviews conducted with:

Agency Head

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew 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.

Federal Bureau of Prisons has entered into or renewed a collective bargaining agreement as indicated by documentation provided titled, Federal Bureau of Prisons and Council of Prison Locals, *American Federation of Government Employees* (Master Agreement).

According to the Master Agreement, specifically Article 30, Section g. titled *Disciplinary and Adverse Actions*, the employer (agency) may elect to reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter, in accordance with applicable laws, rules, and regulations.

During the on-site phase of the audit, the Auditor conducted an interview with the Agency Head regarding collective bargaining agreements the FBOP has entered into or renewed since August 20, 2012. The Agency

Head confirmed to the Auditor, the Federal Bureau of Prisons has a collective bargaining agreement with the Council of Prison Locals, *American Federation of Government Employees* (Master Agreement) since July 21, 2014 (Master Agreement) and *American Federation of Government Employees* Council of Prison Locals 33 (Local 3048, Local 4048) FCC Lompoc, CA June 5, 2017 (Local Supplemental Agreement).

Additionally, the Agency Head explained in Article 30(g) of the Master Agreement permits the agency to remove an employee from an institution when an allegation adversely affects the agency's confidence in the employee or the security of the institution. The employee may be removed from the institution setting pending an investigation and resolution of the matter, in accordance with applicable laws, rules, and regulations.

Upon review of the policies and upon completion of the interviews with staff, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## 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

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#### Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

#### Interviews conducted with:

Designated Member Charged with Monitoring Retaliation

Inmates who reported a Sexual Abuse

Warden

Agency Head

#### On-site Review Observations:

Investigative Case files

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* the agency shall establish 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, and shall designate which staff members or departments are charged with monitoring retaliation.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall 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.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of inmates, such monitoring shall also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. An agency's obligation to monitor shall terminate if the agency determines the allegation is unfounded.

During the on-site phase of the audit, the Auditor conducted an interview with the Institution PREA Compliance Manager (IPCM) required monitoring staff and inmates who have reported sexual abuse allegations to protect them from retaliation. The Institution PREA Compliance Manager (IPCM) monitors inmates and staff to ensure there is no retaliation for alleging or reporting sexually abusive behavior. For inmates, this monitoring (90 days) includes housing and cell assignments, work assignments, programming changes, and disciplinary action. For staff, the monitoring (90 days) includes reassignment of work, posts, performance evaluations, and shift changes. If a concern that potential retaliation might occur beyond the 90 days, the Institution PREA Compliance Manager (IPCM) would continue to monitor conduct and treatment until the issue or threat is resolved.

During the on-site phase of the audit, the Auditor reviewed the four investigative files. Each file contained forms showing the retaliation monitoring interviews that were conducted with inmates who previously alleged sexual abuse or sexual harassment. Each form provided a detailed explanation of the interview, statements from the inmate, and comments from the Institution PREA Compliance Manager (IPCM). The monitoring interviews were conducted at the 30, 60, and 90 day review dates.

During the 12 months prior to the audit, FCC Lompoc reported four allegations of sexual abuse and sexual harassment, two allegations were sexual abuse and two allegations were sexual harassment. During the on-site phase of the audit, the Auditor was provided with an updated inmate roster, which provided documentation that one of the four inmates, who reported an allegation of sexual abuse or sexual harassment, were in custody at FCC Lompoc. The facility provided the Auditor with documentation showing the remaining three inmates either were released from the custody of the Federal Bureau of Prisons or were transferred to another correctional facility and unavailable for an interview.

During the on-site phase of the audit, the Auditor conducted a targeted interview with the inmate who reported an incident of sexual harassment or sexual abuse. The Auditor inquired to the inmate, after reporting, if he feel protected against possible revenge from staff or inmates for reporting an incident of sexual abuse. The inmate acknowledged feeling safe and articulated to the Auditor that he had multiple meetings with mental health (Psychology Services). The inmate also confirmed to the Auditor that a staff member meet with him regularly (retaliation monitoring) to ensure he felt safe and questioned him if there had been any issues or concerns. The Auditor was able to confirm the inmate's statement during the investigative case review.

Additionally, during the twelve months prior to the audit, FCC Lompoc reported no allegations of retaliation were reported nor where there any inmates placed in segregated housing due to risk of sexual victimization. Therefore, inmates in these targeted categories were not interviewed.

