

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: May 19, 2021

Date of Final Audit Report: August 29, 2021

Auditor Information

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Company Name: PREA Auditors of America, LLC	
Mailing Address: PO Box 1071	City, State, Zip: Cypress, TX 77410
Telephone: 713-818-9098	Date of Facility Visit: April 13-15, 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: https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp			

Agency Chief Executive Officer

Name: M.D. Carvajal	
Email: BOP-RSD-PREACoordinator@BOP.GOV	Telephone: 202-616-2112

Agency-Wide PREA Coordinator

Name: Jill Roth	
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 Detention Center (FDC) Miami

Physical Address: 33 NE 4th Street

City, State, Zip: Miami, FL 33132

Mailing Address (if different from above):
PO Box 019118

City, State, Zip: Miami, FL 33101

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information:

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

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

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

ACA

NCCHC

CALEA

Other (please name or describe): AAAHC

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
COVID-19 Compliance Review Audit

Warden/Jail Administrator/Sheriff/Director

Name: E.K. Carlton

Email: MIM-PREAComplianceMgr-S@bop.gov

Telephone: 305-577-0010

Facility PREA Compliance Manager

Name: M. Medina

Email: MIM-PREAComplianceMgr-S@bop.gov

Telephone: 305-577-0010

Facility Health Service Administrator

Name: Maria Morell

Email: MIM-PREAComplianceMgr-S@bop.gov

Telephone: 305-577-0010

Facility Characteristics

Designated Facility Capacity:

1328

Current Population of Facility:

1117

Average daily population for the past 12 months:	1036
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	19-85
Average length of stay or time under supervision:	265 Days
Facility security levels/inmate custody levels:	All Levels
Number of inmates admitted to facility during the past 12 months:	1775
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	1625
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	1350
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 checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	238
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	20
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	10
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	14
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	25

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	22
<p>Number of single cell housing units:</p>	0
<p>Number of multiple occupancy cell housing units:</p>	22
<p>Number of open bay/dorm housing units:</p>	0
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	60
<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 type="checkbox"/> Yes <input checked="" 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

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

Criminal Investigations

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

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

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) re-certification audit for the Federal Detention Center (FDC) Miami, Federal Bureau of Prisons (BOP) in Miami, Florida was conducted on April 13-15, 2021 to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

The auditor conducted the audit through a third-party entity as a contractor and is personally accountable for complying with the DOJ certification requirements and audit findings. The agency contract was secured through a third-party entity, PREA Auditors of America, LLC. and not directly by the auditor herself. The contract described the specific work required according to the DOJ standards and PREA audit handbook to include the pre-audit, onsite audit and post-audit.

The previous PREA audit was conducted by PREA Auditor Diane Lee on June 19-21, 2018. The previous auditor found that the facility met 44 standards and exceeded one.

Pre-Audit

The auditor received an initial introduction email from the third party entity on February 23, 2021 initiating correspondence between the BOP and the auditor. Prior to the on-site portion of the audit the auditor received the Pre-Audit Questionnaire (PAQ), policies, procedures and supporting documentation through email and a shared folder. The auditor had correspondence via phone and email with the assigned Management Analyst from the External Auditing Branch. The Management Analyst served as the liaison between the facility and the auditor and assisted with pre-audit information and on-site audit logistics. On April 1, 2021 the auditor sent the Management Analyst questions related to the PAQ, policy, procedure and supporting documentation (all documents reviewed are listed under the appropriate PREA standard). Additionally, the auditor provided the Management Analyst with information on the listings that would be needed on the first day of the audit, as well as some of the supplemental documentation that would need to be reviewed on-site. The Management Analyst was responsive and forwarded the information to the facility staff. The auditor did not receive a response initially related to the PAQ questions; however it was provided post-audit via email. Facility staff ensured the audit announcement was placed throughout the facilities prior to the audit. The auditor received four emailed photos on March 18, 2021 of the PREA audit announcement posted across the facility. The auditor received one letter from an inmate at FDC Miami.

The auditor contacted Jackson Memorial Hospital related to forensic medical examinations. The staff member confirmed that they do provide forensic medical examinations and that exams are conducted by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE). The auditor contacted Roxcy Bolton Rape Treatment Center (Roxcy Bolton) related to victim advocacy services at FDC Miami. The Director stated that they currently provide services to the facility through a Memorandum of Understanding (MOU) which was renewed March 19, 2021. She indicated that they provide inmate services through a 24 hours hotline, a mailing address, forensic examination accompaniment, crisis intervention, information and referrals, if applicable. The Director stated that they have provided services in 2019, however they have not received any correspondence in 2020 or 2021. She indicated that she did not have any concerns about the facility and compliance with PREA. The auditor also contacted Just Detention International (JDI) and Rape, Abuse & Incest National Network (RAINN), two national anti-sexual violence organizations. JDI indicated that they did not have any correspondence with inmates at FDC Miami. The auditor did not receive a response from RAINN related to the inquiry.

The auditor conducted a web-based search related to FDC Miami. The auditor did find a news article and a legal document, however neither were associated with compliance with PREA standards. The auditor confirmed that both the agency website and the facility website contained PREA information. The agency website had the PREA policy, the annual report, a link to the PREA Resource Center and a method to report allegations. The facility website had the inmate handbook with PREA information as well as the last PREA audit report.

On-Site

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site portion of the audit. Based on the population on the first day of the audit (1117) the PREA auditor handbook indicated that at least 40 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random inmate interviews were chosen at random and varied across gender, race, ethnicity, housing assignments and time in custody. At least three inmates were selected from each of the housing units with the exception of those units under quarantine/isolation due to COVID-19. All units that were under quarantine/isolation during the on-site portion of the audit are indicated in the housing unit table under the facility characteristics section. Inmates selected for the targeted interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Inmate Interview Questionnaire* supplemented by the *Targeted Inmate Questionnaire*. The table following the inmate listings depicts the breakdown of inmate interviews.

1. Complete inmate roster (provided based on actual population on the first day of the on-site portion of the audit)
2. Youthful inmates (if any)
3. Inmates with disabilities (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Inmates who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inmates
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

Category of Inmates	Number of Interviews
Random Inmates	20
Targeted Inmates	22
Total Inmates Interviewed	42 ¹
Targeted Inmate Interview:	
<ul style="list-style-type: none"> • Youthful Inmates 	0

¹ A total of 40 inmate interviews were completed as some inmates answered questions related to multiple targeted interview questionnaires.

• Inmates with a Physical Disability	1
• Inmates who are LEP	5
• Inmates with a Cognitive Disability	2
• Inmates who Identify as Lesbian, Gay or Bisexual	4
• Inmates who Identify as Transgender or Intersex	1
• Inmates in Segregated Housing for High Risk of Victimization	0
• Inmates who Reported Sexual Abuse	5
• Inmates who Reported Sexual Victimization During Screening	4

The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site portion of the audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across gender, race, ethnicity and post assignments. Random staff and intermediate supervisors were interviewed from all three shifts. Staff selected for the specialized interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Interview Guide for a Random Sample of Staff* and the *Interview Guide for Specialized Staff*. The table following the staff listings depicts the breakdown of staff interviews.

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
 - Agency contract administrator
 - Intermediate-level or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
 - Line staff who supervise youthful inmates, if any
 - Education staff who work with youthful inmates, if any
 - Program staff who work with youthful inmates, if any
 - Medical staff
 - Mental health staff
 - Non-medical staff involved in cross gender strip or visual searches
 - Administrative (Human Resource) staff
 - SAFE and/or SANE staff
 - Volunteers who have contact with inmates
 - Contractors who have contact with inmates
 - Criminal investigative staff
 - Administrative investigative staff
 - Staff who perform screening for risk of victimization and abusiveness
 - Staff who supervise inmates in segregated housing
 - Staff on the sexual abuse incident review team
 - Designated staff member charged with monitoring retaliation

- First responders
- Intake staff

Category of Staff	Number of Interviews
Random Staff	13
Specialized Staff	20
Total Staff Interviews	33
Specialized Staff Interviews	
• Agency Contract Administrator	1
• Intermediate or Higher-Level Facility Staff	3
• Line Staff who Supervise Youthful Inmates	0
• Education and Program Staff who Work with Youthful Inmates	0
• Medical and Mental Health Staff	4
• Human Resource Staff	1
• Volunteers and Contractors	2
• Investigative Staff	1
• Staff who Perform Screening for Risk of Victimization	1
• Staff who Supervise Inmates in Segregated Housing	1
• Incident Review Team	1
• Designated Staff Member Charged with Monitoring Retaliation	1
• First Responders	2
• Intake Staff	2

The auditor also conducted interviews with the below leadership staff (not counted in table above):

- Mr. M.D. Carvajal (Agency Head/Director)
- Mr. E.K. Carlton (Warden)
- Ms. J. Roth (PREA Coordinator “PC”)
- Mr. M. Medina (PREA Compliance Manager “PCM”)

The on-site portion of the audit was conducted on April 13, 2021 through April 15, 2021. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interviews as well as documents to review. The auditor conducted a tour of the facility on April 13, 2021. This included housing units, intake (R&D), Health Services, Psychology Services, visitation, work, program and common areas (chapel, food service, education, commissary, laundry and recreation). During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings.

Interviews were conducted on April 13, 2021, April 14, 2021 and April 15, 2021. Day watch staff were interviewed on April 13, 2021. Evening watch staff were interviewed on April 14, 2021 while morning watch staff were interviewed on April 15, 2021. All interviews were conducted in a private setting. The auditor was provided an office to conduct inmate and staff interviews.

During the audit the auditor requested personnel and training files of staff, volunteers and contractors, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The facility has 238 staff assigned. The auditor reviewed a random sample of 23 personnel and training records that included five individuals hired within the previous twelve months. The sample included a variety of job functions and post assignments, including supervisors, line staff and non-custody staff. Most of the files that were reviewed were of those staff the auditor selected for interview. Additionally, personnel and training files for six volunteers, five contractors and six medical and mental health care staff were reviewed. Medical and mental health care staff, volunteer and contractor files were selected at random from the listings.

Inmate Files. A total of 43 inmate files were reviewed although some files were only reviewed for a specific area the auditor was reviewing. 39 inmate files were of those that arrived within the previous twelve months, three were disabled inmates, three were LEP inmates, one was a transgender inmate and fifteen were inmates who reported prior victimization during the risk screening or had a history of abusiveness during the risk screening. Most inmate files reviewed were of those selected for random and targeted interviews and as such files.

Medical and Mental Health Records. During the past year, there were five allegations of sexual abuse or sexual harassment. The auditor reviewed the medical and mental health records of the five inmate victims as well as mental health documents for five inmates who disclosed victimization during the risk screening and ten inmates identified by the risk screening of having prior sexual abusiveness.

Grievances. In the past year, the facility had zero grievances of sexual abuse. The auditor reviewed the grievance log for the previous twelve months as well as a sample of grievances to confirm that no sexual abuse grievances were filed.

Hotline Calls. The agency does not have a hotline for inmate reporting. Reporting is done verbally, in writing, through email, anonymously or through a third party.

Incident Reports. The auditor reviewed the incident report log for the previous twelve months. The incident report codes of 114 (sexual assault), 205 (sex offense), 206 (sexual harassment), 221 (unauthorized area with a person of the opposite sex) and 229 (sexual assault) are utilized for PREA related issues. The auditor reviewed a sample of five incident reports from the 205 and 206 code to confirm none were related to sexual abuse or sexual harassment.

Investigation Files. During the previous twelve months, there were five allegations reported at the facility. During the on-site portion of the audit all five of the allegations were closed. The auditor reviewed

the five closed investigations to ensure all components were included from the investigating authority. In the previous twelve months there were no allegations that involved a criminal investigation nor any referred for prosecution.

	Sexual Abuse		Sexual Harassment	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Substantiated	0	0	0	0
Unsubstantiated	1	0	2	0
Unfounded	0	2	0	0
Ongoing	0	0	0	0
Total Allegations	1	2	2	0

Post-Audit

After the completion of the on-site portion of the audit, the Management Analyst provided the auditor with a few additional audit documents via email. These documents included additional examples of unannounced rounds and the photos evidencing the relocation of the mirror in the holding cell in intake. The auditor spoke to the Management Analyst about the recommendations under standards 115.15, 115.42, 115.51 and 115.67. The auditor also spoke with the Management Analyst and facility staff about issues related to 115.33, 115.41, 115.53 and 115.63.

On July 1, 2021 the auditor received documentation related to 115.33. A memorandum dated April 30, 2021 from the Unit Manager indicated that comprehensive inmate training (national PREA video) will be provided through the education/recreation movie channel and inmates participation will be documented on the PREA A&O form. The facility provided a memorandum from the Warden dated June 28, 2021 indicating that all current FDC Miami inmates were provided PREA education via video or in-person during their initial admission and orientation session. A second memorandum from the Unit Manager stated that all Unit Team staff had been trained on the requirements under P5324.12 related to the Sexually Abusive Behavior Prevention and Intervention Program. The memo states that all staff have been trained that the comprehensive PREA education within 30 days applies to all inmates regardless of admission and/or classification status. A training roster was provided with the memo indicating that thirteen Unit Team staff received the training on the requirements and process. In addition to the memos and training, the facility provided the auditor with 41 examples of FDC inmates that arrived at the facility after the on-site portion of the audit. The examples were documented on the newly created FDC Miami form titled ‘PREA Unit Admission and Orientation Program Checklist for All Pre-Trial, Holdover and Designated Inmates’. All 41 were documented with receiving comprehensive PREA education within 30 days of arrival at the facility. Based on the memos, the staff training and the 41 comprehensive PREA education examples, this standard has been corrected during the corrective action period.

On July 1, 2021 the auditor received documentation related to 115.41. A memorandum dated April 30, 2021 from the Unit Manager indicated that all inmates will be reassessed for PREA within the 30 day timeframe and will be accomplished while male inmates are housed in quarantine/orientation unit and while female inmates are quarantined. A second memo from the Unit Manager indicated that all Unit

Team staff members were trained on the requirements under P5324.12 related to 30-day reassessments regardless of the inmate's classification. A training roster was provided with the memo indicating that thirteen Unit Team staff received the training on the requirements and process. In addition to the memos and training, the facility provided the auditor with 41 examples of FDC inmates that arrived at the facility after the on-site portion of the audit. The examples were documented on the newly created FDC Miami form titled 'PREA Unit Admission and Orientation Program Checklist for All Pre-Trial, Holdover and Designated Inmates'. All 41 inmates were documented with a reassessment within 30 days of arrival at the facility. Based on the memos, the staff training and the 41 reassessment examples, this standard has been corrected during the corrective action period.

On June 29, 2021 the auditor received documentation for 115.53. The facility provided a copy of the updated inmate handbook in both English and Spanish as well as the added victim advocacy section for the admission and orientation information (Sexually Abusive Behavior Prevention and Intervention Program) and the victim advocacy posters. The handbook and the Sexually Abusive Behavior Prevention and Intervention Program was updated to reflect the level of monitoring of communication with the victim advocacy services. The inmate handbook indicated on page 57 that if an inmate prefers to contact outside sexual abuse emotional support services, they may call Roxcy Bolton Rape Treatment Center (1611 NW 12th Avenue, Institute Annex, 1st Floor, Miami, FL 33136) at 305-585-7273 or the National Sexual Assault hotline at 800-656-4673. The handbook states that inmates should contact Unit Team to make a confidential call. In addition to the updated inmate handbook, the facility provided the auditor with confirmation that the updated victim advocacy information was added to TRULINCS and required all inmates to read and acknowledge the information prior to utilizing a kiosk or tablet. Based on the updated inmate handbook and the distributed information via TRULINCS, this standard has been corrected during the corrective action period.

On May 21, 2021 the auditor received a memorandum from the Warden for 115.63 indicating that all allegations that require a Warden to Warden notification will involve an immediate notification to the PCM (telephonic or email). The PCM will then ensure the Warden to Warden notification is drafted and signed by the Warden within 48 hours. It also states that the PCM will also contact the Warden where the alleged incident occurred telephonically. The memo was signed by the Warden, Associate Wardens, SIS, Captain, Chief Psychologist, Unit Managers and the Warden and AW Secretaries. In addition to the memo, a sample notification letter was provided to the auditor to show format for future notifications. On June 14, 2021 the auditor received two Warden to Warden notification examples. One allegation was reported to FDC Miami on May 17, 2021 and a letter was sent to the Warden at FCI Tallahassee on May 17, 2021. The second allegation was reported on May 17, 2021 and a letter was sent to the Cole County Jail on May 17, 2021. Based on the memo from the Warden, the staff signatures and the two examples this standard has been corrected during the corrective action period.

On June 14, 2021 the auditor received documentation from the facility related to the recommendation for 115.51. The facility provided education documents, a memorandum and TRULINCS confirmation that inmates were provided information to emphasize the outside reporting mechanism (OIG). The information was provided through a PREA video, posters, a PowerPoint presentation and a lesson plan. The information was provided via TRULINCS and also through program reviews with Unit Team.

Facility Characteristics

FDC Miami is a Federal Prison under the authority of the Federal Bureau of Prisons, located at 33 NE 4th Street in Miami, Florida. FDC Miami is an administrative security level detention center housing a majority of pre-trial inmates. The facility is located in Miami-Dade County in downtown Miami and is only a few blocks west of the Port of Miami. The FDC opened in 1991 and houses both male and female inmates. The total capacity for the facility is 1328. The average daily population over the previous twelve months was 1036. On the first day of the audit the population at the facility was 1117. The age range of the facility's population is 19-85 years of age. The facility houses all custody levels as it is an administrative facility. The average sentence length for inmates at the facility is between 265 and 326 days.

The facility employs 238 staff. Custody staff make up three shifts; day watch works from 6:00am-2:00pm, evening watch works from 2:00pm-10:00pm and morning watch works from 10:00pm-6:00am. Each shift has a Lieutenant, senior officers, correctional officers and senior officer specialists. At least one custody staff member is assigned to each housing unit along with a case manager and/or counselor. Additional staff are assigned to other areas to include recreation, intake, food service, visitation, education, etc. Additionally, medical and mental health care staff and administrative staff have their own varied scheduled work hours, ranging from 6:00am to 10:00pm. The facility employs fourteen contractors and has 25 volunteers that provide services to inmates.