During the on-site phase of the audit, the Auditor conducted an interview with the Warden and inquired on the different measures taken to protect inmates and staff from retaliation for reporting allegations of sexual abuse or sexual harassment. The Warden confirmed appropriate measures would be taken to protect inmate victims if retaliation is suspected, such as a review of housing, work, and program assignments to aid with their protection. For staff victims where retaliation is suspected a thorough review of performance and assignment to aid with their protection would occur. For the suspected perpetrators of retaliation, investigations would take place and disciplinary measures would be pursued when appropriate.

During the on-site phase of the audit, the Auditor conducted an interview with the Agency Head and inquired how the agency protects inmates or staff from retaliation for sexual abuse or sexual harassment allegations. The Agency Head explained the Institution PREA Compliance Manager (IPCM) monitors inmates and staff to ensure there is no retaliation for alleging or reporting sexually abusive behavior. For inmates, this monitoring includes

housing and cell assignments, work assignments, programming changes, and disciplinary action. For staff, the monitoring includes reassignment of work, posts, performance evaluations, and shift changes.

The Auditor inquired to the Agency Head if an individual cooperates with an investigation expresses a fear of retaliation, what measures does the Bureau take to protect that individual against retaliation. The Agency Head explained the individual would be monitored in the same manner as the individual who reported the allegation and would be protected against such retaliation. The protection can take the form of changing housing or work assignments, transfers, changing work supervisors, or other actions that prevent retaliation.

Upon review of the policy, investigative files, and upon completion of the interviews with staff, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## 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

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Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP Form BP-A1002, *Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation*

Interviews conducted with:

Warden

Staff who supervise inmates in Segregated Housing

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.43.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

1. The opportunities that have been limited;
2. The duration of the limitation; and
3. The reasons for such limitations.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If an involuntary segregated housing assignment is made, the facility shall clearly document:

1. The basis for the facility's concern for the inmate's safety; and
2. The reason why no alternative means of separation can be arranged.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

During the on-site phase of the audit, the Auditor conducted an interview with a Facility Staff Member who supervises inmates in segregated housing. The Auditor inquired to the Facility Staff Member if an inmate who is placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, what restrictions are placed on the inmate. The Facility Staff Member articulated that inmates placed in the Special Housing Unit (SHU) do not have restrictions and retain the same privileges as inmates in general population housing, to include participating in programs and education opportunities. The Facility Staff Member explained if an inmate has restrictions, it would be limited and the Chief of Correctional Services ensures that proper documentation exists reflecting the limitations, duration, and rationale for the limitations.

During the 12 months prior to the audit, the facility reported there were no inmates who reported sexual abuse, being assigned to involuntary segregating housing. During the on-site phase of the audit, the Auditor reviewed three administrative investigations and one criminal investigations and confirmed the four inmates who reported sexual abuse or sexual harassment were not placed into involuntary segregated housing. Therefore, inmates in this targeted category were not interviewed.

Additionally, during the twelve months prior to the audit, the agency reported no allegations of retaliation were reported nor where there any inmates placed in segregated housing due to risk of sexual victimization. Therefore, inmates in this targeted category were not interviewed.

During the on-site phase of the audit, the Auditor conducted an interview with the Warden regarding inmates who alleged sexual abuse. The Warden explained that inmates at high risk for sexual victimization or who have alleged sexual abuse shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Warden explained that inmates placed in involuntary segregated status would be held until an alternative means of separation from abusers can be arranged, which shall not ordinarily exceed a period of 30 days.

Upon review of the policy and documentation provided and upon completion of the interviews with staff, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## 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.*

#### Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP Program Statement 5508.02, *Hostage Situations, or Criminal Actions Requiring FBI Presence*

Investigative Case files (4) – Sexual abuse and sexual harassment

DOJ/OIG *PREA Training* curriculum

FBI *Domestic Investigations and Operations Guide*

#### Interviews conducted with:

Investigative Staff

#### On-site Review Observations:

Investigative Case files

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to §115.34.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of physical and testimonial evidence, the reason behind credibility assessments, and investigative facts and findings.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states any State entity or Department of Justice component that conducts such investigations shall do so pursuant to agency policy.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

FBOP Program Statement 5508.02, *Hostage Situations, or Criminal Actions Requiring FBI Presence* states the FBI has the investigative responsibility for criminal activities at all Bureau facilities. Additionally, in accordance with the existing MOU between the FBOP and the FBI, upon the occurrence of any incident that may involve a criminal act, the FBOP will take immediate action to preserve the scene of the incident and immediately notify the appropriate designated FBI representative of the incident.

During the pre-on-site phase of the audit, the Auditor reviewed the existing Memorandum of Understanding between the FBOP and the Federal Bureau of Investigation. The MOU establishes interagency operational procedures and guidelines for the FBI and the FBOP with regard to violations of deferral criminal statutes occurring in FBOP facilities, on FBOP property, or which involve FBOP staff. Additionally, the MOU defines the respective roles and responsibilities of the FBOP and the FBI, to include policy, training, and practice compliance with regulations and standards. The MOU also establishes and in accordance to Title 28 CFR §115.21(g) (2), the FBI shall follow a uniform evidence protocol consistent with §115.21(a)-(f).

During the on-site phase of the audit, the Auditor conducted an interview with a Special Investigative Agent (SIA) who confirmed the responsibilities of an investigator, reviewed the process of an investigation, and confirmed the use of a uniform evidence protocol for the collection of physical evidence. The SIA provided the Auditor with a complete overview of the investigative process as it relates to sexual abuse and sexual harassment. The Special Investigative Agent or SIA is responsible for conducting administrative sexual abuse investigations within the facility. All criminal sexual abuse investigations either are referred to the Office of Internal Affairs (OIA), Office of Inspector General (OIG) or when appropriate, the Federal Bureau of Investigation

(FBI). Each branch, OIA, OIG, and FBI have assigned qualified staff who have the legal authority to conduct criminal investigations. During the pre-on-site phase of the audit, the Auditor reviewed *DOJ/OIG PREA Training* curriculum and the FBI *Domestic Investigations and Operations Guide* that confirmed compliance with all investigatory requirements under the PREA standards.

During the 12 months prior to the audit, FCC Lompoc reported four allegations of sexual abuse and sexual harassment, two allegations were sexual abuse and two allegations were sexual harassment. The Auditor reviewed three administrative investigations and one criminal investigation. The Auditor reviewed each case thoroughly and systematically to ensure each case contained all of the correct procedures, completed documentation, and that all processes were completed as required, to include the report findings for the three closed cases; at the time of the on-site, one case was pending completion with the OIG/FBI.

The four allegations included two sexual abuse allegations and two sexual harassment allegations. The two sexual harassment allegations were both inmate-on-inmate allegations; both closed as unsubstantiated. The two sexual abuse allegations included one inmate-on-inmate allegation and at the time of the Auditor's review, the case was still pending a final disposition with the OIG/FBI. The remaining sexual abuse allegation was staff-on-inmate, which was closed as unsubstantiated.

The Auditor found each closed case contained all the appropriate documentation, and determined that each incident was investigated promptly, thoroughly, and objectively by a qualified Special Investigative Agent who has received training and education and has the authority to conduct such investigations. The Auditor noted each file contained documentation to include but not limited to the initial incident report, SIS report, PREA OneSource Checklist, Memorandums, Institution Medical Assessment, Psychology Report, Hospital Report (if applicable), 30 Day Sexual Abuse Incident Review, 90 day Retaliation Checks, Photographs, Crime Scene log, Chain of Custody, SENTRY documentation, and Victim Notification. The Auditor noted each case file was well organized, extremely detailed, and contained all the required documentation.

Each closed case reviewed by the Auditor, contained all documented reports for that specific incident, inmate notifications, a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts and findings. Additionally, each completed report included an assessment as to whether staff actions or a failure to act on the part of staff contributed to the abuse. The Auditor reviewed each case thoroughly and systematically to ensure each case contained all of the correct



procedures, completed documentation, and that all processes were completed as required, to include the report findings for the closed cases.

All of these cases were selected and reviewed based upon the outcome and the Auditor's requirement to review all of the required steps and processes to verify compliance with multiple PREA Standards. Upon completion of reviewing all case files, the Auditor determined that the facility (to include but not limited to Staff First Responders, Operations Lieutenant, Institution PREA Compliance Manager, Health Services, Psychology Services, and Facility Leadership, etc.) followed the required steps and processes for all reported allegations. At the time of the Auditor's review, there were no cases referred for prosecution.