The FDC comprises one building made up of thirteen floors. The facility is equipped with reflective mirrors and video monitoring to alleviate blind spots and assist with monitoring. PREA posters, including reporting information and advocacy information was observed throughout the facility. The below describes the basics of the facility.

Administration – There are two floors of administrative space. One floor is the facility entrance and includes the screening area and central control. The other floor contains administrative offices including Human Resources, the Business Office, Computer Services and the Warden's Office.

Commissary – The space has a waiting area, offices, a back storage room and a space that is store style with good. The inmate restroom has a solid door for privacy.

Education – Contains the library, law library and classrooms. The inmate restroom has a solid door for privacy.

Food Services – This area only includes a kitchen as all food is transported to housing units where inmates eat at tables inside the units. The kitchen is equipped with coolers, freezers, a baking area, a food preparation area, a butcher shop, a dish area, ovens, kettles, grills, dry storage and an office. The inmate restroom has a solid door for privacy.

Health Services – Includes medical and dental. Dental has chair and work stations. Medical includes a waiting area with benches, an emergency room, a laboratory, an x-ray room, optometry, a pharmacy and exam rooms. All exam room doors are solid with security windows that allow for confidentiality. The inmate restroom has a solid door for privacy. Medical also has two isolation cells and two direct observation cells. The isolation cells have two rooms, one with a bed and one with a toilet, sink and shower. The toilet and shower are not visible from the cell door. The direct observation rooms have a toilet, sink and shower and have a plexiglass door for suicide observation. Observation is conducted by staff and inmate observers of the same gender as the inmate on direct observation.

Intake (R&D) – Includes staff offices and holding cells. The strip search space is equipped with a solid door and curtains. The holding cells contain toilets with half walls. A shower is located in this area and has a curtain for privacy. A medical screening room is also in the area that has a solid door with a security window that affords confidentiality for the risk screening questions. Inmate records are located in this

area as well and are behind a solid locked door. Reflective mirrors in one of the holding cells were repositioned during the on-site portion of the audit to afford adequate privacy for inmates using the restroom.

Laundry – Has a storage hallway, washers, dryers and an area with a folding table. The inmate restroom has a solid door for privacy.

Psychology Services – Contains offices with solid doors with windows for adequate privacy.

Religious Services – Includes a chapel with chairs, offices and a religious library.

Visitation – Open area with tables and chairs, attorney rooms and vending machines. The strip search area is behind a door and contains half walls. The inmate restroom has saloon style doors for privacy.

All general population housing units at the facility have the same physical layout with the exception 13, which mirrors the SHU. The remainder of general population is two units per floor (an east side and a west side). Each floor has offices for Psychology Services and Unit Team as well as a medical room. All doors are solid to allow for privacy. Each unit is mezzanine style with three tiers. Each unit has a dayroom and dining area with tables, stools, phone, and a serving table. Units also are equipped with a fitness room, chapel and computer room. Cells are double bunked with lockers, a chair, a sink and a toilet. Cell doors are solid with a security window. Showers are single person with raised saloon style doors for privacy. Each housing unit also has an outdoor covered recreation area with a basketball hoop.

The SHU is broken into four quads, two quads per side of the floor. Cells are double bunked with a desk, stool, sink, toilet and shower. Showers are equipped with a curtain for privacy. Cell doors are solid with a small security window. The floor has an observation room, legal room, video visitation room, laundry area, holding cells and no-contact visitation rooms. The floor also contains numerous covered outdoor recreational enclosures strictly for SHU inmates.

Unit	Capacity	Style	Inmate Population
5-East	125	Double Occupancy	Vacant
5-West	125	Double Occupancy	General Population – Females
6-East	125	Double Occupancy	General Population – Designated
6-West	125	Double Occupancy	Vacant
7-East	125	Double Occupancy	Pre-Trial
7-West	125	Double Occupancy	Pre-Trial
8-East	125	Double Occupancy	Pre-Trial – Food Service Workers
8-West	125	Double Occupancy	Pre-Trial
9-East	125	Double Occupancy	Pre-Trial – Study Cases
9-West	125	Double Occupancy	Pre-Trial – Intake/Quarantine
10-East	125	Double Occupancy	Pre-Trial
10-West	125	Double Occupancy	Pre-Trial

11-East	125	Double Occupancy	Vacant
11-West	125	Double Occupancy	Quarantine
12-Northeast	38	Double Occupancy	Segregation
12-Northwest	38	Double Occupancy	Segregation
12-Southeast	21	Double Occupancy	Segregation
12-Southwest	24	Double Occupancy	Segregation
13-Northeast	38	Double Occupancy	Vacant
13-Northwest	38	Double Occupancy	Isolation
13-Southeast	21	Double Occupancy	Vacant
13-Southwest	24	Double Occupancy	Isolation

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: NA

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: NA

PREVENTION PLANNING

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

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12

3. P3420.11
4. P5270.09
5. MIM 5324.12A
6. Inmate Admission and Orientation Handbook
7. Sexually Abusive Behavior Prevention and Intervention Program
8. Memorandum of Understanding with National PREA Coordinator

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The agency has a comprehensive PREA Policy: P5324.12 as well numerous other policies and procedures that supplement the PREA Plan. These include P3420.11, P5270.09, MIM 5324.12A, the Inmate Admission and Orientation Handbook and the Sexually Abusive Behavior Prevention and Intervention Program. The agency has a zero-tolerance policy towards all forms of sexual abuse and sexual harassment which is outlined on page 2 of P5324.12 and on page 56 of the inmate handbook. The policies outline the strategies on preventing, detecting and responding to such conduct and include definitions of prohibited behavior. Agency policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates (P3420.11 and P5270.09, page 45), incident reviews and data collection. This policy is consistent with the PREA standards and outlines the agency's approach to sexual safety.

115.11 (b): The agency's organizational chart reflects that the PC position (referred to as the National PREA Coordinator) is an upper-level position and is agency-wide. The PC is a Psychologist under the Psychology Services Branch. The PC reports to the Assistant Director, Reentry Services Division. The PC provides guidance through six regional PREA Coordinators and 122 PREA Compliance Managers. The PC was interviewed and she reported that her position is full-time and that she has enough time to manage all of her PREA related responsibilities.

115.11 (c): The facility has designated an Associate Warden as the staff member responsible for ensuring PREA compliance. The PAQ indicated that the PCM has sufficient authority and time to coordinate the facility's PREA efforts. The facility's organizational chart confirms that the Associate Warden is responsible for PREA compliance and that he reports directly to the Warden. The interview with the PREA Compliance Manager indicated he has sufficient time to coordinate the facility's PREA compliance. He stated that he ensures staff and inmates are trained/educated, he makes sure that staff performed first responder duties after an allegation, he reviews investigations and he checks to make sure that information about Roxcy Bolton was provided to the inmate in order to ensure the facility complies with PREA standards.

Based on a review of the PAQ, P5324.12, P3420.11, P5270.09, MIM 5324.12A, the inmate handbook, the Sexually Abusive Behavior Prevention and Intervention Program, the MOU with the PC and information from interviews with the PC and PCM, this standard appears to be compliant.

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. Contracts for Confinement of Inmates

Interviews:

1. Interview with the Agency's Contract Administrator

Findings (By Provision):

115.12 (a): The agency currently has seven contracts with private contract facilities and 150 contracts with Residential Reentry Centers (RRC). A review of the three private contract facilities contracts confirmed that the following language was initially included or added to each: "The contractor shall comply with the Prison Rape Elimination Act of 2003 and the National Standards to Prevent, Detect, and Respond to Prison Rape as contained in 28CFR Part 115". Additionally, a review of three RRC contracts confirmed the following language was present: "Prison Rape Elimination Act of 2003 (PREA), seeks to eliminate sexual assault and sexual misconduct of offenders in correctional facilities to include all community-based facilities. Administration must maintain a zero-tolerance for sexual abuse, specifically policy that addresses PREA compliance will be maintained by contractor. Facility must be in full compliance with PREA standards that apply to Community Confinement Facilities". The interview with the Agency

Contract Administrator confirmed that all new and renewed contracts require PREA compliance. The interview indicated that the contractor's policies and procedures are reviewed by the BOP and that the contractor is required to notify the BOP of any PREA allegations and forward a copy of the allegation, the investigation and the findings to the oversight staff. Additionally, at least once a year the BOP's Quality Assurance Program conducts a review of each of the contractor's PREA allegations to determine compliance.

115.12 (b): The agency currently has seven contracts with private contract facilities and 150 contracts with Residential Reentry Centers (RRC). A review of the three private contract facilities contracts confirmed that the following language was initially included or added to each: "The contractor shall comply with the Prison Rape Elimination Act of 2003 and the National Standards to Prevent, Detect, and Respond to Prison Rape as contained in 28CFR Part 115". Additionally, a review of three RRC contracts confirmed the following language was present: "Prison Rape Elimination Act of 2003 (PREA), seeks to eliminate sexual assault and sexual misconduct of offenders in correctional facilities to include all community-based facilities. Administration must maintain a zero-tolerance for sexual abuse, specifically policy that addresses PREA compliance will be maintained by contractor. Facility must be in full compliance with PREA standards that apply to Community Confinement Facilities". The interview with the Agency Contract Administrator confirmed that all new and renewed contracts require PREA compliance. The interview indicated that the contractor's policies and procedures are reviewed by the BOP and that the contractor is required to notify the BOP of any PREA allegations and forward a copy of the allegation, the investigation and the findings to the oversight staff. Additionally, at least once a year the BOP's Quality Assurance Program conducts a review of each of the contractor's PREA allegations to determine compliance.

Based on the review of the PAQ, the language within the six sample agency contracts and information from the interview with the Agency Contract Administrator, this standard appears to be compliant.

Standard 115.13: Supervision and monitoring

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
- 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*)

Documents:

1. Pre-Audit Questionnaire
2. P3000.03
3. P5324.12
4. Staffing Plan
5. Annual Staffing Plan Reviews
6. Documentation of Unannounced Rounds

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials

Findings (By Provision):

115.13 (a): P3000.03 addresses the agency's staffing plan development. Specifically, on pages 9-10 the policy indicates that the Workforce Utilization Committee will formulate a staffing plan based on the number of allocated positions, historical turnover and anticipated vacancies. Additionally, the policy indicates that the committee will review departmental rosters, review findings of program, operational and other management reviews and recommend actions designed to increase effective use of resources. The policy also indicates on page 11 that the vacancy rate will not exceed ten percent during any eighteen-month period. The staffing plan takes into consideration generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant,

the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the current staffing is based off of 1082 inmates. The facility employs 238 staff. Custody staff make up three shifts; day watch works from 6:00am-2:00pm, evening watch works from 2:00pm-10:00pm and morning watch works from 10:00pm-6:00am. Each shift has a Lieutenant, senior officers, correctional officers and senior officer specialists. At least one custody staff member is assigned to each housing unit along with a case manager and/or counselor. Additional staff are assigned to other areas to include recreation, intake, food service, visitation, education, etc. Additionally, medical and mental health care staff and administrative staff have their own varied scheduled work hours, ranging from 6:00am to 10:00pm. During the tour the auditor observed that there were at least two staff members in each housing unit as well as adequate staff throughout other locations within the facility. There were also numerous cameras and reflective mirrors strategically placed throughout the facility to assist with monitoring. Interviews with the Warden and the PCM confirmed that the facility has a staffing plan that provides adequate staffing levels and that they comply with the plan on a regular basis. They both indicated the required components are considered when reviewing the staffing plan. The Warden stated video monitoring technology is part of the staffing plan. He indicated that they would consult with others to consider any of their issues in the staffing plan and that they look at areas with a high concentration of inmates to ensure the levels are adequate. The Warden stated that the current staff to inmate ratio is approximately one to four and that there is a supervisor assigned to each shift. He indicated that most programs occur on day shift and as such staffing levels are higher during the day. The Warden stated he monitors the staffing plan weekly with Human Resources and quarterly via the Budget and Salary Meeting. He also stated Executive Staff monitor compliance through IDO rounds during all shifts.

115.13 (b): The facility indicated in the PAQ that there are never deviations from the staffing plan. The interview with the Warden confirmed that the facility never deviates from the staffing plan as all custody posts are always filled.

115.13 (c): The PAQ indicated that at least once a year the facility in collaboration with the PC, reviews the staffing plan to see where adjustments are needed. The staffing plan was most recently reviewed on March 17, 2021. The staffing plan is reviewed quarterly by the Salary/Workforce Utilization Committee. The Committee comprises the Warden, the Associate Warden of Operations, the Associate Warden of Programs (who serves as the PCM), a Captain, the Business Administrator, the Human Resource Manager, the Budget Analyst and the Executive Assistant. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. A review of additional reviews indicated the 2020 review was completed on March 31, 2020. The PC confirmed in the interview that she is consulted annually with regard to a review of the staffing plans for institutions. She did indicate that the Human Resource Management Division and the Administration Division allocates overall staffing resources.

115.13 (d): P5324.12, page 16, indicates that the Institution Duty Officer (IDO) is required to make weekly unannounced rounds on all shifts to identify and deter sexual abuse and sexual harassment. These rounds are required to be documented and forwarded to the PCM for retention. A review of the ten PAQ supplemental documentation IDO rounds indicated that announced rounds are being conducted weekly by the IDO in all locations at the facility. Additionally, P5324.12 prohibits staff from alerting other staff members that the supervisory rounds are occurring, unless such announcement is related to legitimate operational functions of the facility. An additional review of Operations Lieutenant rounds for three days indicated that unannounced rounds were conducted in all housing units on all three shifts. The interviews with the intermediate-level or higher-level staff confirm that they make unannounced rounds and that the

rounds are documented in TRUSCOPE. All three staff indicated that they vary their times and locations. Staff stated that they will jump around and go to different floors and randomly pop in.

Based on a review of the PAQ, P3000.03, P5324.12, the staffing plan, annual staffing plan reviews, documentation of unannounced rounds, observations made during the tour and interviews with the PC, PCM, Warden and intermediate-level or higher-level staff, this standard appears to be compliant.

Standard 115.14: Youthful inmates

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*)

Documents:

1. Pre-Audit Questionnaire

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations in Housing Units Related to Age of Inmates

Findings (By Provision):

115.14 (a): The PAQ indicated that no youthful inmates are housed at FDC Miami. A review of the daily population report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

115.14 (b): The PAQ indicated that no youthful inmates are housed at FDC Miami. A review of the daily population report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

115.14 (c): The PAQ indicated that no youthful inmates are housed at FDC Miami. A review of the daily population report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

Based on a review of the PAQ, daily population reports, observations made during the tour and information from the interviews with the Warden and PCM, this standard appears to be not applicable and as such, compliant.

Standard 115.15: Limits to cross-gender viewing and searches**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*)

Documents:

1. Pre-Audit Questionnaire
2. P5521.06
3. P5324.12
4. Memorandums Related to Searches
5. Sexually Abusive Behavior Prevention and Intervention Program Annual Training Curriculum
6. Staff Training Records

Documents Received During the Interim Report Period:

1. Photos of the Holding Cell in R&D

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with Transgender/Intersex Inmates

Site Review Observations:

1. Observations of Privacy Barriers

Findings (By Provision):

115.15 (a): P5521.06, page 4 and 5, discuss visual searches and body cavity searches. Page 4 indicates that visual searches are to be conducted by staff of the same sex as the inmate, except where circumstances are such that a delay would mean the loss of contraband. In such a case, this exception would be documented in the inmate's central file. Page 5 indicates that body cavity searches are only conducted by qualified health personnel upon the approval of the Warden or Acting Warden and such searches are documented in the inmate's central file. The PAQ indicated that no searches of this kind were conducted at the facility over the past twelve months.

115.15 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Additionally, the PAQ indicated that the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with the provision. P5521.06, page 3, states that cross-gender pat-down searches of female inmates are not permitted, absent exigent circumstances. As a result, male staff are not permitted to pat-search female inmates, unless exigent circumstances exist. Interviews with six female inmates and one transgender inmate indicated that all six had never been restricted access from programs or privileges due to not having a female to conduct a pat-search. One inmate stated that she did have to wait a long time for a pat search once, but that she was not restricted. The PAQ indicated that there were zero pat-searches of female inmates by male staff in the previous twelve months. A review of a sample of search logs indicated that all searches reviewed were conducted by female staff.

115.15 (c): P5521.06, page 4 and 5, discuss visual searches and body cavity searches. Page 4 indicates that visual searches are to be conducted by staff of the same sex as the inmate, except where circumstances are such that a delay would mean the loss of contraband. In such a case, this exception would be documented on the inmate's central file. Page 5 indicates that body cavity searches are only conducted by qualified health personnel upon the approval of the Warden or Acting Warden and such searches are documented in the inmate's central file. The PAQ indicated that no cross-gender searches have been conducted in the previous twelve months. A review of a sample of search logs indicated that all searches reviewed were conducted by female staff.

115.15 (d): P5324.12, page 17 states that the facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttock, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, it states that such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. Page 18 states the four ways inmates are notified of the presence of opposite gender staff, including through a posted notice on the bulletin board, through an announcement at the beginning of primary shifts, notices of the hours of work for male and female staff with offices in the housing units and by notifying inmates during intake of the requirement to remain clothed and the presence of opposite gender staff generally. The PAQ indicated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Interviews with thirteen random staff indicated that all thirteen stated that inmates have privacy when showering, using the restroom and changing clothes. Additionally, all thirteen stated that opposite gender staff announce their presence when entering an inmate housing unit. 39 of the 40 inmates indicated they had never been naked in front of a staff member of the opposite gender and 20 of the 45 stated that staff of the opposite gender announce when they enter inmate housing units. The one inmate who stated that she was naked stated that the facility no longer allows inmates to cover the security window and she was changing in her room. During the tour, the auditor heard the opposite gender announcement being made upon entry into the housing units. The auditor observed that all housing units provide privacy through shower curtains, saloon style doors, solid door and doors with security windows. It should be noted that during the tour the auditor observed a reflective mirror in a holding cell in R&D that did not provide privacy for inmates using the toilet. As such the auditor advised staff that the mirror would need to be repositioned. The facility took immediate action and repositioned the mirror immediately to alleviate the cross gender viewing issue. Photos of the mirrors new location were also forwarded to the auditor after the on-site portion of the audit to evidence the corrective action.