During the 12 months prior to the audit, FCC Lompoc reported four allegations of sexual abuse and sexual harassment. During the on-site phase of the audit, the Auditor was provided with an updated inmate roster, which provided documentation that one of the four inmates, who reported an allegation of sexual abuse or sexual harassment, were in custody at FCC Lompoc. The facility provided the Auditor with documentation showing the remaining three inmates either were released from the custody of the Federal Bureau of Prisons or were transferred to another correctional facility and unavailable for an interview.

During the on-site phase of the audit, the Auditor conducted one targeted interview with the inmate who reported either an incident of sexual harassment or sexual abuse. The Auditor inquired to the inmate, did the facility or investigator require him to submit to a polygraph test as a condition for proceeding with the investigation. The inmate informed the Auditor that no one required him to complete a polygraph test as a condition of proceeding with the investigation.

Upon review of the policies, investigative case files, and documentation listed above, and upon completion of the interviews with staff, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with and exceeds the PREA standard.

## **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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

Interviews conducted with:

Investigative Staff

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The FBOP applies this section in accordance with its disciplinary/adverse action process and collective bargaining agreement, and applicable laws, rules, and regulations.

During the on-site phase of the audit, the Auditor conducted an interview with a Special Investigative Agent (SIA) who confirmed the responsibilities of an investigator, reviewed the process of an investigation, and confirmed the use of a uniform evidence protocol for the collection of physical evidence. The SIA provided the Auditor with a complete overview of the investigative process as it relates to sexual abuse and sexual harassment. The Special Investigative Agent or SIA is responsible for conducting administrative sexual abuse investigations within the facility.

The SIA articulated the investigative process beginning with initial notification, investigation of the allegation, understanding the impact of victim trauma, techniques for interviewing sexual abuse victims, preservation of crime scene and evidence collection, proper use of *Miranda* and *Garrity*, and criteria required for administrative action and prosecution referrals. The Auditor inquired to the SIA what standard of evidence is required to substantiate allegations of sexual abuse or sexual harassment. The Inspector explained that the agency should impose no standard higher than a preponderance of the evidence.

Upon review of the policy and upon completion of the interview with staff, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## 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.*

#### Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP PREA Investigative Case – Victim Notifications

## Investigative Case files (4) – Sexual abuse and sexual harassment

Interviews conducted with:

Investigative Staff

Warden

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Special Investigative Lieutenant provides all notifications to inmates required under this provision.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states, following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined the allegation is unfounded) whenever:

1. The staff member is no longer posted within the inmate's unit;
2. The staff member is no longer employed at the facility;
3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states following an inmate's allegation that he or she has been sexually abuse by another inmate, the agency shall subsequently inform the alleged victim whenever:

1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

3. All such notifications or attempted notifications shall be documented.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states an agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

During the 12 months prior to the audit, FCC Lompoc reported four allegations of sexual abuse and sexual harassment, two allegations were sexual abuse and two allegations were sexual harassment. During the on-site phase of the audit, the Auditor was provided with an updated inmate roster, which provided documentation that one of the four inmates, who reported an allegation of sexual abuse or sexual harassment, were in custody at FCC Lompoc. The facility provided the Auditor with documentation showing the remaining three inmates either were released from the custody of the Federal Bureau of Prisons or were transferred to another correctional facility and unavailable for an interview.

During the on-site phase of the audit, the Auditor conducted a targeted interview with an inmate who reported an incident of sexual harassment or sexual abuse. The Auditor inquired to the inmate if the facility notified him of the final decisions made regarding their allegation and were they notified in writing. The inmate confirmed to the Auditor he was notified in writing, by staff of the case disposition. The Auditor verified the notification while reviewing the investigative files and the inmate notification contained the date, case disposition, and inmate signature.

During the on-site phase of the audit, the Auditor reviewed four investigative case files from the 12 months prior to the audit. Three of the four investigative case files were closed with a final disposition and contained an inmate notification form documenting the outcome of the case (substantiated, unsubstantiated, or unfounded) with the signature of the inmate documented on the notification.

During the on-site phase of the audit, the Auditor conducted an interview with the Special Investigative Agent (SIA) and inquired about the agency's notification procedures, to an alleged victim of sexual abuse, when the case is closed and whether the allegation has a final determination of substantiated, unsubstantiated, or unfounded. The SIA confirmed such notifications are completed by the Special Investigative Lieutenant, which is documented, and the notification is retained in the case file.