115.15 (e): P5324.12, page 19 states that the facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversation with the inmate, by reviewing medical records, or, if necessary, by learning information as part of a broader medical examination conducted in private by a medical practitioner. The PAQ indicated that there had been no searches of this nature within the past twelve months. Interviews with thirteen random staff indicated that four were aware of an agency policy that prohibits strip searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. Most of the thirteen stated they were not sure about a policy but they wouldn't conduct a search like that. The one transgender inmate stated that she felt she was searched initially when she came into the facility for that reason.

115.15 (f): The Sexually Abusive Behavior Prevention and Intervention Program Annual Training Curriculum indicated that staff are trained on conducting cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner on the first day of the annual

training. A review of the training curriculum confirms that the training covers cross gender pat-searches and searches of transgender and intersex inmates. The PAQ indicated that 100% of staff had received this training. Interviews with thirteen random staff indicated that twelve of the thirteen had received training on how to conduct a cross-gender search and a search of a transgender or intersex inmate. A review of eighteen staff training records indicated that all eighteen had received the search training during annual refresher training (ART), which includes a video on searches.

Based on a review of the PAQ, P5521.06, the Sexually Abusive Behavior Prevention and Intervention Program Curriculum, a random sample of staff training records, the photos of the repositioned mirror, observations made during the tour to include curtains, saloon doors, solid doors and doors with security windows and the opposite gender announcement as well as information from interviews with random staff, random inmates and transgender inmates indicate this standard appears to be compliant.

Recommendation:

While the facility complies with this standard based on the facility tour, interviews with staff and inmates and a review of documentation, the auditor recommends that the facility provide additional training related to the cross gender announcement and agency specifics for transgender and intersex inmates. This would include the requirement for the cross gender announcement to be made anytime the status quo changes and that there is a policy prohibiting transgender inmates to be searched for the sole purpose of determining their genital status.

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. LanguageLine Solutions Contract
4. PREA Posters
5. Inmate Admission and Orientation Handbook

Interviews:

1. Interview with the Agency Head
2. Interview with Inmates with Disabilities
3. Interview with LEP Inmates
4. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posters in English and Spanish

Findings (By Provision):

115.16 (a): P5324.12, page 19 establishes guidelines to providing disabled inmates an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. It states that the PCM is responsible for reaching out to local disabilities assistance offices to ensure the facility is providing effective communication accommodations when needed. A review of PREA posters, the inmate handbook and inmate distributed information confirmed that information is provided in large font and bright colors. The interview with the Agency Head indicated that inmates receive PREA information in a format that they can understand. Interviews with the three disabled inmates and five LEP inmates indicated that all eight had received information in a format that they could understand. During the tour, the PREA signage was observed to be in large text and in bright colors.

115.16 (b): P5324.12, page 20 establishes the procedure to ensure meaningful access to all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient (LEP). It states that the PCM is responsible for reaching out to available interpretation services to ensure the facility is providing effective communication accommodations. The facility has numerous staff that are bilingual and assist in translation when needed. The agency has a contract (#GS-10F-0460N) with LanguageLine Solutions to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. A review of PREA posters, the inmate handbook and inmate distributed information confirmed that information is available in both English and Spanish. The interview with the Agency Head indicated that inmates receive PREA information in a format that they can understand. Interviews with the three disabled inmates and five LEP inmates indicated that all eight had received information in a format that they could understand. During the on-site portion of the audit the auditor utilized a staff member to translate during the LEP inmate interviews. During the tour, it was observed that PREA signage was posted throughout the facility in English and Spanish.

115.16 (c): P5324.12, page 20 prohibits the use of inmate interpreters, readers or any other type of inmate assistants for allegations of sexual abuse and sexual harassment, except in limited circumstances

where an extended delay could compromise the inmate's safety. The PAQ indicated that there were no instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with thirteen staff indicated that eleven were aware of a policy that prohibits utilizing inmate interpreters, translators and assistants. Interviews with three disabled and five LEP inmates indicated that none had another inmate utilized as a translator, interpreter or reader.

Based on a review of the PAQ, P5324.12, the LanguageLine Solutions contract, PREA posters, the inmate handbook, observations made during the tour to include the PREA signage as well as interviews with the Agency Head, random staff, inmates with disabilities and LEP inmates indicates that this standard appears to be compliant.

Standard 115.17: Hiring and promotion decisions

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*)

Documents:

1. Pre-Audit Questionnaire
2. P3000.03
3. Standard Form 85P – Questionnaire for Public Trust Positions
4. BOP Recruiting Flyer
5. National Background Investigations Bureau (NBIB)
6. General Employment Considerations for Staff
7. Memorandum for Human Resource Manager
8. Mass Initiation of Staff Re-Investigations Email
9. Eligibility Questions
10. Personnel Files of Staff
11. Contractor Background Files
12. Volunteer Background Files

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): P3000.03, page 28, indicates that a statement indicating eligible external applicants must meet all application criteria and conditions of employment. The PAQ indicated that the agency will not hire or promote anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. A review of the eligibility questions on the USAJobs Application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files for five staff who were hired in the previous twelve months indicated that all five had completed an application and as such were required to answer the eligibility questions. Additionally, all staff had a background completed which included their criminal history, credit history and other record inquiries. All contractors also have a completed background check and as such the five contractors reviewed all had a background check completed prior to enlisting their services.

115.17 (b): The General Employment Considerations for Staff indicates on page 2 that the applicant's character or past conduct might impose a statutory bar to employment or impede employment by adversely impacting on the Bureau's efficiency by jeopardizing the ability to accomplish its mission successfully. The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an inmate. Human Resource staff indicated that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.17 (c): Standard Form 85P and the BOP Recruitment Flyer, indicates that employment is subject to satisfactory completion of a background investigation, which also includes law enforcement and criminal records checks, credit checks, inquiries with previous employers and personal references. The PAQ indicated that 100% of those hired in the past twelve months that may have contact with inmates had received a criminal background check and prior institutional employers were contacted. A review of five personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background check completed and all prior institutional employers contacted. Additionally, all staff are fingerprinted and any future arrest is automatically reported to the agency through the National Background Investigations Bureau. Human Resource staff indicated that a background investigation is completed for all applicants and contractors.

115.17 (d): P3000.03, pages 42 and 44, indicates that the agency performs criminal background checks before enlisting the services of any contractor who may have contact with inmates via a check of the National Crime Information Center (NCIC). The PAQ indicated that there have been ten contracts at the facility within the past twelve months. A review of five contractor personnel files indicated that a criminal background check had been conducted for all five. Human Resource staff indicated that a background investigation is completed for all applicants and contractors.

115.17 (e): The PAQ indicated that the agency requires either criminal background checks to be conducted at least every five years for current employees and contractors or have a system in place for otherwise capturing such information for current employees. The agency utilizes the National Background Investigations Bureau. All employees are fingerprinted and all subsequent FBI criminal arrest information is forwarded through NBIB back to the agency. Additionally, Security and Background Investigation Section (SBIS) tracks the timeline of background investigations for the Bureau. Mass emails are sent to each staff member as well as the Human Resource staff at the facility that the staff works to initiate the re-investigation process for the five-year background check. Staff are required to take the appropriate steps to complete the process by a due date to ensure the background is completed on time. The interview with Human Resource staff confirmed that an NCIC check is completed initially as well as a pre-employment questionnaire. She stated that a full criminal background check is then completed through SBIS. The staff member stated that criminal background checks are conducted every five years through SBIS and that they send a list to the facility of all the staff due for their five year criminal background check.

115.17 (f): The PAQ indicates that the agency will ask all applicants and employees who have contact with inmates directly about whether they have: engaged in sexual abuse in prison, jail, lockup or any other institution, been convicted of engaging or attempting to engage in sexual activity in the community or been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion through a written application, during any interviews or through any written self-evaluations as part of a review of current employees. A review of the eligibility questions on the USAJobs Application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files for five staff who were hired in the previous twelve months indicated that all had completed an application and as such were required to answer the eligibility questions. Additionally, all staff had a background completed which included their criminal history, credit history and other record inquiries. The interview with Human Resource staff confirmed that these questions are asked to each applicant and that the agency imposes a continuing affirmative duty to disclose such misconduct to all employees.

115.17 (g): The PAQ indicates that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. The Questionnaire for Public Trust Positions indicates that falsifying or concealing facts is a felony which can result in fines and up to five years in prison.

115.17 (h): The Memorandum for Human Resource Managers documented that the agency provides information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee to institutional employers for whom the employee has applied to work. Specifically, the memo indicates that all requests should be forwarded to the Office of Internal Affairs and that this office will respond to all requests. Human resource staff indicated that this information would be provided when requested through the Office of Internal Affairs (OIA).

Based on a review of the PAQ, P3000.03, Standard Form 85P, BOP Recruiting Flyer, National Background Investigations Bureau (NBIB), General Employment Considerations for Staff, Memorandum for Human Resource Manager, Mass Initiation of Staff Re-Investigations Email, the Eligibility Questions, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.

Standard 115.18: Upgrades to facilities and technologies

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*)

Documents:

1. Pre-Audit Questionnaire

Interviews:

1. Interview with the Agency Head
2. Interview with the Warden

Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The facility has not designed, acquired or planned any expansion or modification of the existing facility; however the agency has had modifications across other facilities. The PAQ as well as the interview with the Warden confirmed there have not been any modifications to the facility since the last PREA audit. The interview with the Agency Head confirmed that new facility designs, modifications and technology upgrades would be reviewed to see how these modification or upgrades may enhance the ability to protection inmates against sexual abuse. During the tour, the auditor did not observe any renovations, modifications or expansions.

115.18 (b): The facility has not installed or updated video monitoring technology, electronic surveillance system or other monitoring technology within the audit period; however the agency as a whole has updated video monitoring technology. The PAQ as well as the interview with the Warden confirmed there have not been any upgrades or installation of video monitoring technology since the last PREA audit. The interview with the Agency Head confirmed that new facility designs, modifications and technology upgrades would be reviewed to see how these modification or upgrades may enhance the ability to protection inmates against sexual abuse. The Warden stated that when they update or install video monitoring technology they consider how such technology will protect inmates from sexual abuse. He stated that they try to utilize video monitoring to cover all blind spots and they place cameras in areas with high inmate and staff traffic. During the tour, the auditor observed video monitoring technology throughout the facility.

Based on a review of the PAQ, observations made during the tour and information from interviews with the Agency Head and Warden indicates that this standard appears to be compliant.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act Investigation Policy Memorandum
3. P6031.04
4. MIM 5324.12A
5. Memorandum of Understanding with Roxcy Bolton Rape Treatment Center
6. Memorandum of Understanding with the Federal Bureau of Investigation (FBI)
7. Qualified Staff Advocacy Training Documents
8. Letter from FBI on PREA Compliance

Interviews:

1. Interview with Random Staff
2. Interview with the PREA Compliance Manager
3. Interview with SAFE/SANE
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): The Prison Rape Elimination Act Investigation Policy Memorandum, pages 10-13, section 234.13 outline the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The policy outlines evidence preservation, medical examinations, forensic crime scene investigation with biological evidence, handling biological evidence and detecting and testing forensic evidence. The PAQ indicated that the agency is

responsible for conducting administrative investigations while the FBI is responsible for conducting criminal investigations. Interviews with thirteen random staff indicated all thirteen were aware of and understood the protocol for obtaining usable physical evidence. Additionally, twelve of the thirteen staff indicated that SIS would be responsible for conducting the sexual abuse investigation.

115.21 (b): The Prison Rape Elimination Act Investigation Policy Memorandum, page 11, as well as the PAQ indicates that medical forensic examinations are conducted in accordance with standards set forth in “A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents, DOJ Office of Violence Against Women, second edition, April 2013”.

115.21 (c): The Prison Rape Elimination Act Investigation Policy Memorandum, page 10, section 234.13, indicates that all inmate victims of sexual abuse are offered a forensic medical examination, whether on-site or at an outside facility, without financial cost. P6031.04, page 4, specifically states that only in institutions where extreme security concerns exist may an in-house physician be used. MIM 5324.12A, page 4 states that at FDC Miami, inmates requiring external examination and evidence collection will be sent to Jackson Memorial Hospital. FDC Miami’s Health Services staff will notify the community medical providers and alert them of the inmate’s condition. The PAQ indicated that during the previous twelve months there have not been any forensic examinations conducted. A review of investigations confirmed that none involved a forensic examination. The interview with the staff member from Jackson Memorial Hospital indicated that forensic examinations are provided by SAFE/SANE at the hospital.

115.21 (d): The PAQ indicated that the agency attempts to make available to the victim a victim advocate from a rape crisis center and if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member. MIM 5324.12A, page 4 states inmate at FDC Miami who require outside medical evaluation will have the opportunity to have a Psychologist or Chaplain from the institution accompany him for support during the medical evaluation. If FDC Miami has an active Gratuitous Service Agreement with the local rape crisis center (i.e. Roxcy Bolton Rape Treatment Center) the inmate may request to be accompanied by approved staff from the rape crisis center in accordance with the Gratuitous Service Agreement. An MOU with Roxcy Bolton Rape Treatment Center confirms that advocates are provided during forensic medical examinations. Specifically the MOU states that the facility will contact the appropriate Roxcy Bolton Rape Treatment Center regional rape crisis center to request that rape crisis personnel accompany and support the offender victim through the forensic medical examination process and investigatory interviews. Additionally, the facility has nine qualified staff members to serve as advocates if necessary. The interview with the PCM indicated that the facility has an MOU with Roxcy Bolton and that they contact them and they respond to the hospital. The interviews with the inmates who reported sexual abuse indicated that none involved a forensic medical examination and as such none were provided an advocate.

115.21 (e): The PAQ indicated that 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. MIM 5324.12A, page 4 states inmate at FDC Miami who require outside medical evaluation will have the opportunity to have a Psychologist or Chaplain from the institution accompany him for support during the medical evaluation. If FDC Miami has an active Gratuitous Service Agreement with the local rape crisis center (i.e. Roxcy Bolton Rape Treatment Center) the inmate may request to be accompanied by approved staff from the rape crisis center in accordance with the Gratuitous Service Agreement. An MOU with Roxcy Bolton Rape Treatment Center confirms that advocates are provided during forensic medical examinations. Specifically the MOU states that the facility will contact the appropriate Roxcy Bolton Rape Treatment Center regional rape crisis center to request that rape crisis personnel accompany and support the offender victim through the forensic medical examination process and investigatory interviews. Additionally, the facility has nine qualified staff members to serve as advocates if necessary. The

interview with the PCM indicated that the facility has an MOU with Roxcy Bolton and that they contact them and they respond to the hospital. Roxcy Bolton is the local rape crisis center for Miami-Dade County. The interviews with the inmates who reported sexual abuse indicated that none involved a forensic medical examination and as such none were provided an advocate.

115.21 (f): The agency is responsible for conducting administrative investigations while the FBI is responsible for conducting criminal investigations. A review of the MOU between the BOP and the FBI as well as the letter from the FBI to the BOP dated March 2, 2014 indicate that the FBI complies with all investigatory requirements under PREA standards 115.21, 115.34 and 115.71. Additionally, the FBI follows a uniform evidence protocol and utilizes the FBI Domestic Investigations and Operations Guide for training.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): The auditor is not required to audit this provision.

Based on a review of the PAQ, The PREA Investigation Policy Memo, P6031.04, the MOU with Roxcy Bolton, the MOU with the FBI, the letter from the FBI, the qualified staff member documents and information from interviews with the PREA Compliance Manager, SANE/SAFE hospital staff, and inmates who reported sexual abuse indicate that this standard appears to be compliant.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. P5508.02
4. Attorney General (AG) Memo – Duty to Report Misconduct and Cooperate with Investigations
5. Attorney General Order Number 2835-2006
6. Memorandum of Understanding with the Federal Bureau of Investigation
7. Investigative Reports

Interviews:

1. Interview with the Agency Head
2. Interview with Investigative Staff

Findings (By Provision):

115.22 (a): P5324.12, page 43, outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as P5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. Allegations are reported to the Operations Lieutenant and immediately forwarded to the facility investigator for investigation. The PAQ indicated that there were three allegations reported within the previous twelve months, all which resulted in an administrative investigation. A review of documentation indicated there were five allegations reported in the previous twelve months and all five were closed. The interview with the Agency Head indicated that all allegations are investigated. Specifically, the OIG investigates potential criminal cases involving staff-on-inmate sexual abuse; the OIA investigates administrative cases of staff-on-inmate sexual abuse or sexual harassment and the Special Investigative Services (SIS) Lieutenant at the facility investigates all other cases.

115.22 (b): P5324.12, page 43, outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as P5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. A review of the BOP website indicated that P5508.02 which describes the FBI's authority to conduct criminal investigations is available at <https://www.bop.gov/PublicInfo/execute/policysearch?todo=query>. The interview with the investigator confirmed that all allegations are referred to an investigator with the authority to conduct criminal investigations.

115.22 (c): P5324.12, page 43, outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as P5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. A review of the BOP website indicated that P5508.02 which describes the FBI's authority to conduct criminal investigations is available at <https://www.bop.gov/PublicInfo/execute/policysearch?todo=query>.

115.22 (d): The auditor is not required to audit this provision.

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, P5324.12, P5508.02, the AG Memo, AG Order 2835-2006, the MOU with the FBI, investigative reports, the agency's website and information obtained via interviews with the Agency Head and the investigator indicate that this standard appears to be compliant.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Sexually Abusive Behavior Prevention and Intervention Program Curriculum
4. Sample of Staff Training Records (Acknowledgement Form)

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.31 (a): P5324.12, pages 24-25 indicate that all staff will receive the Sexually Abusive Behavior Prevention and Intervention Program training during institutional familiarization and yearly thereafter as part of the annual refresher training. A review of the Sexually Abusive Behavior Prevention and Intervention Program curriculum outline and PowerPoint slides confirmed that the training includes information on: the agency's zero-tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. A review of eighteen staff training records indicated that 100% of those reviewed received PREA training. Interviews with thirteen random staff confirmed that all thirteen had received PREA training. Staff stated they receive training annually and that the training covers what to do if an inmate reports they have been sexually abused, what PREA means, how to report allegations and first responder duties. All thirteen staff confirmed all required topics were covered in the training.

115.31 (b): P5324.12, page 25, indicates that the annual refresher training takes into consideration the gender of the inmate population at each facility. The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. Additionally, staff receive training when assigned to a female facility for handling female offenders. A review of eighteen staff training records indicated that sixteen staff had the supplemental female offender training. Two of the staff were new hires and received information during institutional familiarization.

115.31 (c): The PAQ indicated that 238 or 100% of the staff have been trained in PREA requirements and that they receive PREA training annually. P5324.12 indicates that new employees receive the Sexually Abusive Behavior Prevention and Intervention Program training and that current employees receive the training as part of their annual training. A review of documentation confirmed that all eighteen staff had received PREA training. Thirteen had PREA training the previous two years, while two were new hires and three transferred from a different facility within the last year and only had one year of PREA training at the facility.

115.31 (d): The PAQ as well as P5324.12, page 26, indicates that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. A review of the training records indicate that all staff sign a training acknowledgement that states “I have received and understand the training conducted regarding the agency’s sexual abuse and sexual harassment policies and procedures”. A review of a sample of eighteen staff training records indicated that all eighteen signed the acknowledgment form.

Based on a review of the PAQ, P5324.12, the Sexually Abusive Behavior Prevention and Intervention Program training curriculum, a review of a sample of staff training records as well as interviews with random staff indicate that this standard appears to be met.

Standard 115.32: Volunteer and contractor training

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*)

Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act (PREA) Training for Level I Volunteers
3. Level I Volunteer Application/Training Form
4. Sample of Contractor Training Records
5. Sample of Volunteer Training Records

Interviews:

1. Interview with Volunteers or Contractors who have Contact with Inmates

Findings (By Provision):

115.32 (a): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors receive the PREA Training for Level I Volunteers. The PAQ indicated that 41 volunteers and contractors had received PREA training, which is equivalent to over 100%. Further communication with the PCM indicated that there were 25 volunteers prior to COVID-19 and that the numbers continue to change with COVID (currently no active volunteers were authorized at the facility). A review of a sample of training documents for five contractors and six volunteers indicated that all eleven had received PREA training. Additionally, the interviews with the two contract staff confirmed that they had received training on the agency's sexual abuse and sexual harassment policies. One contractor indicated information was provided via computer based training and a training paper and the other indicated it was provided via a video and a training paper.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that they have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Volunteers and contractors are required to receive the PREA Training for Level I Volunteers. They may be required to complete the staff PREA training, Sexually Abusive Behavior Prevention and Intervention Program, if their level of contact warrants. A review of a sample of training documents for five contractors and six volunteers indicated that all eleven had received PREA training. Additionally, the interviews with the two contract staff confirmed that they had received training on the agency's sexual abuse and sexual harassment policies. Both stated they had been informed of the zero-tolerance policy and how to report incidents of sexual abuse.

115.32 (c): The PAQ and a review of eleven training documents for contractors and volunteers indicated that 100% of those reviewed had signed the Level I Volunteer Application/Training form. The bottom of this form has a section that reads "I am aware and understand the Federal Bureau of Prisons zero-tolerance policy on sexual abuse and sexual harassment. I have been instructed and understand how to report incidents of sexual abuse and sexual harassment".

Based on a review of the PAQ, the PREA Training for Level I Volunteers, a review of a sample of contractor and volunteer training records as well as the interviews with contractors indicate that this standard appears to be compliant.

Standard 115.33: Inmate education

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. P5290.14
4. Bureau's Admission and Orientation (A&O) Pamphlet on Sexually Abusive Behavior Prevention and Intervention
5. Sexually Abusive Behavior Prevention and Intervention Program
6. Inmate Admission and Orientation Handbook
7. Inmate Training Records

Interviews:

1. Interview with Intake Staff
2. Interview with Random Inmates

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Signs in English and Spanish

Findings (By Provision):

115.33 (a): P5324.12, pages 26-27, outlines the requirement for inmates to receive PREA education. Page 26 specifically states that inmates receive information on the agency's zero-tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment via the A&O pamphlet on Sexually Abusive Behavior Prevention and Intervention Program. The PAQ indicated that 1775 inmates received information on the zero-tolerance policy and how to report at intake. This is equivalent to 100% of inmates who received this information at intake. A review of the pamphlet and inmate handbook confirmed that it includes information on the zero-tolerance policy and the reporting methods. A review of 39 inmate files of those received in the previous twelve months indicated that all 39 received PREA information at intake. An additional review of five inmate files of those received prior to the twelve month period indicated that all five had received PREA information at intake. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates are provided the inmate handbook and are also asked the risk screening questions during this time. The interviews with intake staff indicated that they inform inmates that if anything happens to them to immediately let an officer know. They stated they provide inmates the inmate handbook which includes information on the sexual abuse and sexual harassment policies. The staff members stated that all inmates that enter the facility get this information in R&D the first day they arrive.

115.33 (b): P5324.12, pages 26-27, outlines the requirement for inmates to receive PREA education. Page 27 specifically discusses the comprehensive education that is provided to the inmates. The policy indicates that during the A&O Program, a designated staff member will present the Sexually Abusive Behavior Prevention and Intervention Program. A review of the six-page training document (available in English and Spanish) indicated that inmates are educated on definitions, the zero-tolerance policy, ways to prevent sexual abuse, how to report, information on the investigative process, counseling programs for victims and management programs for abusers. The PAQ indicated that 1350 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to 100%. A review of 39 inmate files of those that arrived in the previous twelve months indicated that 29 were documented with comprehensive PREA education. Of these, 22 were just completed a few days prior to the on-site portion of the audit. During the documentation review the auditor determined that that pre-trial inmates were not receiving the comprehensive PREA education. Staff indicated that upon realization that this was not being conducted they completed comprehensive PREA education with all the FDC inmates. Upon further review (mainly determined through inmate interviews initially) it was determined that while the facility went back through and provided inmates information as required under the comprehensive PREA education, the information was provided via paperwork and was not completed through the required format (either in person or via video). The interviews with intake staff indicated that inmates are provided information on the zero-tolerance policy, how to report sexual abuse and/or sexual harassment and their rights under PREA verbally and through the inmate handbook during intake and through A&O via a 30 minute presentation by Psychology Services. The staff member stated A&O is completed within 28 days of the inmate's arrival. Interviews with 40 inmates indicated that 29 were provided information on their right to be free from sexual abuse, how to report sexual abuse and their right to be free from retaliation. Most inmates indicated they had recently received this information through paperwork that was given to them and/or through the PREA signs that are posted in the units. Additionally, the auditor determined that based on the inmate interviews, the current education method is not effective. The majority of the inmates were unaware of the different reporting methods and the advocacy information.

115.33 (c): The PAQ indicated that all current inmates at the facility had been educated on PREA. P5324.12, page 27, indicates that the agency requires that all inmates who are transferred from one facility to another be educated regarding their rights under PREA to the extent that the policies and procedures of the new facility differ from those of the previous facility. All inmates are typically educated upon transfer, whether policies and procedures differ or not. A review of 39 inmate files of those that arrived in the previous twelve months indicated that 29 were documented with comprehensive PREA education. Of these, 22 were just completed a few days prior to the on-site portion of the audit. During the documentation review the auditor determined that that pre-trial inmates were not receiving the comprehensive PREA education. Staff indicated that upon realization that this was not being conducted they completed comprehensive PREA education with all the FDC inmates. Upon further review (mainly determined through inmate interviews initially) it was determined that while the facility went back through and provided inmates information as required under the comprehensive PREA education, the information was provided via paperwork and was not completed through the required format (either in person or via video). The interview with intake staff indicated that inmates are provided information on the zero-tolerance policy, how to report sexual abuse and/or sexual harassment and their rights under PREA verbally and through the inmate handbook during intake. The staff member stated this information is provided the day the inmates arrive at the facility.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for disabled and LEP inmates. The facility has staff members who are able to provide accommodations for inmates who are LEP. Additionally, the agency has a contract (#GS-10F-0460N) with LanguageLine Solutions to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. The A&O pamphlet, inmate handbook

and the Sexually Abusive Behavior Prevention and Intervention Program is available in English and Spanish. A review of the PREA education and documents also indicated that information was printed in bright colors and contained large print. A review of a sample of three disabled inmate files and three LEP inmate files indicated that all six had signed that they received PREA information in a format they could understand.

115.33 (e): P5290.14, page 10 indicates that inmates are required to sign a copy of the A&O pamphlet at intake and that the original is placed in the inmate's central file. Additionally, the education is documented on the Institution A&O Program Checklist (Form BP-A0518) and the Unit A&O Program Checklist (Form BP-A0597). A review of 43 inmate files indicate that all 43 were documented to have received PREA education initially at intake and that 29 of the 39 received in the last twelve months were documented with receiving comprehensive PREA education via their signature.

115.33 (f): The PAQ indicated that information is continuously available through posters, inmate handbooks or other written forms for the inmate population. A review of documentation indicated that the facility had PREA information via the inmate handbook, the A&O pamphlet and through PREA signage. During the tour, the auditor observed the PREA signage in each housing unit and in common areas.

Based on a review of the PAQ, P5324.12, P5290.14, the A&O pamphlet, the Sexually Abusive Behavior Prevention and Intervention Program, the inmate handbook, a review of inmate records, observations made during the tour to include the availability of PREA information via signage and documents as well information obtained during interviews with intake staff and random inmates indicate that this standard requires corrective action. During the documentation review the auditor determined that only 29 of the 39 inmate files of those that arrived in the previous twelve months were documented with comprehensive PREA education. Of the 29, 22 were just completed a few days prior to the on-site portion of the audit. During the documentation review the auditor determined that that pre-trial inmates were not receiving the comprehensive PREA education. Staff indicated that upon realization that this was not being conducted they completed comprehensive PREA education with all the FDC inmates. Upon further review (mainly determined through inmate interviews initially) it was determined that while the facility went back through and provided inmates information as required under the comprehensive PREA education, the information was provided via paperwork and was not completed through the required format (either in person or via video). Additionally, the auditor determined that based on the inmate interviews, the current education method is not effective. The majority of the inmates were unaware of the different reporting methods and the advocacy information. As such, the auditor requires additional information to confirm corrective action of provisions (b) and (c).

Corrective Action:

The facility will need to provide a memo detailing the process they will implement for comprehensive PREA education, to include the method of delivery. The appropriate staff will need to be trained on the process. Staff will need to sign the memo indicating they are aware of their responsibilities under the process. The auditor will require that the facility provide an assurance memo from the Warden stating that all current inmates were provided comprehensive PREA education via video or through in-person A&O. A sample of those records will need to be provided to the auditor. Additionally, the facility will need to provide the auditor with documentation over the next 90 days illustrating that inmates arriving at the FDC are provided comprehensive PREA education within 30 days. The auditor will need copies of the initial risk screening form to verify the date of arrival as well as the appropriate signed 30-day comprehensive PREA training form.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Memorandum from the Unit Manager
2. Memorandum from the Warden
3. Training Memorandum with Unit Team Signatures
4. Inmate Comprehensive PREA Education

On July 1, 2021 the auditor received documentation related to 115.33. A memorandum dated April 30, 2021 from the Unit Manager indicated that comprehensive inmate training (national PREA video) will be provided through the education/recreation movie channel and inmates participation will be documented on the PREA A&O form. The facility provided a memorandum from the Warden dated June 28, 2021 indicating that all current FDC Miami inmates were provided PREA education via video or in-person during their initial admission and orientation session. A second memorandum from the Unit Manager stated that all Unit Team staff had been trained on the requirements under P5324.12 related to the Sexually Abusive Behavior Prevention and Intervention Program. The memo states that all staff have been trained that the comprehensive PREA education within 30 days applies to all inmates regardless of admission and/or classification status. A training roster was provided with the memo indicating that thirteen Unit Team staff received the training on the requirements and process. In addition to the memos and training, the facility provided the auditor with 41 examples of FDC inmates that arrived at the facility after the on-site portion of the audit. The examples were documented on the newly created FDC Miami form titled 'PREA Unit Admission and Orientation Program Checklist for All Pre-Trial, Holdover and Designated Inmates". All 41 were documented with receiving comprehensive PREA education within 30 days of arrival at the facility. Based on the memos, the staff training and the 41 comprehensive PREA education examples, this standard has been corrected during the corrective action period.

Standard 115.34: Specialized training: Investigations

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. DOJ/OIG PREA Training
4. National Institute of Corrections (NIC): Investigating Sexual Abuse in a Confinement Setting
5. Memorandum of Understanding with the FBI
6. Letter from the FBI
7. Investigator Training Records

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): P5324.12, page 28, and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigating Sexual Abuse in a Confinement Setting. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The PAQ indicated 253 facility and agency

staff complete administrative investigations, including fifteen facility staff at FDC Miami. A review of documentation indicated that 30 facility staff were documented with the NIC specialized investigator training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The interview with the investigator indicated he received the specialized training. He stated that the training is completed through videos and online courses. He said it consists of seven sections that cover a wide array of topics to include interviews, medical actions, investigation, investigative outcomes and whether to refer the investigations.

115.34 (b): P5324.12, page 28, and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigating Sexual Abuse in a Confinement Setting. A review of the training curriculums confirmed they included the following: 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 criminal prosecution. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The PAQ indicated 253 facility and agency staff complete administrative investigations, including fifteen facility staff at FDC Miami. A review of documentation indicated that 30 facility staff were documented with the NIC specialized investigator training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The interview with the investigator indicated he received the specialized training. He stated that the training is completed through videos and online courses. He said it consists of seven sections that cover a wide array of topics to include interviews, medical actions, investigation, investigative outcomes and whether to refer the investigations. He confirmed all required topics were covered as required under this provision.

115.34 (c): The PAQ indicated 253 facility and agency staff complete administrative investigations, including fifteen facility staff at FDC Miami. A review of documentation indicated that 30 facility staff were documented with the NIC specialized investigator training. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34.

115.34 (d): The auditor is not required to audit this provision.

Based on a review of the PAQ, P5324.12, the DOJ/OIG PREA Training curriculum, the NIC training curriculum, the MOU with the FBI, the letter from the FBI, a review of investigator training records as well as the interview with the investigator, indicates that this standard appears to be compliant.

Standard 115.35: Specialized training: Medical and mental health care

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. P6031.04
4. PREA Medical and Mental Health Care: A Trauma Informed Approach
5. Forensic Medical Examinations: An Overview for Victim Advocates
6. Medical and Mental Health Staff Training Records

Interviews:

1. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): P5324.12, pages 28-29, requires that the Health Services Division or the Reentry Services Division ensure all medical and mental health care staff complete the required specialized training. The training consists of the PREA Resource Center (PRC) PREA Medical and Mental Health Care: A Trauma Informed Approach training as well as the Forensic Medical Examinations: An Overview for Victim Advocates training. Based on a review of the training modules, they include the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has sixteen medical and mental health staff and that 100% of these staff received the specialized training. A review of six medical and mental health staff training records indicated that all six had received the specialized training. Interviews with medical and mental health staff confirmed that they had received the PREA specialized training. Staff stated that the training covers how to identify and respond to an allegation, how to preserve evidence, responding to victims, how to report information, who can be a victim and limitations of confidentiality. All staff confirmed that the required topics under this provision were discussed.

115.35 (b): This provision does not apply. Forensic exams are not conducted on-site by any of the facility's medical staff. P6031.04, page 4, specifically states that only in institutions where extreme security concerns exist may an in-house physician be used. Interviews with medical staff confirm that they do not perform forensic medical examinations and that inmates are transported to the local hospital.

115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. A review of training documents indicated that eighteen facility staff had completed the specialized medical and mental health care training and it was documented by a sign-in sheet and in the electronic training system.

115.35 (d): BOP medical and mental health care staff are considered correctional workers. A review of six BOP medical and mental health care staff training documents indicated that 100% of those reviewed completed the Sexually Abusive Behavior Prevention and Intervention Program training.

Based on a review of the PAQ, P5324.12, P6031.04, the two training curriculums, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears to be compliant.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Memorandum on Intake Screening Guidance
4. PREA Intake Objective Screening Instrument
5. Intake Screening Form
6. Inmate Assessment and Re-Assessment Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

Findings (By Provision):

115.41 (a): P5324.12, pages 29-32 describe the risk screening process. It indicates that inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates. P5324.12 further states that if an inmate is determined to be at risk of being sexually victimized by or being sexually abusive toward other inmates, they will be referred to Psychology Services for a reassessment. During the tour, the auditor observed the intake area. The risk

screening is conducted in private offices in intake. The interview with the staff responsible for the risk screening indicated that inmates are screened for their risk of victimization or abusiveness at intake. Interviews with 30 inmates that arrived within the previous twelve months confirmed that 23 remember being asked the risk screening questions.

115.41 (b): P5324.12, page 30, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates within 72 hours. The PAQ indicated that inmates are screened within this timeframe and that 1625 inmates were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. The interview with the risk screening staff confirmed that inmates are screened for risk of sexual victimization or abusiveness within 72 hours and that it is typically completed the same day they arrive. Interviews with 30 inmates that arrived within the previous twelve months confirmed that 23 remember being asked the risk screening questions the first day or within the first few days. A review of 39 inmate records of those that arrived within the previous twelve months indicated that all 39 were screened within 72 hours.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of the Intake Screening Form indicated that inmates are asked yes or no questions and a few of these questions are then utilized on the PREA Intake Objective Screening Instrument. The screening instrument includes sections that are determined based on the inmate's history (which can be found in his file).

115.41 (d): A review of the PREA Intake Objective Screening Instrument indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate was previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming and whether the inmate is detained solely for civil immigration purposes. The Intake Form takes into consideration whether the inmate has previously experienced sexual victimization and the inmate's own perception of vulnerability. The Intake Form information is then transferred over to be included in the PREA Intake Objective Screening Instrument. The staff who perform the risk screening indicated that they go over all of the questions and determine if there is any reason that the inmate cannot be in general population. The staff member stated inmates are asked about prior sexual victimization, their gender identity and their sexual preference. The staff member also stated that the inmates age, stature and prior offenses are reviewed during the screening. The staff member indicated that most inmates do not have files as they are just coming in from the arresting agency and as such they rely a lot on the questionnaire, which is yes and no format.