During the on-site phase of the audit, the Auditor conducted an interview with the Warden and inquired regarding how the facility notifies an inmate who makes an allegation of sexual abuse when the case is closed and a determination as to either substantiated, unsubstantiated, or unfounded. The Warden confirmed that the Special Investigative Lieutenant completes the victim notification process.

Upon review of the policies, investigative case files, and upon completion of the interviews with staff, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## 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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

Interviews conducted with:

Administrative (Human Resources) Staff

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be 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.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.



The facility reported no staff violations or terminations of the agency's sexual abuse or sexual harassment policies during the 12 months prior to the audit.

During the on-site phase of the audit, the Auditor conducted an interview with Administrative / HR Staff Member who confirmed that FCC Lompoc had no staff members violate or terminated for violating the agency's policy against sexual abuse or sexual harassment during the past 12 months.

Upon review of the policy, personnel files, and upon completion of staff interviews, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## 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.*

### Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

### Interviews conducted with:

Warden

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The facility reported there have been no contractor or volunteer violations or terminations of the Bureau's sexual assault, sexual abuse, sexual harassment or sexual misconduct policies during the 12 months prior to the audit.

During the on-site phase of the audit, the Auditor conducted an interview with the Warden regarding any violation of the facility's sexual abuse or sexual harassment by a contractor or volunteer. The Warden explained that FCC Lompoc defers to national policy, which requires any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Additionally, they would be prohibited from further contact with inmates.

Upon review of the policy and upon completion of staff interviews, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## 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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

Interviews conducted with:

Warden

Medical / Mental Health Staff

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states 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 inmate-on-inmate sexual abuse.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states sanctions shall be 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.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent to such contact.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states an agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

During the on-site phase of the audit, the Auditor conducted an interview with the Warden and discussed the facility's policy on disciplinary sanctions for an inmate after an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. The Warden referred to the existing policy that an inmate would 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 inmate-on-inmate abuse.

During the on-site phase of the audit, the Auditor conducted an interview with two Medical and Mental Health Staff members and discussed the victim advocate services available to inmates and counseling services available for abusers. Each Medical and Mental Health Staff member explained the services provided at the facility and

through the local county crisis center, include one-on-one counseling, and support groups. These services are offered for victims of sexual abuse or sexual harassment as well as offenders of sexual abuse.

Upon review of the policy and upon completion of staff interviews, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA 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.*

#### Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP PREA Intake Objective Screening Instrument

#### Interviews conducted with:

Inmates who disclose Sexual Victimization at Risk Screening

Staff responsible for Risk Screening

#### On-site Review Observations:

Inmate records of initial assessment & reassessment

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states if the screening pursuant to §115.41 indicates that a prison inmate 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.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states 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, 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.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states any information relating to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, state, or local law.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states medical and mental health practitioners shall 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.

During the on-site phase of the audit, the Auditor reviewed twenty-seven *PREA Intake Objective Screening Instrument* screening forms completed during this audit period. All forms were filled out completely and in accordance to the agency policy and the requirements of the PREA standard.

During the on-site phase of the audit, the Auditor conducted an interview with a Staff Member responsible for conducting screenings for risk of victimization and abusiveness. The Staff Member provided the Auditor with a complete overview of the inmate risk screening process to include how all inmates are screened the same day of arrival. The Staff Member confirmed that all risk screening interviews are conducted in private and any information obtained in the interview is strictly used to determine an inmate's risk of sexual victimization or abusiveness and she confirmed such sensitive information is limited to staff for the purpose of security, management, and treatment decisions (housing, programming, work assignments, etc.).

The Auditor inquired to the Staff Member what actions are taken against inmates who refuse to cooperate or answer the questions in the risk screening process. The Staff Member responded that inmates are not required to provide answers. The Staff Member confirmed that inmates are not disciplined for refusing to cooperate or answer the questions in the risk screening process.



During the on-site phase of the audit, the Auditor reviewed thirty-six inmate records. These records were selected based upon the inmate sexual abuse investigations, inmates who reported sexual victimization during intake, length at facility, and inmates that disclosed sexual orientation as gay, bisexual, or transgender. Each file contained the initial risk screening form as well as the 30-day reassessment form; all were filled out completely and in accordance to the facility's policy.