115.41 (e): A review of the PREA Intake Objective Screening Instrument confirms that the intake screening considers the following: prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility. Interviews with intake staff confirm that these criteria are considered and utilized to determine if the inmate is a potential predator and how to house accordingly. The staff who perform the risk screening indicated that they go over all of the questions and determine if there is any reason that the inmate cannot be in general population. The staff member stated inmates are asked about prior sexual victimization, their gender identity and their sexual preference. The staff member also stated that the inmates age, stature and prior offenses are reviewed during the screening. The staff member indicated that most inmates do not have files as they are just coming in from the arresting agency and as such they rely a lot on the questionnaire, which is yes and no format.

115.41 (f): P5324.12, page 32 indicates that inmates would be reassessed for the inmate's risk of victimization or abusiveness within 30 days from their arrival by facility staff, ordinarily Psychology Services and Unit Management staff. The PAQ indicated that the facility requires inmates to be reassessed and that 1350 inmates were reassessed within 30 days. This is equivalent to 100% of those inmates whose length of stay was for 30 days or more. Interviews with staff responsible for the risk screening indicated that inmates are reassessed within 21 days. Interviews with 30 inmates that arrived within the previous twelve months indicated that only four remember a reassessment. A review of 39 inmate files indicated that only four had been reassessed. Of those four, three were completed only a few days after the inmate's arrival, which is not best practice as outlined by the PRC.

115.41 (g): P5324.12, page 32, indicates that inmates would be reassessed for their risk of victimization or abusiveness when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on their risk of sexual victimization or abusiveness. This reassessment would be completed by Psychology Services staff. A review of the inmates who alleged sexual abuse indicated that none had a substantiated investigation and as such were not required to be reassessed. The interview with staff responsible for the risk screening indicated that Psychology Services would normally follow-up with any of the additional information and that they reassess at 21 days. Interviews with 30 inmates that arrived within the previous twelve months indicated that only four remember a reassessment. The facility is an administrative facility and many of the inmates are pre-trial inmates and as indicated by the risk screening staff member, most inmates arrive with limited information from the arresting agency. As such, most inmates that arrive have additional information provided throughout their incarceration. Based on a review of documentation, only four of the 30 inmates had a reassessment indicating that inmates are not reassessed based on additional information received throughout their incarceration.

115.41 (h): P5324.12, page 32, indicates that inmates would not be disciplined for refusing to answer the following questions during the risk screening: whether or not the inmate has a mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether or not the inmate previously experienced sexual victimization and the inmate's own perception of vulnerability. The PAQ indicated that inmates are not disciplined for refusing to answer. The interview with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening.

115.41 (i): P5324.12, page 32 as well as the PAQ indicated that the agency has implemented appropriate controls on the dissemination of the screening information to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Specifically, the policy states that information is disseminated on a need-to-know basis for staff. The PREA Coordinator indicated that the information obtained during the risk screening is limited to staff who have a need to know. The PCM stated that information is limited to the Operations Lieutenant, Executive Staff and Unit Team staff. The staff responsible for risk screening stated information is kept in a file in a room in R&D behind a locked door and access is limited to Unit Team and Case Managers.

Based on a review of the PAQ, P5324.12, the Intake Screening Form, the PREA Intake Objective Screening Instrument, the Memo on Intake Screening Guidance, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard requires corrective action. During the documentation review the auditor determined that reassessments were not being completed. The facility is an administrative facility and many of the inmates are pre-trial inmates. As indicated by the risk screening staff member, most inmates arrive with limited information from the arresting agency. As such, most inmates that arrive have additional information provided throughout their incarceration. A review of 39 inmate files indicated that only four had a reassessed. Of those four, three were completed only a few days after the inmate's arrival, which is not best practice as outlined by the PRC. Additionally, interviews

with 30 inmates that arrived within the previous twelve months indicated that only four remember a reassessment. As such, corrective action is required for provisions (f) and (g) of this standard.

Corrective Action:

The facility will need to provide a memo detailing the process they will implement for the reassessments within 30 days and the reassessments when additional information is received. The appropriate staff will need to be trained on the process. Staff will need to sign the memo indicating they are aware of their responsibilities under the process. The auditor will require that the facility provide an assurance memo from the Warden stating that all current inmates were reassessed. A sample of those records will need to be provided to the auditor. Additionally, the facility will need to provide the auditor with documentation over the next 90 days illustrating that inmates arriving at the FDC are reassessed within 30 days. The auditor will need copies of the initial risk screening form to verify the date of arrival as well as the appropriate 30-day reassessment information.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Memorandum from the Unit Manager
2. Training Memorandum with Unit Team Signatures
3. Inmate Reassessments

On July 1, 2021 the auditor received documentation related to 115.41. A memorandum dated April 30, 2021 from the Unit Manager indicated that all inmates will be reassessed for PREA within the 30-day timeframe and will be accomplished while male inmates are housed in quarantine/orientation unit and while female inmates are quarantined. A second memo from the Unit Manager indicated that all Unit Team staff members were trained on the requirements under P5324.12 related to 30-day reassessments regardless of the inmate’s classification. A training roster was provided with the memo indicating that thirteen Unit Team staff received the training on the requirements and process. In addition to the memos and training, the facility provided the auditor with 41 examples of FDC inmates that arrived at the facility after the on-site portion of the audit. The examples were documented on the newly created FDC Miami form titled “PREA Unit Admission and Orientation Program Checklist for All Pre-Trial, Holdover and Designated Inmates.” All 41 inmates were documented with a reassessment within 30 days of arrival at the facility. Based on the memos, the staff training and the 41 reassessment examples, this standard has been corrected during the corrective action period.

Standard 115.42: Use of screening information

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. List of Inmates at Risk of Sexual Victimization or Sexual Abusiveness
4. Sample of Housing Determination Documents
5. Sample of Transgender/Intersex Reassessments
6. Inmate Housing Assignments/Logs

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Transgender/Intersex Inmates
5. Interview with Gay, Lesbian and Bisexual Inmates

Site Review Observations:

1. Location of Inmate Records
2. Housing Assignments of LGBTI Inmates
3. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): P5324.12, page 33, indicates that the agency uses the information from the risk screening to recommend housing, bed, work, education and program assignments with the goal of keeping separate inmates at high risk of being sexual abused from those at high risk of being sexually abusive. The memo from the Warden states that if an inmate is determined to be at elevated risk of sexual victimization and/or sexual perpetration by Psychology Services, notification of this determination is provided to Unit Team staff via email. Unit Team considers this information when determining housing, bed, work, education and programming assignments. The interview with the PREA Compliance Manager indicated that the facility takes measures to make appropriate housing based off of the risk screening information. He stated

that they have choices with regard to housing to ensure the inmate's safety. The interview with the staff responsible for the risk screening indicate that there are staff on each floor as well as counselors to check on the inmates who are at risk and keep an eye out for them. A review of housing documents confirmed that information from the risk screening is utilized to house inmates appropriately. Inmates at high risk of victimization were not housed with inmate who were at a high risk of being sexually abusive.

115.42 (b): P5324.12, page 33 and the PAQ indicated that the agency makes individualized determinations about how to ensure the safety of each inmate. The interview with the staff responsible for the risk screening indicate that there are staff on each floor as well as counselors to check on the inmates who are at risk and keep an eye out for them.

115.42 (c): The PAQ stated that the agency/facility makes housing and programming assignments for transgender or intersex inmates in the facility on a case-by-case basis. P5324.12, page 33, indicates that housing and program assignments for transgender and intersex inmates are considered on a case-by-case basis to ensure the inmate's health and safety, and whether the placement would present management or security problems. All transgender and intersex inmate housing determinations are made at the Designation and Sentence Computation Center with the Transgender Executive Council (TEC). The TEC reviews each transgender or intersex inmate and clears the inmate for designation to the approved facility. The agency as a whole, houses over 1000 inmates who identify as transgender. A review of a sample of ten percent of those inmate's housing determinations indicated that all had a review by the TEC designating a male or female facility. An additional review of the one transgender inmate at FDC Miami indicated that she was reviewed by TEC in March 2021. The interview with the PCM indicated that the agency's male and female housing unit determinations is completed at a different level and that most inmates come into the facility with court ordered documents that indicate what type of facility they are to be housed. He stated that housing at the facility is determined based on the safety of the inmate. He stated that the facility asks the inmates if they are having any issues with their current housing unit. The interview with the one transgender inmate indicated that she was not asked about her safety. She stated she did not feel like she was placed in a housing unit solely for inmates who identify as LGBTI.

115.42 (d): P5324.12, page 33, indicates that housing and program assignments for transgender and intersex inmates are reassessed at least twice each year to review any threats to the inmate's safety. The agency as a whole, houses over 1000 inmates who identify as transgender while FDC Miami houses one inmate who identifies as transgender. A review of eight transgender inmate files across the agency indicated that all eight had received biannual assessments in 2020 and seven had biannual assessments in 2019. An additional review of the transgender inmate file at FDC Miami indicated that the inmate recently identified in 2021 and as such only had an initial review in January 2021. Interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates are reassessed at least twice a year.

115.42 (e): P5324.12, page 33, indicates that the transgender or intersex inmate's own views with respect to his or her safety is given serious consideration. The interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates' views with respect to their safety are given serious consideration. The interview with the one transgender inmate indicated that she was not asked about how she felt about her safety.

115.42 (f): P5324.12, page 33, indicates that transgender and intersex inmates are given the opportunity to shower separately. During the tour it was confirmed that all inmates are provided privacy while showering. All showers are single person and have saloon style doors or a curtain for privacy. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are able to shower separately. The PCM stated that all showers are single person and afford privacy. The interview with the transgender inmate indicated that she is able to shower separately from the rest of the inmate population.

115.42 (g): P5324.12, page 33 states that inmates are not placed in one dorm, unit or facility based on their sexual preference or gender identity. The interviews with the PC and PCM confirmed that LGBTI inmates are not placed in one specific dorm, unit or facility. Interviews with five LGBTI inmates indicated that all five did not feel they were placed in any specific dorm, unit or facility based on their sexual preference and/or gender identity.

Based on a review of the PAQ, P5324.12, a list of inmates at risk of sexual abusiveness and sexual victimization, a review of inmate housing assignments, a review of transgender and intersex inmate assessments and information from interviews with the PC, PCM, staff responsible for conducting the risk screening and LGBTI inmates, indicates that this standard appears to be compliant.

Recommendation:

While the facility complies with this standard based on the facility tour, interviews with staff and inmates and a review of documentation the auditor recommends that appropriate staff be provided training on the requirements for transgender and intersex inmates under this provision. Additionally, the intake staff should be trained on how the risk screening is utilized to house inmates.

Standard 115.43: Protective Custody

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Inmates at High Risk of Victimization Housing Assignments

Interviews:

1. Interview with the Warden

2. Interview with Staff who Supervise Inmates in Segregated Housing

Site Review Observations:

1. Observations in the Special Housing Unit

Findings (By Provision):

115.43 (a): P5324.12, page 33, indicate that the agency does not place inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and no alternative is available to separate the inmate from likely abusers. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden confirmed that inmates at high risk for sexual victimization would not be involuntarily segregated unless there were no other alternatives. A review of housing assignments for inmates at risk of sexual victimization confirmed that none were placed in involuntary segregated housing due to their risk of victimization.

115.43 (b): P5324.12, page 34, indicates that if an inmate was placed in segregation that they would have access to programs, privileges, education and work opportunities to the extent possible and all limitations would be documented with indication of the reason and length of time of limitation. The policy indicates that the Chief of Correctional Services (Captain) is responsible for documenting any such limitations, duration and rationale. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the staff who supervise inmates in segregated housing indicate that inmates would have access to programs, privileges, education and work opportunities to the extent possible as they are not placed in segregation for punishment. The staff member stated any limitations would be documented with an explanation and that they would try to do all they could to make sure the inmate has access to everything other inmates have access to. During the tour the auditor did not identify any inmates at risk of victimization that were placed in the segregated housing unit. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (c): P5324.12, page 34, indicates that if an inmate was placed in segregation due to risk of victimization they would only be placed until an alternative means of separation from likely abusers could be arranged, and such assignment would not ordinarily exceed 30 days. The policy indicates that the Warden would review, complete and sign BP-A1002 form and place a copy in the inmate's central file. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. He stated that the inmate would remain only until they could find alternative housing or the investigation could be completed. The interviews with the staff who supervise inmates in segregated housing indicated that they usually move the alleged perpetrator rather than the victim. The staff member stated that the time would depend on the situation. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (d): P5324.12, pages 34-35, indicates that if an involuntary segregated housing assignment is made that the facility will clearly document the basis for the concern for the inmate's safety and the reasons that no alternatives means of separation can be arranged. Additionally, policy indicates that the inmate will receive mental health services at least every 30 days. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization.

115.43 (e): P5324.12, page 35 and the PAQ indicate that if an inmate was placed in segregation due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. Specifically, policy indicates that inmates would be reviewed weekly at the Special Housing Unit Meeting. The interview with the staff who supervise inmates in segregated housing indicated that inmates would be reviewed at least every 30 days for their continued need for placement in segregated housing. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

Based on a review of the PAQ, P5324.12, high risk inmate housing assignments, observations from the facility tour related to segregation areas as well as information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates that this standard appears to be compliant.

REPORTING

Standard 115.51: Inmate reporting

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. P3420.11
4. Sexually Abusive Behavior Prevention and Intervention Program
5. Inmate Admission and Orientation Handbook
6. PREA Posters

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observation of PREA Reporting Information in all Housing Units

Findings (By Provision):

115.51 (a): P5324.12, page 35, indicates that the agency provides multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the Sexually Abusive Behavior Prevention and Intervention Program inmate education, the inmate handbook and PREA signage, indicated that there are multiple ways for inmates to report. These methods include: to any employee, contractor or volunteer; via a “drop-note” or other written communication; via a grievance (administrative remedy); to the OIG either via the inmate’s personal email or via a written letter. Additionally, inmate can report via third party. The third party can call, write or email. They are also able to voice a concern on the agency website at: <https://www.bop.gov/inmates/concerns.jsp>. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units. Interviews with 40 inmates confirm that all 40 were aware of at least one method to report sexual abuse and sexual harassment. Most inmates indicated that they would tell a staff member or do it through the computer (copout or email).

Interviews with thirteen random staff confirm that they all take allegations seriously and that inmates have multiple ways (verbal, written, electronic, anonymous and third party) to report sexual abuse and sexual harassment. Most staff stated inmates can report verbally to them and in writing.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report sexual abuse to a public or private entity or office that is not part of the agency. P5324.12, page 35, indicates that the agency has a way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that the entity can immediately forward the information to agency officials. Inmates can report to the OIG via their personal email or via a written letter. Additionally, third parties can contact the OIG on behalf of the inmate. A review of the inmate handbook confirmed that inmates are informed they can write to the OIG via the provided mailing address and it also advises that they (the inmate) can email the OIG. The handbook advises the inmates that the email is untraceable and that they (the inmate) can remain anonymous to the BOP, though they must request it in the email. The auditor sent a letter from a BOP facility to the OIG address located on the PREA posters in order to test the outside reporting mechanism. The auditor was forwarded information from the Management Analyst confirming the letter was received by the OIG. All inmates also have access to the computer system. Inmates can send a confidential email directly to the Office of the Inspector General. The auditor had an inmate send an email to the OIG while on-site at a BOP facility to test the second OIG contact method. The auditor was forwarded a copy of the email from the facility investigator after it was forwarded to him from the OIG. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units, including the OIG information. The interview with the PCM indicated that inmates can report to the OIG through email. He stated that the OIG complaint is then immediately sent back to the Warden for investigation. Interviews with 40 inmates indicated that nine were aware of the outside reporting entity and 23 were aware they could anonymously report.

115.51 (c): P5324.12, page 35, notes that staff are required to accept all reports made verbally, in writing, anonymously and from a third party and will promptly document any verbal reports. Interviews with 40 inmates indicate that 36 knew they could verbally report to a staff member or could report through a third party. Interviews with thirteen staff indicate that they accept all allegations of sexual abuse and sexual harassment and they immediately report any allegation to the Operations Lieutenant.

115.51 (d): P5324.12, pages 35-36, describes that the agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ and policy indicates staff can privately report to the Office of the Inspector General, Office of Internal Affairs or any supervisory staff. Additionally, staff are informed of the way to report via BOP PREA Notices and via P3420.11. Interviews with thirteen staff confirm that all thirteen were aware that they could privately report sexual abuse and sexual harassment of an inmate. Most staff stated they would write to the higher ups, email their supervisor or speak one on one with the supervisor privately.

Based on a review of the PAQ, P5324.12, P3420.11, the Sexually Abusive Behavior Prevention and Intervention Program, the memo from the Warden, the inmate handbook, PREA signage, observations from the facility tour related to PREA signage and posted information and interviews with the PCM, random inmates and random staff, this standard appears to be compliant.

Recommendation:

While inmates are informed of the outside reporting mechanism via the inmate handbook, during the Sexually Abusive Behavior Prevention and Intervention Program portion of A&O and through signage posted throughout the facility the auditor highly recommends that the information be emphasized during A&O and during program reviews. During inmate interviews, only nine indicated they were aware that the OIG was the outside reporting entity.

Standard 115.52: Exhaustion of administrative remedies

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*)

Documents:

1. Pre-Audit Questionnaire
2. P1330.18
3. Sexually Abusive Behavior Prevention and Intervention Program
4. Grievance Log and Sample Grievances

Interviews:

1. Inmates who Reported Sexual Abuse

Findings (By Provision):

115.52 (a): P1330.18 is the policy related to inmate grievances/administrative remedies. The PAQ indicated that the agency is not exempt from this standard.

115.52 (b): P1330.18 describes the grievance process for allegations of sexual abuse and sexual harassment. Specially, page 4 indicates that the agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Page 4 also discusses that the agency does not require an inmate to use the informal grievance process, or attempt to resolve with staff, an alleged incident of sexual abuse. A review of the Sexually Abusive Behavior Prevention and Intervention Program indicated that page 3 discusses administrative remedy procedures. The PAQ indicated that the agency has a policy that allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident alleged to have occurred. Additionally, it states that the policy does not require an inmate to use an informal grievance process.

115.52 (c): P1330.18 outlines the grievance process for allegations of sexual abuse and sexual harassment. Pages 6 and 14 specifically state that the inmate may submit a grievance without submitting it to the staff member who is the subject of the complaint and grievances will not be referred to staff members who are the subject of the complaint. A review of the Sexually Abusive Behavior Prevention and Intervention Program indicated that page 3 discusses administrative remedy procedures.

115.52 (d): P1330.18, page 14, section d, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, that the agency would issue a final decision on grievances related to sexual abuse within 90 days of the initial filing. The 90 days does not include the time used by the inmate to prepare any administrative appeal. The agency may claim an extension up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The inmate must be notified in writing of the extension and provide a date by which the decision will be made. The policy also

indicates that if the inmate does not receive a response within the allotted timeframe, the inmate will consider the absence of a response to be a denial. The PAQ indicated that there were zero grievances of sexual abuse filed in the previous twelve months. A review of the grievance log and a sample of five grievances indicated there were no sexual abuse allegations reported via grievance. The interviews with inmates who reported sexual abuse indicated none of them had reported via a grievance. One of the five inmates indicated he was not sure whether they were required to inform him of the outcome of the investigation.

115.52 (e): P1330.18, page 14, section e, outlines the grievance process for third party allegations of sexual abuse and sexual harassment. Specially, that third parties are permitted to assist inmates in filing request for administrative remedies for sexual abuse and are permitted to file such request on behalf of the inmate. In addition, it states that if a third-party files a report on behalf of an inmate that the agency may require the alleged victim to agree with the request prior to filing and if the inmate declines will require the inmate to complete a sworn affidavit stating he does not want the grievance to proceed. The PAQ indicated that there have not been any third-party grievances filed in the previous twelve months. A review of the grievance log and a sample of five grievances indicated there were no sexual abuse allegations reported via grievance.

115.52 (f): P1330.18, page 14, section f, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency provides inmates the opportunity to file an emergency grievance alleging substantial risk of imminent sexual abuse and the grievance will be addressed immediately. The policy indicates that that an initial response will be provided within 48 hours and that a final decision will be provided within five calendar days. The final decision will 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. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the grievance log and a sample of five grievances indicated there were no sexual abuse allegations reported via grievance.

115.52 (g): P1330.18, page 16, indicates that inmates may be disciplined for filing a grievance in bad faith. The PAQ indicated that no inmates have been disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, P1330.18, the Sexually Abusive Behavior Prevention and Intervention Program, the grievance log, sample grievances and the interviews with inmates who reported sexual abuse, this standard appears to be compliant.

Standard 115.53: Inmate access to outside confidential support services

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Sexually Abusive Behavior Prevention and Intervention Program
4. Inmate Admission and Orientation Handbook
5. Memorandum of Understanding with the Roxcy Bolton Rape Treatment Center

Interviews:

1. Interview with Random Inmates
2. Interview with Inmates who Reported Sexual Abuse

Site Review Observations:

1. Observations of Victim Advocacy Information

Findings (By Provision):

115.53 (a): P5324.12, page 36 indicates that the agency provides access to outside victim advocates for emotional support related to sexual abuse by giving inmates mailing addresses and telephone numbers

to victim advocates or rape crisis organizations and enables reasonable communication in as confidential manner as possible. The PAQ indicated that inmates were provided mailing addresses and phone numbers and that they enabled reasonable communication with these services in as confidential a manner as possible. The MOU with Roxcy Bolton Rape Treatment Center states that Roxcy Bolton agrees to provide the BOP contact information for the inmate population so that inmates may contact Roxcy Bolton Rape Treatment Center if they wish to receive support or advocacy services. The inmate handbook, page 58 indicates that inmates can contact Roxcy Bolton Rape Treatment Center by writing a letter to 1611 NW 12th Avenue, Institute Annex, 1st Floor, Miami, Florida 33136 or by calling 305-585-7273 or the National Sexual Assault Hotline at 800-656-4673. Additionally the Sexually Abusive Behavior Prevention and Intervention Program explains that an MOU may exist and that a phone number and other contact information can be obtained through Psychology Services. During the tour the auditor observed that the pages of the inmate handbook with the advocacy information were taped up next to the phones. The auditor did not test the advocacy line in the housing units as inmates have to contact Psychology Services in order to gain access to an unrecorded line. Interviews with 40 inmates indicated that only five were familiar with outside advocacy information. The interviews with inmates who reported sexual abuse indicated that none of the five were provided a mailing addresses or telephone numbers to a local rape crisis center nor were they allowed to contact anyone after they reported. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply. The interview with the Director of Roxcy Bolton confirmed that they have an MOU with the facility that was renewed in 2021. She stated that they provide a 24 hour hotline and a mailing address for the inmates to utilized. She also stated that they provide crisis intervention, information and referrals if applicable.

115.53 (b): P5324.12, page 36, indicates that prior to giving inmates access to outside support services that they are informed of the extent which communication will be monitored as well as any mandatory reporting rules and limits to confidentiality. Policy indicates that confidential is not the same as privileged communication and as such communication is monitored consistent with security practices. During the tour the auditor observed that the pages of the inmate handbook with the advocacy information were taped up next to the phones. The auditor did not test the advocacy line in the housing units as inmates have to contact Psychology Services in order to gain access to an unrecorded line. A review of the inmate handbook indicated that there was not information related to the level of confidentiality with the Roxcy Bolton Rape Treatment Center nor was their information Interviews with 40 inmates indicated that only five were familiar with outside advocacy information. The interviews with inmates who reported sexual abuse indicated that none of the five were provided a mailing addresses or telephone numbers to a local rape crisis center nor were they allowed to contact anyone after they reported. The auditor identified that while the local rape crisis center information was posted in the housing unit less than one fourth of the inmates interviewed were aware of the victim advocacy information. Additionally there was not information related to how to specifically contact the organization (The phone number is not accessible through the inmate telephones. Inmates have to contact Unit Team or Psychology Services to call the number) and the level of confidentiality of the communication with the rape crisis center.

115.53 (c): The PAQ stated that the agency or facility does not maintain a memorandum of understanding or other agreement with a community service provider that is able to provide inmates with emotional support services related to sexual abuse. A review of documentation confirms that the facility has an MOU with Roxcy Bolton Rape Treatment Center. This organization is the local rape crisis center for the area. The MOU was signed initially on April 5, 2016 and renewed in 2021. The facility maintains copies of the MOU.

Based on a review of the PAQ, P5324.12, the Sexually Abusive Behavior Prevention and Intervention Program, the MOU with Roxcy Bolton Rape Treatment Center, the inmate handbook and interviews with

random inmates, inmates who reported sexual abuse and the staff member from Roxcy Bolton, this standard appears to require corrective action. While the facility has an MOU with Roxcy Bolton and has provided the inmates the contact information via the inmate handbook and postings of the page of the inmate handbook with the information by the phones in the housing unit, the information does not include how to contact the rape crisis center (unable to contact via inmate phones only through Psychology Services and Unit Team) and the level of confidentiality related to the communication. Additionally, only five of the 40 inmates were aware of the victim advocacy information. As such, provision (b) requires corrective action.

Corrective Action:

The facility will need to update the inmate handbook, posted advocacy information and the Sexually Abusive Behavior Prevention and Intervention Program to include the level of confidentiality and how to contact the victim advocacy service. A copy of these updated documents will need to be forwarded to the auditor for review. Additionally, the facility will need to educate all inmates on the local rape crisis center information, to include the updated information related to how to contact and level of confidentiality.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

4. Updated Sexually Abusive Behavior Prevention and Intervention Program
5. Updated Inmate Admission and Orientation Handbook
6. Updated Victim Advocacy Poster
7. TRULINCS Confirmation

On June 29, 2021 the auditor received a copy of the updated inmate handbook in both English and Spanish as well as the added victim advocacy section for the admission and orientation information (Sexually Abusive Behavior Prevention and Intervention Program) and the victim advocacy posters. The handbook and the Sexually Abusive Behavior Prevention and Intervention Program was updated to reflect the level of monitoring of communication with the victim advocacy services. The inmate handbook indicated on page 57 that if an inmate prefers to contact outside sexual abuse emotional support services, they may call Roxcy Bolton Rape Treatment Center (1611 NW 12th Avenue, Institute Annex, 1st Floor, Miami, FL 33136) at 305-585-7273 or the National Sexual Assault hotline at 800-656-4673. The handbook states that inmates should contact Unit Team to make a confidential call. In addition to the updated inmate handbook, the facility provided the auditor with confirmation that the updated victim advocacy information was added to TRULINCS and required all inmates to read and acknowledge the information prior to utilizing a kiosk or tablet. Based on the updated inmate handbook and the distributed information via TRULINCS, this standard has been corrected during the corrective action period.

Standard 115.54: Third-party reporting

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*)

Documents:

1. Pre-Audit Questionnaire

Findings (By Provision):

115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. A review of the agency’s website confirms that third parties can report on behalf of an inmate via the “voice your inmate concern” form located at <https://www.bop.gov/inmates/concerns.jsp>. Additionally, the website states that third parties can report incidents of sexual abuse by sending information to the National PREA Coordinator (for inmate-on-inmate) or the Office of Internal Affairs (for staff-on-inmate). Addresses are included on the website for both of these offices.

Based on a review of the PAQ and the agency’s website this standard appears to be compliant.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports

Interviews:

1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (a): P5324.12, pages 37-38, outline the staff and agency reporting duties. Specifically, it requires all staff to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation against any inmate or staff that reported such incidents and any staff neglect or violation of responsibility that may have contributed to an incident to the Operations Lieutenant. Staff are required to provide a written follow-up memo to the Lieutenant. The Lieutenant is then required to notify the PREA Compliance Manager. The allegation is then entered into the Bureau's intelligence database. The PAQ along with interviews with thirteen staff confirm that they take all allegations seriously and that they know they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment to their supervisor. Interviews also confirmed they would report retaliation or any staff neglect related to these incident types.

115.61 (b): P5324.12, page 38, describes that information is on a need to know basis and that information is only utilized for the inmate's welfare and the investigation of the incident. The PAQ along interviews with thirteen staff confirm that they take all allegations seriously and that they know they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment to their supervisor.

115.61 (c): P5324.12, page 38, indicates that medical and mental health staff are required to report sexual abuse as described in section (a) and that they are required to inform inmates of their duty to report and limits to confidentiality at the initiation of services. Interviews with medical and mental health care staff confirm that they would immediately report any allegation of sexual abuse that occurred within a confinement setting. Medical and mental health care staff indicated that they inform inmates of their limitations of confidentiality and their duty to report.

115.61 (d): P5324.12, page 38, indicates that any alleged victims under the age of eighteen or considered to be a vulnerable adult would require the agency to report the allegation to the designated State or local service under applicable mandatory reporting laws. The interview with the PREA Coordinator indicated that if this were to occur that they would report to the appropriate state or local agencies under mandatory reporting laws. The Warden stated that this does not apply as they do not have any inmates under eighteen or vulnerable adults.

115.61 (e): P5324.12, page 38, indicates that all allegations of sexual abuse and sexual harassment, including third party and anonymous reports would be reported to the facility's designated investigators. The interview with the Warden confirmed that all allegations are reported to the facility investigator through the Associate Warden. A review of investigative reports indicate that all allegations were reported to SIS and one was referred to the OIG.

Based on a review of the PAQ, P5324.12, investigative report and information from interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden indicates that this standard appears to be compliant.

Standard 115.62: Agency protection duties

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12

Interviews:

1. Interview with the Agency Head
2. Interview with the Warden
3. Interview with Random Staff

Findings (By Provision):

115.62 (a): P5324.12, pages 38-39, indicate that when the agency learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The policy indicates that the Operations Lieutenant will be notified and he/she will take immediate action to safeguard the inmate. This may include monitoring the situation, changes in housing assignments, changes in work assignments, placing the alleged victim and perpetrator in special housing, reassignment of staff member to another post or removal of the staff member from the facility. The PAQ noted that there were no inmates who were determined to be at risk of imminent sexual abuse. The interview with the Agency Head indicated that any inmate at risk would be immediately safeguarded from the potential danger. He stated that actions would vary depending on the severity of the threat. If the possible threat is by another inmate, the inmate may have a change in housing assignment, work assignment, or possibly placement in the SHU. If the possible threat is from a staff member, other options exist in addition to changing the staff member's work assignment or removal from the facility while the investigation is conducted. The Warden indicated that if an inmate was an imminent risk they would contain him, separate him from the threat and depending on his level of security could change his housing assignment. The Warden also stated that the information would involve interviews, an investigation and a medical assessment. Interviews with thirteen staff confirmed that all would separate the inmate and notify the supervisor.

Based on a review of the PAQ, P5324.12 and interviews with the Agency Head, Warden and random staff indicate that this standard appears to be compliant.

Standard 115.63: Reporting to other confinement facilities

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Notification Letters

Interviews:

1. Interview with the Agency Head
2. Interview with the Warden

Findings (By Provision):

115.63 (a): P5324.12, pages 39-40, describe the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden will notify the appropriate staff (Warden/Office of Internal Affairs) within the agency or the appropriate office if it is outside of the agency. The PAQ indicated that during the previous twelve months, the facility had zero inmates report that they were abused while confined at another facility. A review of documentation indicated there was one inmate who reported sexual abuse that occurred at another facility. The documentation confirmed that the FDC Warden provided a letter to the Warden at FCI Tallahassee.

115.63 (b): P5324.12, page 40, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the notification will be made as soon as possible, but not later than 72 hours after receiving the allegation. The PAQ indicated that notifications are made within 72 hours after receiving the allegation. A review of documentation indicated there was one inmate who reported sexual abuse that occurred at another facility. The documentation confirmed that the FDC Warden provided a letter to the Warden at FCI Tallahassee, however the notification was over the 72 hour timeframe.

115.63 (c): P5324.12, page 40, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the required notification will be documented. The PAQ indicated the agency documents the notifications. A review of documentation indicated there was one inmate who reported sexual abuse that occurred at another facility. The documentation confirmed that the FDC Warden provided a letter to the Warden at FCI Tallahassee.

115.63 (d): P5324.12, page 40, indicates that the facility head or agency head that receives notification that an inmate alleges they were sexually abuse shall ensure that the allegation is investigated in accordance with these standards. The PAQ indicated that during the previous twelve months, the facility had not had any allegations reported to them from another facility. A review of investigative reports confirmed all five allegations were reported at FDC Miami. The interviews with the Agency Head and Warden confirmed that any allegation received from another facility/agency would be investigated.

Based on a review of the PAQ, P5324.12, notification letter, documentation with reported dates, a review of investigations and interviews with the Agency Head and Warden, this standard requires corrective action. While the facility provided a notification to the Warden of the facility where the one allegation occurred, the notification was past the required 72 hour timeframe as required under provision (b). As such corrective action is required.

Corrective Action:

The facility will need to provide training to the appropriate staff related to timeliness of notifications. A memo with staff signatures will need to be provided to the auditor. Additionally, any examples of Warden to Warden notifications over the next 90 days will need to be provided to the auditor. Documentation should include information on the date of the allegation as well as confirmation of the date the notification was sent to the appropriate Warden/Agency Head.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

- 8. Memorandum from the Warden with Staff Signatures
- 9. Warden to Warden Notification Letters

On May 21, 2021 the auditor received a memorandum from the Warden indicating that all allegations that require a Warden to Warden notification will involve an immediate notification to the PCM (telephonic or email). The PCM will then ensure the Warden to Warden notification is drafted and signed by the Warden within 48 hours. It also states that the PCM will also contact the Warden where the alleged incident occurred telephonically. The memo was signed by the Warden, Associate Wardens, SIS, Captain, Chief Psychologist, Unit Managers and the Warden and AW Secretaries. In addition to the memo, a sample notification letter was provided to the auditor to show format for future notifications. On June 14, 2021 the auditor received two Warden to Warden notification examples. One allegation was reported to FDC Miami on May 17, 2021 and a letter was sent to the Warden at FCI Tallahassee on May 17, 2021. The second allegation was reported on May 17, 2021 and a letter was sent to the Cole County Jail on May 17, 2021. Based on the memo from the Warden, the staff signatures and the two examples this standard has been corrected during the corrective action period.

Standard 115.64: Staff first responder duties

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports

Interviews:

1. Interview with First Responders
2. Interviews with Random Staff

Findings (By Provision):

115.64 (a). P5324.12, page 40, describes staff first responder duties. Specifically, it requires that upon learning that an inmate was sexually abused, the first security staff member will: separate the alleged victim and the alleged perpetrator, preserve and protect any crime scene until evidence can be collected and if the abuse occurred within a time period that still allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The PAQ indicated that during the previous twelve months, there were zero allegation of sexual abuse and as such no inmates were separated nor was there any evidence collected. A review of investigations indicated there were actually three sexual abuse allegations reported. Of the three, one involved the separation of the inmates through a housing change. The other two did not require separation. None of the allegations occurred within a time period to collect any physical evidence. The custody first responder indicated that he would separate the inmates, secure the scene, call the Operations Lieutenant, contact Psychology Services and contact SIS. The interviews with the thirteen random staff indicated that staff would separate the inmate and contact the Operations Lieutenant. A few of the staff indicated they would secure the scene and not let anyone destroy any evidence.

115.64 (b): P5324.12, page 40, describe staff first responder duties. Specifically, it requires if the first responder is not a security staff member, the responder shall advise the alleged victim and ensure the alleged perpetrator not take any action to destroy physical evidence, if it occurred within a time period that still allows for the collection of physical evidence. Additionally, policy indicates that the first responder must preserve the crime scene for SIS. The PAQ indicated that during the previous twelve months, there were zero allegation of sexual abuse and as such no inmates were separated nor was there any evidence collected. A review of investigations indicated there were actually three sexual abuse allegations reported. Of the three, none involved a non-custody first responder. The custody first responder indicated that he would separate the inmates, secure the scene, call the Operations Lieutenant, contact Psychology Services and contact SIS. The non-custody first responder stated that she would make sure the patient was safe and notify everyone.

Based on a review of the PAQ, P5324.12, investigative reports and interviews with random staff and first responders, this standard appears to be compliant.

Standard 115.65: Coordinated response

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. MIM 5324.12A

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.65 (a): The PAQ as well as P5324.12, page 40, indicated that the facility has a written plan that coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health staff, investigators and facility leaders. A review of MIM 5324.12A showed that all areas are accounted for in the plan. Sections include actions and responsibilities required for each area. The Warden confirmed that the facility has a plan and that it includes all the required components.

Based on a review of the PAQ, P5324.12, MIM 5324.12A and the interview with the Warden, this standard appears to be compliant.