During the on-site visit, the Auditor requested interviews with three inmates who disclosed prior sexual victimization. One inmate informed the Auditor that he never disclosed sexual victimization during the intake process and denied reporting any prior sexual victimization. The remaining two inmates confirmed to the Auditor that they were offered the opportunity to meet with a medical or mental health care practitioner during the risk screening process. Both inmates also confirmed meeting with the mental health care practitioner within a day or two after the initial screening process.

Upon review of the policy, documentation, and upon completion of staff interviews, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## **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.*

#### Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

#### Interviews conducted with:

Medical / Mental Health Staff

Inmates who reported a Sexual Abuse

Security Staff / Non-Security Staff First Responders

#### On-site Review Observations:

Secondary Medical Records

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states 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.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to §115.62 and shall immediately notify the appropriate medical and mental health practitioners.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states inmate victims of sexual abuse while incarcerated shall be 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.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

During the on-site phase of the audit, the Auditor reviewed secondary medical records of inmates who reported an allegation of sexual abuse. These records include *Institution Medical Assessment and Psychology Report*. The forms have specific requirements to complete and/or make notations as to why the question or process was not completed. All protocols are completed by licensed and trained medical and mental health staff.

During the on-site phase of the audit, the Auditor conducted interviews with two Medical and Mental Health Staff members at the facility. Both Medical and Mental Health Staff members confirmed that inmate victims are provided immediate access to medical treatment as well as crisis intervention, therapy, and counseling services. The Medical and Mental Health Staff explained the services provided at the facility and through the local county rape crisis center, include one-on-one counseling, and support groups. These services are offered for victims of sexual abuse or sexual harassment as well as offenders of sexual abuse.

During the on-site phase of the audit, the Auditor conducted interviews with a random sample of security staff members. Each security staff member interviewed articulated the agency's zero-tolerance policy on sexual abuse and sexual harassment, their role and responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, how to communicate effectively and professionally with

inmates, and an inmates right to be free from sexual abuse and sexual harassment. Security Staff members also acknowledged that reports concerning sexual abuse or sexual harassment, whether reported verbally or in writing, are considered confidential and must be documented immediately.

During the 12 months prior to the audit, FCC Lompoc reported four allegations of sexual abuse and sexual harassment, two allegations were sexual abuse and two allegations were sexual harassment. During the on-site phase of the audit, the Auditor was provided with an updated inmate roster, which provided documentation that one of the four inmates, who reported an allegation of sexual abuse or sexual harassment, were in custody at FCC Lompoc. The facility provided the Auditor with documentation showing the remaining three inmates either were released from the custody of the Federal Bureau of Prisons or were transferred to another correctional facility and unavailable for an interview.

During the on-site phase of the audit, the Auditor conducted one targeted interview with the inmate who reported an incident of sexual harassment or sexual abuse. The Auditor inquired to the inmate, after reporting, did the facility allow them to contact anyone. The inmate informed the Auditor that after reporting the incident, he was able to meet with a Psychology Services staff member. The inmate also confirmed being provided with information on advocacy services provided by North County Rape Crisis Center; the inmate informed the Auditor he declined the advocacy services.

Upon review of the policy, secondary medical documentation, and upon completion of staff interviews, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## **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.*

#### **Documents:**

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

#### **Interviews conducted with:**

Medical / Mental Health Staff

Inmates who reported a Sexual Abuse

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the facility shall 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.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the evaluation and treatment of such victims shall 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.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the facility shall provide such victims with medical and mental health services consistent with the community level of care.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states all prison shall 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.

During the on-site phase of the audit, the Auditor conducted an interview with two Medical and Mental Health Staff members at the facility. Both Medical and Mental Health Staff members confirmed that inmate victims are provided immediate access to medical treatment as well as crisis intervention, therapy, and counseling services. The Medical and Mental Health Staff explained the services provided at the facility and through the local county crisis center and include one-on-one counseling and support groups. These services are offered for victims of sexual abuse or sexual harassment as well as offenders of sexual abuse.

During the 12 months prior to the audit, FCC Lompoc reported four allegations of sexual abuse and sexual harassment, two allegations were sexual abuse and two allegations were sexual harassment. During the on-site phase of the audit, the Auditor was provided with an updated inmate roster, which provided documentation that one of the four inmates, who reported an allegation of sexual abuse or sexual harassment, were in custody at FCC Lompoc. The facility provided the Auditor with documentation showing the remaining three inmates either were released from the custody of the Federal Bureau of Prisons or were transferred to another correctional facility and unavailable for an interview.