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

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*)

Documents:

1. Pre-Audit Questionnaire

2. Council of Prison Locals – FBOP and CPL - American Federation of Government Employees Master Agreement

Interviews:

1. Interview with the Agency Head

Findings (By Provision):

115.66 (a): The PAQ indicated that the agency has entered into or renewed a collective bargaining agreement since August 20, 2012. Page 70 of the Master Agreement indicates that the employer may reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter. The interview with the Agency Head confirmed that the agency has a collective bargaining agreement, however article 30g of the Master Agreement permits the agency to remove an employee from the institution when an allegation adversely affects the agency's confidence in the employee or the security of the institution.

115.66 (b): The PAQ indicated that the agency has entered into or renewed a collective bargaining agreement since August 20, 2012. Page 70 of the Master Agreement indicates that the employer may reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter.

Based on a review of the PAQ, the Master Agreement and the interview with the Agency Head, this standard appears to be compliant.

Standard 115.67: Agency protection against retaliation

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports
4. Monitoring Documents

Interviews:

1. Interview with the Agency Head
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): P5324.12, pages 42-43, outline the agency's method for protection against retaliation. It addresses that the agency will protect all inmates and staff who report sexual abuse and sexual harassment from retaliation by other inmates and staff and has designated staff responsible for monitoring. The PAQ indicated that the facility has a policy and that SIS is responsible for monitoring for retaliation.

115.67 (b): P5324.12, page 42, addresses the multiple measures that the facility will take to protect inmates and staff. These measures include housing changes or transfers for inmate victims, removal of the alleged staff abuser from contact with the victim and emotional support services for inmates or staff who fear retaliation for reporting. A review of investigative reports and monitoring documents indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The interview with the Agency Head indicated that the PCM would monitor the inmate and monitoring would include housing and cell assignments, work assignments, programming changes and disciplinary action. The Agency Head indicated for staff it could include reassignment of work posts, performance evaluations and shift changes. The Warden stated that they could take measures such as moving the inmate to a different housing assignment or work detail, they could transfer one of the inmates to a different facility and/or they could move staff if the allegations were verified. The interview with staff responsible for monitoring indicated inmates that he goes to the unit to talk to the inmate discretely about any issues. He stated there are any issues he would refer the inmate to Psychology Services. The staff member stated he monitors for 90 days and checks on the inmates periodically when he is doing rounds. Three of the inmates who reported sexual abuse stated they felt protected against retaliation. Two stated that they do not feel protected. One stated staff placed him in the SHU for no reason while the other stated they do not care about her because she is transgender. Neither of the inmates had anything specific related to retaliation.

115.67 (c): P5324.12, page 43, addresses that the facility will monitor the inmate for at least 90 days following a report of sexual abuse and will monitor the conduct and treatment of the inmate or staff to see if there are any changes that may suggest possible retaliation and will act promptly to remedy any retaliation. The policy requires that the process include monitoring any inmate disciplinary reports, housing or program changes or any negative performance reviews or reassignments of staff. The policy indicates that monitoring can extend beyond 90 days if the initial monitoring indicates a need to continue. The policy states that the PREA Compliance Manager is responsible for monitoring. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. The interview with the Warden indicated that in the event of retaliation an investigation would be initiated and discipline would ensue if appropriate. The interview with the staff member responsible for monitoring retaliation indicated that he monitors for 90 days or more if required and that he will conduct periodic status checks during rounds. A review of investigative reports indicated that one allegation required monitoring while the two other sexual abuse allegations were unfounded. All three of the inmate victims were monitored for 90 days in each of the allegations, with 30, 60 and 90-day status checks.

115.67 (d): P5324.12, page 43, states that the facility will monitor the inmate and such monitoring includes periodic status checks. The interview with the staff member responsible for monitoring retaliation indicated that he monitors for 90 days or more if required and that he will conduct periodic status checks during rounds. A review of investigative reports indicated that one allegation required monitoring while the two other sexual abuse allegations were unfounded. All three of the inmate victims were monitored for 90 days in each of the allegations, with 30, 60 and 90 day status checks.

115.67 (e): P5324.12, page 43, states if any other individual who cooperates with an investigation expresses fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The interview with the Agency Head indicated that If an inmate or staff member who cooperated with an investigation expresses a fear of retaliation, that individual will be monitored in the same manner as the individual who reported the allegation and will be protected against such retaliation. This protection can take the form of changing housing or work assignments, transfers, changing work supervisors, or other actions that prevent retaliation. The Warden stated that they could take measures such as moving the inmate to a different housing assignment or work detail, they could transfer one of the inmates to a different facility and/or they could move staff if the allegations were verified. Additionally he stated that in the event of retaliation an investigation would be initiated and discipline would ensue if appropriate.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, P5324.12, investigative reports, monitoring documents and interviews with the Agency Head, Warden and staff charged with monitoring for retaliation, this standard appears to be compliant.

Recommendation:

While the facility complies with this standard based on interviews and a review of documentation the auditor recommends that the facility utilize the updated monitoring form and add more detailed information, including date and notes of what the inmate said, from the periodic status checks.

Standard 115.68: Post-allegation protective custody

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. BP-A1002: Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegations Form

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing

Site Review Observations:

1. Observations of the Special Housing Unit

Findings (By Provision):

115.68 (a): P5324.12, page 43, indicates any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse will be subject to the requirements of 115.43. Pages 33-34 of P5324.12 reference the requirements under 115.43 in policy. The PAQ indicated that no inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. During the tour, it was observed that there were no inmates placed in segregation due to a PREA allegation. A review of housing documents for the three inmate who reported sexual abuse indicated that none were placed in segregated housing due to their reported allegation. Two of the inmates were already in the SHU at the time of the allegation. The interview with the Warden indicated that the agency has a policy that prohibits placing inmate victims of sexual abuse in segregated housing unless there is an assessment made and there are no other available alternatives to separate the inmate victim from the abuser. The Warden stated that inmates who allege sexual abuse are not placed in involuntary segregated housing unless there is no other alternative housing available at the facility. He stated that the inmate would remain only until they could find alternative housing or the investigation could be completed. The interview with the staff who supervise inmates in segregated housing indicate that inmates would have access to programs, privileges, education and work opportunities to the extent possible as they are not placed in segregation for punishment. The staff member stated any limitations would be documented with an explanation and that they would try to do all they could to make sure the inmate has access to everything other inmates have access to. The staff indicated that they usually move the alleged perpetrator rather than the victim and the length of time would depend on the situation. He also stated that inmates would be reviewed at least every 30 days for their continued need for placement in segregated housing.

Based on a review of the PAQ, P5324.12, BP-A1002 and the interview with the Warden and staff who supervise inmates in segregated housing, this standard appears to be compliant.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Prison Rape Elimination Act Investigation Policy Memorandum
4. Memorandum of Understanding with the Federal Bureau of Investigation (FBI)
5. Letter from FBI on PREA Compliance
6. Investigative Reports

Interviews:

1. Interview with Investigative Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with the Warden
4. Interview with the PREA Coordinator
5. Interview with the PREA Compliance Manager

Findings (By Provision):

115.71 (a): P5324.12, page 43, states when an agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly and objectively for all allegations. The policy indicated that when it is an inmate-on-inmate allegation that the Special Investigative Services (SIS) is contacted and for an allegation that is staff-on-inmate the OIA, OIG and when appropriate, FBI are contacted. There were five allegations of sexual abuse or sexual harassment reported at the facility for the previous twelve months, all of which were closed. A review of the five investigations confirmed that all of the allegations were forwarded to SIS for investigation and one was referred to OIA. Three investigations were completed within 30 days while two were completed within 90 days. All five were thorough and objective. The interview with the investigator confirmed that an investigation would be initiated immediately and that allegations are investigated the same whether they are reported anonymously or through a third party.

115.71 (b): P5324.12, page 28, and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigating Sexual Abuse in a Confinement Setting. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The PAQ indicated 253 facility and agency staff complete investigations, including fifteen facility staff at FDC Miami. A review of documentation indicated that 30 facility staff were documented with the NIC specialized investigator training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The interview with the investigator indicated he received the specialized training. He stated that the training is completed through videos and online courses. He said it consists of seven sections that cover a wide array of topics to include interviews, medical actions, investigation, investigative outcomes and whether to refer the investigations. He confirmed all required topics were covered as required under this provision.

115.71 (c): P5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that investigators shall gather and preserve direct and circumstantial evidence including physical, DNA, electronic monitoring data and interviews. It also indicates that they will review prior complaints and reports of sexual abuse involving the alleged perpetrator. There were five allegations of sexual abuse or sexual harassment reported at the facility for the previous twelve months, all five of which were closed. A review of the five investigations confirmed that all included statements and/or interviews. None involved video monitoring review or the collection of other evidence (i.e. physical or DNA). The investigator stated that following an allegation his first step would be to safeguard the inmate. He stated he would then preserve any evidence by locking down the crime scene and sending the inmate out for a forensic examination (if applicable). He indicated he would then conduct interviews, take photos, collect evidence and review all of the information to make a determination. The investigator stated that he would be responsible for collecting evidence such as bed sheets, any physical items associated with the allegation, DNA, video, witness statements, etc.

115.71 (d): P5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that when evidence appears to support criminal prosecution that the agency will conduct compelled interviews only after consulting with prosecutors. The investigator stated he would not conduct compelled interviews and that the FBI and/or OIG would do this.

115.71 (e): P5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that the credibility of the alleged victim, perpetrator and/or witness will be assessed on an individual basis and will not be determined based on the individual's status as an inmate or staff member. Additionally, it indicates that inmates would not be required to submit to a polygraph examination or any other truth-telling device as a condition for proceeding with the investigation. The interview with the investigator confirmed that the agency does not utilize polygraph tests or any other truth-telling devices on inmates who allege sexual abuse. He stated that he does not judge the credibility of any victim, alleged abuser or witnesses. All five inmates who reported sexual abuse indicated they were not required to take a polygraph or truth telling device test.

115.71 (f): P5324.12, pages 44-45, describes the criminal and administrative investigation process. Specifically, it states that all administrative investigation will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. Additionally, the policy indicates that the investigation should also include information as to whether other factors such as physical layout, staffing patterns and institutional operations contributed to the abuse. administrative investigations were completed in the previous twelve months. A review of the five investigations confirmed that all were documented in a written report with investigatory facts and findings. The interview with investigative staff confirmed that administrative investigations would be documented in written reports and include an initial statement, a list of victims, suspects and witnesses, medical and mental health assessments, interviews and statements, description of the evidence, a summary and the conclusion. The investigator confirmed that he would also review interviews/statements and video evidence to determine if staff actions or their failure to act contributed to the allegation.

115.71 (g): P5324.12, page 45, indicates that 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. There had been no criminal investigations completed related to sexual abuse within the previous twelve months. The interview with investigative staff confirmed that criminal investigations would be documented in written reports through the FBI or OIG and that their reports would contain similar elements as an administrative report.

115.71 (h): P5324.12, page 45 and the PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there have not been any allegations referred for prosecution since the last PREA audit. A review of documentation indicated there have been no substantiated sexual abuse allegations over the audit period. The interview with the investigator indicated that an allegation would be referred for prosecution if the evidence indicates that a crime was committed.

115.71 (i): P5324.12, page 45 and the PAQ describes that all written reports referenced in (f) and (g) will be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. A review of a sample of historic investigations confirmed retention is being met.

115.71 (j): P5324.12, page 45, indicates that the departure of the alleged victim or alleged abuser from employment or custody of the agency does not provide a basis for terminating an investigation. The interview with the investigator confirmed that all investigations are completed no matter if staff leave/resign or if inmates depart the facility or agency's custody.

115.71 (k): The auditor is not required to audit this standard.

115.71 (l): The Office of the Inspector General and the Federal Bureau of Investigation are responsible for conducting criminal sexual abuse investigations at all BOP facilities. The MOU as well as the letter from the FBI indicate that they are compliant with all PREA investigatory standards. The PREA Coordinator stated that if the OIG is conducting the investigation, they provide updates to the institution; at the conclusion of their investigation, they inform OIA of the outcome. The Warden stated that the outside agency will communicate with the SIA and that SIA would keep him informed. The PCM stated that the agency communicates with the SIA who then provides information to the Warden. The investigator stated he serves as a liaison between the facility and the agency and he assist with coordination.

Based on a review of the PAQ, P5324.12, the MOU with the FBI, the letter from the FBI, investigative reports, training records and information from interviews with the Agency Head, Warden, PREA Coordinator, PREA Compliance Manager, investigative staff and inmates who reported sexual abuse, indicate that this standard appears to be compliant.

Standard 115.72: Evidentiary standard for administrative investigations

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.72 (a): P5324.12, page 45, indicates that the agency does not impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of the documentation indicated there were five sexual abuse or sexual harassment administrative investigations completed within the previous twelve months. A review of these investigations indicated that all were completed with findings of unsubstantiated or unfounded. A review indicated the findings were accurate based on the evidence. The interview with the investigator indicated the level of evidence required to substantiate an allegation is preponderance of evidence.

Based on a review of the PAQ, P5324.12, investigative reports and information from the interview with the investigator, it is determined that this standard appears to be compliant.

Standard 115.73: Reporting to inmates**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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Sexually Abusive Behavior Prevention and Intervention Program
4. Investigative Reports
5. Notification Memos

Interviews:

1. Interview with the Warden

2. Interview with Investigative Staff
3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): P5324.12, page 45 and the Sexually Abusive Behavior Prevention and Intervention Program, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation, the facility will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The policy indicates that the Special Investigative Services Lieutenant is responsible for all notification under this standard. The PAQ indicated that there were three investigation completed within the previous twelve months. Upon further review it was determined that there were five allegations in the previous twelve months, however two were sexual harassment. All five allegations (including the sexual harassment allegations) had an investigative outcome victim notification. The documents reviewed indicated that inmates are verbally notified of the outcome of their investigation and that they sign the document indicating they were informed of the outcome. The interviews with the Warden and the investigator confirmed that inmates are informed of the outcome of the investigation into their allegation. Three of the four inmates interviewed indicated they were unaware of if they were to be informed of the outcome of the investigation into their allegation. One inmate stated that he was notified verbally and in writing of the outcome of the investigation into his allegation.

115.73 (b): P5324.12, page 46 and the PAQ indicate that if the agency does not conduct the investigation, that it shall request the relevant information from the investigating agency in order to inform the inmate. The OIA, OIG and FBI are responsible for sexual abuse investigations. These agencies provide relevant information to the facility in order to inform inmates about the outcome of their investigations. The PAQ indicated that there were zero investigations completed within the previous twelve months by an outside agency. A review of information confirmed there was one allegation referred to the OIG, however they declined to investigate and advised the facility to perform a local investigation.

115.73 (c): P5324.12, page 46 and the Sexually Abusive Behavior Prevention and Intervention Program, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The policy further indicates that these notifications may not be appropriate in all cases and that all notifications are made in accordance with the Freedom of Information Act/Privacy Act. The PAQ indicated that there have been substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. A review of the investigations indicated there were two staff investigations, both of which were closed unfounded and did not required notification under this provision. The interviews with the four inmates indicated that one involved a staff member and the inmate was not informed anything related to the staff member. The inmate indicated the staff member still works at the facility and was still in contact with him.

115.73 (d): P5324.12, page 45 and the Sexually Abusive Behavior Prevention and Intervention Program, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation by another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within

the facility. The PAQ indicated that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of the investigations indicated there were three closed inmate-on-inmate allegations (two sexual harassment and one sexual abuse). Two were unsubstantiated and one was unfounded and as such none of the three required notification under this provision. The interviews with four inmates who reported sexual abuse indicated that there were inmate-on-inmate allegations. All three inmates indicated that they were not informed anything about the inmate perpetrator. Two inmates stated the alleged inmate perpetrator was still at the facility.

115.73 (e): P5324.12, page 46, indicates that all notifications or attempted notification would be documented and maintained in the investigative file. The PAQ indicated that there were zero notifications made during the audit period. Further communication indicated there were three notification as required under this standard. A review of documents indicated there were five allegations in the previous twelve months, however two were sexual harassment. All five allegations (including the sexual harassment allegations) had an investigative outcome victim notification.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, P5324.12, the Sexually Abusive Behavior Prevention and Intervention Program, review of investigative files, notification documents and information from interviews with the Warden, the investigator and inmates who reported sexual abuse, this standard appears to be compliant.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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*)

Documents:

1. Pre-Audit Questionnaire
2. P3420.11
3. P5324.12
4. Investigative Reports

Findings (By Provision):

115.76 (a): P3420.11, pages 6-7 and P5324.12, describes the process for disciplinary sanctions against staff. Specifically, they indicate that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.

115.76 (b): P3420.11, pages 6-7 and P5324.12, indicate that termination will be the presumptive disciplinary sanction for staff who engage in the sexual abuse. The policy states that engaging in this activity is a violation of Title 18, US Code Chapter 109A and that it may result in up to life in prison. The PAQ indicated there were no staff members who violated the sexual abuse and sexual harassment policies. A review of investigative reports confirmed that there were no substantiated staff-on-inmate allegations.

115.76 (c): P5324.12 describes the process for disciplinary sanctions against staff. Specifically, it illustrates that disciplinary sanctions for violations of the agency's sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated there were no staff that were disciplined short of termination for violating the sexual abuse and sexual harassment policies.

115.76 (d): P5324.12 indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated there were no staff members who violated the sexual abuse and sexual harassment policies. A review of investigative reports confirmed that there were no substantiated staff-on-inmate allegations.

Based on a review of the PAQ, P3420.11, P5324.12 and investigative reports, this standard appears to be compliant.

Standard 115.77: Corrective action for contractors and volunteers

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*)

Documents:

1. Pre-Audit Questionnaire
2. P3420.11
3. P5324.12
4. Investigative Reports

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.77 (a): P3420.11, pages 6-7 and P5324.12, describe the process for corrective action for volunteers and contractors. Volunteers and contractors fall under the same category of staff and as such, any violation of sexual abuse or sexual harassment policies may result in up to termination from the facility. The policy states that engaging in this activity is a violation of Title 18, US Code Chapter 109A and that it may result in up to life in prison. Additionally, P5324.12 states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and will be reported to law enforcement,

unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there have been no contractors or volunteers who violated the sexual abuse or sexual harassment policies and who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports indicated that there were not substantiated allegations against a contractor or volunteer.

115.77 (b): P5324.12 and the PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor being removed from the facility. If a contractor violated the policy their agency would be notified and if a volunteer violated the policy they would look at the level of severity to determine if suspension is warranted. The Warden stated there have been no violations by contractors or volunteers.

Based on a review of the PAQ, P3420.11, P5324.12, investigative reports and information from the interview with the Warden, this standard appears to be compliant.

Standard 115.78: Disciplinary sanctions for inmates

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. P5270.09
4. P5510.13
5. Investigative Reports

Interviews:

1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it states that inmates will 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 finding of guilt from a criminal investigation. The PAQ indicated there have been no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months. A review of investigative reports confirmed there have been no substantiated inmate-on-inmate allegations.

115.78 (b): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the sanctions will commensurate with the nature and circumstances of the abuse committed, the inmates' disciplinary history and sanctions imposed for comparable offenses by inmates with similar histories. The PAQ indicated there have been no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Warden confirmed that they would utilize the disciplinary process. He stated sanctions would be based on the

hearing and could include a transfer to a higher custody facility, a loss of good time and certain restrictions such as programs and privileges. The Warden confirmed that there is a range of discipline that falls under the disciplinary process for inmates based on nature and circumstances.

115.78 (c): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the disciplinary process will consider whether the inmate's mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed. The PAQ indicated there have been no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Warden indicated that the inmate abuser's mental health would be considered in the disciplinary hearing. He stated that if the inmate has a mental health issue they would refer the information to Psychology Services prior to the disciplinary process.

115.78 (d): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the agency will offer therapy, counseling and other interventions to correct underlying reasons or motivations for the abuse and will consider whether to require the abuser to participate in these interventions as a condition of access to programming and other benefits. The PAQ indicated there have been no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. Interviews with medical and mental health staff indicated that they offer therapy, counseling and other services designed to address and correct underlying issues and that the services are voluntary.

115.78 (e): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the agency may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent. The PAQ indicated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.78 (f): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that inmates will not be disciplined for falsely reporting an incident or lying, if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate the allegation. The policy further states that the maintenance of an effective sexual abuse prevention policy requires inmates to be held responsible for manipulative behavior and making false allegations. As such, false reports will be considered in accordance with the P5270.09 and P5510.13. There have been no instances where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

115.78 (g): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the 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 is determined the activity is not coerced.

Based on a review of the PAQ, P5324.12, investigative reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

MEDICAL AND MENTAL CARE

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Medical/Mental Health Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations of Risk Screening Area
2. Observation of Inmate Medical and Classification Files

Findings (By Provision):

115.81 (a): P5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have experience prior sexual victimization will be offered a follow-up with medical or mental health within fourteen days of the screening. P5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates who are identified during the risk screening to have experienced prior sexual victimization are referred to Psychology Services. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health care staff maintain documents related to compliance with these services. A review of medical and mental health files for the five inmates identified who disclosed prior sexual victimization revealed that all five were seen by mental health care staff within the required fourteen days. Most of the inmates were seen within a few days by mental health care staff. Interviews with staff responsible for the risk screening, indicated that after the inmate discloses prior victimization, they are seen by mental health care staff, typically the next day. The interviews with four inmates who disclosed prior victimization indicated that two were offered mental health services. One inmate stated she could not remember if she was offered but she did not see mental health care staff after she disclosed. The other inmate stated he was not offered a follow-up.

115.81 (b): P5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have previously perpetrated sexual abuse will be offered a follow-up with medical or mental health within fourteen days of the screening. P5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates identified during the risk screening to have previously perpetrated sexual abuse are referred to Psychology Services. The PAQ indicated that 100% of those inmates who reported prior perpetration were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health care staff maintain documents related to compliance with these services. Ten inmates were identified with prior sexual abusiveness. A review of documentation indicated that all ten inmates were seen by mental health care staff within the fourteen days. Interviews with staff responsible for the risk screening, indicated that after prior abusiveness is determined, the inmate is offered a follow-up with mental health care staff, typically the next day.

115.81 (c): P5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have experience prior sexual victimization will be offered a follow-up with medical or mental health within fourteen days of the screening. P5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates who are identified during the risk screening to have experienced prior sexual victimization are referred to Psychology Services. The PAQ indicated that 100% of those inmates who reported prior victimization

were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health care staff maintain documents related to compliance with these services. A review of medical and mental health files for the five inmates identified who disclosed prior sexual victimization revealed that all five were seen by mental health care staff within the required fourteen days. Most of the inmates were seen within a few days by mental health care staff. Interviews with staff responsible for the risk screening, indicated that after the inmate discloses prior victimization, they are seen by mental health care staff, typically the next day. The interviews with four inmates who disclosed prior victimization indicated that two were offered mental health services. One inmate stated she could not remember if she was offered but she did not see mental health after she disclosed. The other inmate stated he was not offered a follow-up.

115.81 (d): P5324.12, page 49, states that information related 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 management decision, including housing, bed, work, education and program assignments. During the tour it was noted by the auditor that inmate medical files are mainly electronic but a few paper files were kept behind a locked door and inmate classification files are kept behind a locked door with limited staff access. Additionally, the auditor observed that the risk screening is conducted in a private office setting.

15.81 (e): P5324.12, page 50, states that medical and mental health staff are required to obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate was under eighteen. The PAQ stated that there have been no instances where medical and mental health practitioners required consent from an inmate over eighteen before reporting sexual victimization that did not occur in a correctional setting. Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting, that they disclose their duty to report and that they have not had any instances of this in the previous twelve months. Additionally, they indicated that they do not deal with inmates under eighteen and/or vulnerable adults.

Based on a review of the PAQ, P5324.12, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, the facility appears to meet this standard.

Standard 115.82: Access to emergency medical and mental health services

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with First Responders

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): P5324.12, pages 50-51, describes inmate's access to emergency medical and mental health treatment. Page 50, specifically states that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services as determined by the medical and mental health practitioners. The PAQ indicated that medical and mental health care staff maintain secondary materials documenting the timeliness of services. During the tour, the auditor noted that the medical and mental health areas consisted of an emergency room area, numerous exam rooms and offices. All areas were private and consisted of solid doors with security windows that allowed for adequate confidentiality. A review of documentation indicated that there were three sexual abuse allegations reported in the previous twelve months. The auditor reviewed documentation for the three inmate victims. All three inmates were provided medical services the same day as their allegation and mental health services the following day. Interviews with medical and mental health care staff confirm

that inmates receive timely services, typically immediately. They also advised that services are based on their professional judgement. The interviews with the inmates who reported sexual abuse indicate that four of the five were seen by medical and/or mental health staff in a timely manner.

115.82 (b): P5324.12, page 51 and the PAQ indicated that if no qualified medical or mental health practitioners were on duty at the time of a report of recent abuse, that the Operations Lieutenant would take preliminary steps to protect the victim and notify the appropriate medical and mental health services. Procedure confirms that inmate victims of sexual abuse would be transported to a local hospital for a forensic medical examination. The custody first responder indicated that he would separate the inmates, secure the scene, call the Operations Lieutenant, contact Psychology Services and contact SIS.

115.82 (c): P5324.12, pages 50-51, describes inmate's access to emergency medical and mental health treatment. Page 51 specifically indicates that inmate victims of sexual abuse receive timely access to emergency contraception and sexually transmitted infection prophylaxis. When the inmate is transferred to the local hospital, these services are typically rendered at the time and the facility would continue any follow-up medication, education or services. A review of documentation indicated that there were three sexual abuse allegations reported during the previous twelve months. All three inmates were provided medical and mental health services, however none involved penetration. Interviews with medical and mental health care staff confirm that inmates receive timely information and access to emergency contraception and sexually transmitted infection prophylaxis. The interviews with the inmates who reported sexual abuse indicate that four of the five were seen by medical, however none of the five had an allegation involving penetration.

115.82 (d): P5324.12, pages 50-51, describes inmate's access to emergency medical and mental health treatment. Page 51 specifically states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims.

Based on a review of the PAQ, P5324.12, a review of medical and mental health documents and information from interviews with medical and mental health care staff and inmates who reported sexual abuse indicate that this standard appears to be compliant.

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that the agency will offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. During the tour, the auditor noted that the medical and mental health areas consisted of an emergency room area, numerous exam rooms and offices. All areas were private and consisted of solid doors with security windows that allowed for adequate confidentiality.

115.83 (b): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that evaluations and treatments of such victims will include follow-up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody. Interviews with medical and mental health staff indicate that they provide services such as crisis intervention, baseline laboratory work, individual mental health treatment, referrals to the Refuge House and other treatment as necessary. A review of documentation indicated that there were three sexual abuse allegations reported in the previous twelve months. The auditor reviewed documentation for the three inmate victims. All three inmates were provided medical services the same day as their allegation and mental health services the following day. Interviews with medical and mental health care staff confirm that they provide follow-up services to inmate victims. A few of the services include assessments, coping strategies, long term services, outside advocacy, testing for HIV/STIs and forensic medical examinations. The interviews with the inmates who reported sexual abuse indicate four of the five were seen by medical and/or mental health care staff. Three of the five stated that they were offered follow-up services with medical and/or mental health care staff after the allegation.

115.83 (c): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that the facility shall provide victims medical and mental health services consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospitals for forensic medical examinations. A review of medical and mental health documentation indicated that inmates have access to medical and mental health care when needed and they provide services consistent with a local doctor's office. Any severe medical treatment is performed at the local hospital. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): The PAQ indicated that female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it indicates that female offenders who have been sexually victimized while incarcerated shall be offered pregnancy tests. A review of the three sexual abuse allegations indicated that zero involved penetration and as such pregnancy tests were not applicable. All five inmates who reported sexual abuse were male inmates and as such pregnancy was

not applicable. Interviews with medical and mental health care staff confirmed that inmate victims of sexual abuse would be provided pregnancy tests.

115.83 (e): The PAQ indicated that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy related medical services. P5324.12, page 52, indicates that if pregnancy results from the conduct of section (d), such victims shall receive timely and comprehensive information and access to all lawful pregnancy related medical services. A review of the three sexual abuse allegations indicated that zero involved penetration and as such pregnancy tests were not applicable. All five inmates who reported sexual abuse were male inmates and as such pregnancy was not applicable. Interviews with medical and mental health care staff confirmed that inmate victims of sexual abuse would be provided pregnancy tests and pregnancy related information when they learned of the allegation.

115.83 (f): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. A review of documentation indicated that there were three sexual abuse allegations reported during the previous twelve months. All three inmates were provided medical and mental health services, however none involved penetration and as such no documentation was available for review. Interviews with medical and mental health care staff confirm that inmates receive timely information and access to HIV and STI testing. The interviews with the inmates who reported sexual abuse indicate that four of the five were seen by medical, however none of the five had an allegation involving penetration.

115.83 (g): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims. None of the five inmates who reported sexual abuse indicated they were required to pay for medical and/or mental health care services.

115.83 (h): P5324.12, page 52, indicates that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history. There was one inmate-on-inmate sexual abuse allegation reported during the previous twelve months, however the allegation was unsubstantiated. As such, there were no confirmed inmate-on-inmate abusers who required an evaluation under this provision. Interviews with medical and mental health staff confirm that inmate-on-inmate abusers would be offered a mental health evaluation within 60 days. The staff stated they would typically see them though within two to three days.

Based on a review of the PAQ, P5324.12, a review of medical and mental health documents and information from interviews with the inmates who reported sexual abuse and medical and mental health care staff, this standard appears to be compliant.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Sexual Abuse Incident Reviews

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): P5324.12, pages 52-53, outlines information related to sexual abuse incident reviews. Specifically, page 53 states that the facility will conduct sexual abuse incident reviews 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. Policy indicates that Executive Staff review the incident and that the PCM documents the recommendation and forwards them to the Warden for implementation. If the allegation is substantiated a copy of the review is forwarded to the Regional PC. The PAQ indicated there were two reviews completed within the previous twelve months. Further review indicated only one review was required, however they completed a review on a sexual harassment allegation as well.

115.86 (b): P5324.12, pages 52-53, outlines information related to sexual abuse incident reviews. Specifically, page 53 states that the review shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ indicated that two reviews were completed within the previous twelve months. Further review indicated only one review was required, however they completed a review on a sexual harassment allegation as well. Both reviews were completed within 30 days of the conclusion of the investigation.

115.86 (c): P5324.12, pages 52-53, outlines information related to sexual abuse incident reviews. Specifically, page 53 states that the review team will consist of upper management officials, with input from line supervisors, investigators and medical and mental health staff. Additionally, policy requires that the Union President or designee be allowed input and the local union representative be authorized to review the recommendations prior to implementation. A review of the two reviews indicated that upper management leadership, the investigator and mental health were included in the reviews. The interview with the Warden confirmed that these reviews are being completed and they include upper management officials, line supervisors, mental health staff, medical staff, the investigator and the union representative.

115.86 (d): P5324.12, page 53, illustrates that the review team shall: consider whether the allegation or investigation indicates a need to change policy or practice; consider whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. Policy indicates that Executive Staff review the incident and that the PCM documents the recommendation and forwards them to the Warden for implementation. If the allegation is substantiated a copy of the review is forwarded to the Regional PC. A review of the two reviews indicated that all required components are included in the review. Interviews with the Warden, PCM and incident review team member confirmed that these reviews are being completed and they include all the required

elements under this provision. The interview with the Warden indicated that the information from the reviews is utilized to determine if procedures, staffing and physical layout is adequate. He also stated it is utilized to determine if mirrors or cameras are needed in any areas. The PCM stated he reviews the reports and has not noticed any trends. He stated that if corrective action was needed that he would ensure it was taken (i.e. curtains needed to be added, lighting needed adjusted, etc.).

115.86 (e): P5324.12, page 53, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will implement the recommendations for improvement or document the reasons for not doing so. Policy also states that all recommendation must comply with current collective bargaining agreements. A review of the two incident reviews indicated that a section exists for recommendations and corrective action, however no recommendations were noted.

Based on a review of the PAQ, P5324.12, a review of the sexual abuse incident reviews and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to be compliant.

Standard 115.87: Data collection

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Aggregated Data

Findings (By Provision):

115.87 (a): P5324.12, page 54, outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization (SSV). A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards. Data is collected from numerous sources to include SIS, OIA, SENTRY and the Information, Policy and Public Affairs Division (IPPA). The OIA reports the data to the CEO and the IPPA reports the data for the SSV.

115.87 (b): P5324.12, page 55 and the PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. Policy states that the PREA Coordinator and Regional PREA Coordinators are responsible for the annual aggregation.

115.87 (c): P5324.12, page 54, outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization (SSV). A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards. Data is collected from numerous sources to include SIS, OIA, SENTRY and the Information, Policy and Public Affairs Division (IPPA). The OIA reports the data to the CEO and the IPPA reports the data for the SSV.

115.87 (d): P5324.12, page 55 and the PAQ indicate that the agency maintains, reviews and collects data as needed from available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. Data is collected from numerous sources to include SIS, OIA, SENTRY and the Information, Policy and Public Affairs Division (IPPA). The OIA reports the data to the CEO and the IPPA reports the data for the SSV.

115.87 (e): P5324.12, page 55 and the PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. A review of the annual report, which includes the aggregated data, indicated that data was reported for all seven privately operated low security facilities.

115.87 (f): P5324.12, page 55 and the PAQ indicated that the agency provides data from the previous calendar year to the Department of Justice no later than June 30th.

Based on a review of the PAQ, P5324.12 and a review of the aggregated data, this standard appears to be compliant.

Standard 115.88: Data review for corrective action

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Annual PREA Reports

Interviews:

1. Interview with the Agency Head
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): P5324.12, page 56 and the PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. Policy indicated that the National PC reviews the data completed by the Regional PREA Coordinators, IPPA and OIA and reports to the Director annually. A review of annual reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action. The interview with the Agency Head indicated that if incident-based data shows patterns then policies, procedures and training may be modified. The PCM stated that they provide information to the Region and that he was unaware of what exactly they do with the information. Additionally, the PC confirmed that the data is reviewed and compiled into a report and issued to the Director annually.

115.88 (b): P5324.12, page 56 and the PAQ indicated that the agency's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. A review of annual reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action.

115.88 (c): P5324.12, page 56 and the PAQ indicated that the agency's annual report is approved by the Agency Head and made available to the public through its website. The interview with the Agency Head confirmed that the report is done annually and that it is reviewed prior to being placed on the public website. A review of the website: https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp confirmed that the current annual report is available to the public online.

115.88 (d): P5324.12, page 56 and the PAQ indicated that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. Policy states that the agency complies with the Federal Privacy Act and the Freedom of Information Act. A review of the annual report confirmed that no personal identifying information was included in the report nor any security related information. The report did not contain any redacted information.

Based on a review of the PAQ, the annual report, the website and information obtained from interviews with the Agency Head, PC and PCM, this standard appears to be compliant.

Standard 115.89: Data storage, publication, and destruction

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Annual Reports

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): P5324.12, page 56, describes the data storage, publication and destruction of information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency shall ensure all data is securely retained. The PAQ as well as the interview with the PREA Coordinator confirmed that the agency complies with FOIA and other applicable laws, rules and regulations to ensure all investigative, psychological and medical data is securely maintained.

115.89 (b): P5324.12, page 56, describes the data storage, publication and destruction of information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency will make all aggregated sexual abuse data readily available to the public, at least annually, through its website or through other means. A review of the website: https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp confirmed that the current annual report, which includes aggregated data, is available to the public online.

115.89 (c): P5324.12, page 56 and the PAQ indicated that before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. A review of the annual report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.

115.89 (d): P5324.12, page 56 and the PAQ indicates that the agency maintains sexual abuse data that is collected for at least ten years after the date of initial collection. A review of historical annual reports indicated that aggregated data is available from 2013 to present.

Based on a review of the PAQ, P5324.12, annual reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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*)

Findings (By Provision):

115.401 (a): The facility is part of the Federal Bureau of Prisons. All BOP facilities were audited in the previous three-year audit cycle.

115.401 (b): The facility is part of the Federal Bureau of Prisons. The BOP has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the second year of the three-year cycle.

115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.

Standard 115.403: Audit contents and findings

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*)

Findings (By Provision):

115.403 (a): The facility was previously audited on June 19-21, 2018. The final audit report is publicly available via the agency website.

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.

Kendra Prisk

Auditor Signature

August 29, 2021

Date