During the on-site phase of the audit, the Auditor conducted one targeted interview with the inmate who reported an incident of sexual harassment or sexual abuse. The Auditor inquired to the inmate, after reporting, did the facility allow them to contact anyone. The inmate informed the Auditor that after reporting the incident, he was able to meet with a Psychology Services staff member. The inmate also confirmed being provided with information on advocacy services provided by North County Rape Crisis Center; the inmate informed the Auditor he declined the advocacy services.

Upon review of the policy and upon completion of staff interviews, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## 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.*

#### Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP 30 Day Sexual Abuse Incident Reviews

Investigative Case files (4) – Sexual abuse and sexual harassment

#### Interviews conducted with:

Warden

Incident Review Team

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the facility shall conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states such review shall ordinarily occur within 30 days of the conclusion of the investigation.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
2. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity; LGBTI identification, status, or perceived status or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of the staffing levels in that area during different shifts;
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
6. Prepare a report of its finding including, but not necessarily limited to, determinations made pursuant to the above considerations and any recommendations for improvement and submit such report to the facility head and Institution PREA Compliance Manager (IPCM).

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

During the past 12 months, FCC Lompoc reported four criminal and/or administrative investigations of alleged sexual abuse (excluding unfounded cases) were completed at the facility and a sexual abuse incident review was completed within 30 days. During the on-site phase of the audit, the Auditor reviewed four investigative case files to include three closed cases. For the three closed investigative cases, the Auditor reviewed the *30 Day Sexual Abuse Incident Reviews*. The reviews were completed in its entirety and within the required time limits.

During the on-site phase of the audit, the Auditor conducted an interview with an Incident Review Team member and inquired if the Sexual Abuse Incident Review (SAIR) Team considers whether an incident or allegation was motivated by race, ethnicity, or gender identity and if the SAIR Team examines the area in the facility where the incident allegedly occurred. The Incident Review Team member confirmed the SAIR Team does consider whether the incident was motivated by race, ethnicity, or gender identity, and gang affiliation. The SAIR Team also tours the area where the alleged incident occurred as well as consider if additional monitoring technology should be deployed or augmented to supplement supervision by staff. The Incident Review Team member explained how touring the area in conjunction with reviewing monitoring technology provides the team

with the best possible representation of an incident and assists the SAIR Team in determining if changes or additions to monitoring technology is warranted.

During the on-site phase of the audit, the Auditor conducted an interview with the Warden and discussed the Sexual Abuse Incident Review (SAIR) process. The Warden explained the SAIR Team includes the upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The SAIR Team always seeks input from Inspectors, Line Staff, and Medical and Mental Health personnel. The Warden articulated the process of the incident review, including listing the elements required per the PREA standard. The Warden explained how the SAIR Team uses the information obtain from the review to help with uncovering whether the allegation or investigation indicate a need to change policy or practice to better prevent , detect, or respond to sexual abuse.

Upon review of the policy and upon completion of staff interviews, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## 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.*

#### Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP Annual PREA Reports (2018 & 2020)

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall aggregate the incident-based sexual abuse data at least annually. The National PREA Coordinator, with the assistance of the Regional PREA Coordinators aggregates and reviews data from all sources annually.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the incident-based data collected shall 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. The Information, Policy, and Public Affairs Division collects and reports on the data used in the Bureau of Justice Statistics Survey of Sexual Violence.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

During the pre-on-site phase of the audit, the Auditor reviewed the 2018 and 2020 Annual PREA Reports, which contained annual aggregation of incident-based sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews.

Upon review of the policy and annual reports, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## 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.*

Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP Annual PREA Reports (2018 & 2020)

Interviews conducted with:

Institution PREA Compliance Manager (IPCM)

PREA Coordinator

Agency Head

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall 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:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the National PREA Coordinator reviews data compiled by the Regional PREA Coordinators, the Information, Policy, and Public Affairs Division, and the Office of Internal Affairs, and issues a report to the Director on an annual basis.

During the pre-on-site phase of the audit, the Auditor reviewed the 2018 and 2020 Federal Bureau of Prisons Annual PREA Reports, which contained annual aggregation of incident-based sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews. FBOP publishes the current annual report on the agency website.

During the on-site phase of the audit, the Auditor conducted an interview with the Institution PREA Compliance Manager (IPCM) and inquired if the agency reviews data collected and aggregated pursuant to §115.87. The Institution PREA Compliance Manager (IPCM) explained how the agency collects data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies. The Institution PREA Compliance Manager (IPCM) confirmed the data reviews are completed during FCC Lompoc departmental Operational Reviews and perpetual audits to ensure compliance with appropriate PREA standards. Correctional Programs, Correctional Services, Health Services, Human Resources, and Psychology Services participate in the departmental Operational Reviews.

During the on-site phase of the audit, the Auditor conducted an interview with the National PREA Coordinator regarding how data is collected pursuant to PREA Standard §115.87. The National PREA Coordinator

acknowledged that the data collected is securely retained and the agency takes corrective action on an ongoing basis or as needed, based on the collected data. The National PREA Coordinator confirmed the agency prepares an annual report, which is made public on the agency website. The National PREA Coordinator confirmed the agency complies with Freedom of Information Act (FOIA) and all other applicable laws, rules, and regulations. No information that identifies victims or perpetrators is included in the report, nor is any information that could potentially threaten the security of the institution. If information needs to be redacted, the nature of the redacted material would be indicated.

During the on-site phase of the audit, the Auditor conducted an interview with the Agency Head and inquired how the Bureau uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. The Agency Head explained if the incident-based sexual abuse data shows patterns, such as the LGBTI inmates being targeted or a significant number of assaults occurring in a particular area of an institution, then our policies, procedures, or training may be modified. The agency continues to emphasize inmate education of the zero-tolerance policy and to report incidents of sexually abusive behavior to staff. The Auditor inquired as to who is responsible for approving annual reports written pursuant to §115.88. The Agency Head confirmed, as the Federal Bureau of Prisons Director, he is responsible for reviewing and approving the annual PREA report prior to being placed on the public website.

Upon review of the policy, Annual Reports, and upon completion of staff interviews, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## **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.*

#### Documents:

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program*

FBOP Annual PREA Reports (2018 & 2020)

#### Interviews conducted with:

PREA Coordinator

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the agency shall ensure that data collected pursuant to §115.87 are securely retained. The agency shall 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 through other means.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The Bureau complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules, and regulations.

During the pre-on-site phase of the audit, the Auditor reviewed the 2018 and 2020 Annual PREA Reports, which contained annual aggregation of incident-based sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews. FBOP publishes the current annual report on the agency website.

During the on-site phase of the audit, the Auditor conducted an interview with the National PREA Coordinator regarding how data is collected pursuant to PREA Standard §115.87. The National PREA Coordinator acknowledged that the data collected is securely retained and the agency takes corrective action on an ongoing basis or as needed, based on the collected data. The National PREA Coordinator confirmed the agency prepares an annual report, which includes data collected from all facilities, which house FBOP inmates. The National PREA Coordinator confirmed, prior to publishing the Annual Report on the agency website, the agency complies with Freedom of Information Act (FOIA) and all other applicable laws, rules, and regulations. No information that identifies victims or perpetrators is included in the report, nor is any information that could potentially threaten the security of the institution. If information needs to be redacted, the nature of the redacted material would be indicated.

Upon review of the policy and upon completion of staff interviews, FCC Lompoc demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

## 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.*

Federal Bureau of Prisons, FCC Lompoc had its first PREA Audit conducted on December 9 - 11, 2014; the first year of the first three-year auditing cycle. The facility had its second PREA Audit conducted on May 15 - 17, 2018; the second year of the second three-year auditing cycle. This audit was the facility's third audit and was conducted on May 25 - 27, 2021; the second year of the third three-year auditing cycle.

The Auditor was provided access to and observed all areas of the facility and outside compound. The Auditor was permitted to request and receive copies of any relevant documents.

The Auditor was permitted to conduct private interviews with inmates and staff. The Auditor verified the posting of the audit notifications including posting of the audit in all housing units and common areas accessible and visible for inmates and staff. The Auditor verified through inmate and staff interviews that inmates and staff were permitted to send confidential correspondence to the Auditor in the same manner as if they were communicating with legal counsel.

## 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.*

Federal Bureau of Prisons publishes PREA Audit Reports for all facilities within the FBOP on the agency website. During the pre-on-site phase of the audit, Auditor reviewed the facility's prior PREA Audit Reports (December 2014; May 2018).

## 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.

*Lynni O'Haver*

08.10.2021

**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.