

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

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

Interim       Final

**Date of Interim Audit Report:**  N/A

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

**Date of Final Audit Report:** 08/02/2021

## Auditor Information

<b>Name:</b> Demetrius Henderson	<b>Email:</b> demetrius@preaauditing.com
<b>Company Name:</b> PREA Auditors of America, LLC	
<b>Mailing Address:</b> P.O. Box 1071	<b>City, State, Zip:</b> Cypress, Tx 77410
<b>Telephone:</b> 803-565-9742	<b>Date of Facility Visit:</b> May 18-20, 2021

## Agency Information

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

## Agency Chief Executive Officer

<b>Name:</b> M.D. Carvajal, Director	
<b>Email:</b> BOP-RSD-PREACoordinator@BOP.GOV	<b>Telephone:</b> 202-616-2112

## Agency-Wide PREA Coordinator

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

## Facility Information

**Name of Facility:** Federal Correctional Institution (FCI) Williamsburg

**Physical Address:** 8301 Hwy 521

**City, State, Zip:** Salters, SC 29590

**Mailing Address (if different from above):**  
PO Box 220

**City, State, Zip:** Salters SC 29590

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** [http://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](http://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

NCCCHC

CALEA

Other (please name or describe:

N/A

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

### Warden/Jail Administrator/Sheriff/Director

**Name:** B. Wingfield, Acting Warden

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

**Telephone:** 843-387-9400

### Facility PREA Compliance Manager

**Name:** B. Wingfield, Acting Warden

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

**Telephone:** 843-387-9400

### Facility Health Service Administrator N/A

**Name:** K. Nolte, Health Service Administrator

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

**Telephone:** 843-387-9400

## Facility Characteristics

**Designated Facility Capacity:**

1664

**Current Population of Facility:**

1412

**Average daily population for the past 12 months:**

1304

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 checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	Adults 20-86
Average length of stay or time under supervision:	10 years or more
Facility security levels/inmate custody levels:	Minimum, Low, Medium, Community Out, In
Number of inmates admitted to facility during the past 12 months:	960
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	960
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	960
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
<p>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):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	293
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	29
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	9
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	9
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	8
<b>Physical Plant</b>	

<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	21
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	<p>12-General Population Housing  1-Segregated Housing.  1-Camp Dorm Setting.  14-Total Housing Units</p>
<p><b>Number of single cell housing units:</b></p>	0
<p><b>Number of multiple occupancy cell housing units:</b></p>	13
<p><b>Number of open bay/dorm housing units:</b></p>	1
<p><b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b></p>	96
<p><b>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)</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p><b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p><b>Medical and Mental Health Services and Forensic Medical Exams</b></p>	
<p><b>Are medical services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Are mental health services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

**Criminal Investigations**

<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b></p>	0
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<p><b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by:</b> Select all that apply.</p>	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<p><b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b></p>	<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**

<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b></p>	6
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<p><b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by:</b> Select all that apply</p>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>	<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 auditor's description of the audit methodology should include a detailed description of the following processes during the pre-on-site audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

The Prison Rape Elimination Act (PREA) audit for FCI Williamsburg initially started March 22, 2021, with the signing of the First Amendment to Henderson Service Agreement Bureau of Prisons (BOP) Audits between PREA Auditors of America, LLC, and Demetrius Henderson a certified PREA-Auditor. The FCI Williamsburg audit was scheduled for May 18-20, 2021.

### **Pre-Audit Preparation:**

The audit process started on March 22, 2021, with the PREA-Auditor reviewing facility documents that were uploaded. The PREA-Auditor reviewed FCI Williamsburg website and did a web search for any articles related to FCI Williamsburg. The website describes the Agency's overview, mission, vision, values, an overview, and pictures of FCI Williamsburg, programs for inmates, and a previous PREA audit report that demonstrated the facility has been following PREA standards based on achieving PREA certification. The FCI Williamsburg website also described inmates' rights to be free from sexually abusive behaviors and instructions on what to do if a sexual assault occurs. During the literature search on FCI Williamsburg, the PREA-Auditor reviewed an article that described the facility's high number of COVID infections. During the on-site visit, the Institutional PREA Compliance Manager (IPCM) informed the PREA-Auditor that rates of COVID cases may have been exaggerated because the number of COVID cases included inmates being processed in that tested positive for COVID. On March 22, 2021, the PREA-Auditor was introduced by email to the BOP Management Analyst from Washington DC by PREA Auditors of America, LLC. The PREA-Auditor emailed the BOP Management Analyst and introduced himself.

The PREA-Auditor reviewed the Facility's Pre-Audit Questionnaire (PAQ) which identified the current population at 1472 inmates and a 12-month average inmate population of 1304. The Auditor reviewed letters from inmates at FCI Williamsburg on March 27, 2021, March 28, 2021, April 15, 2021, and April 24, 2021. The letters were addressed to the PREA-Auditor, which demonstrated that PREA posting notifying inmates of the upcoming PREA audit was posted in advance by the facility. Pictures taken by FCI Williamsburg confirmed the PREA-Auditor's information were posted in the facility ahead of the scheduled PREA audit. The PREA Auditor reviewed the uploaded Agency's and Facility's policies and procedures related to PREA Standards.

On April 20, 2021, the PREA-Auditor initiated contact with two local community advocate and support organizations that provide supports to FCI Williamsburg inmates sexually assaulted. The PREA-Auditor called the two organizations; Tri-County S.P.E.A.K (formerly People Against Rape) and Pee Dee Coalition Against Domestic and Sexual Assault to discuss the relationship between them and FCI Williamsburg. On April 20, 2021, the PREA-Auditor talked with the Executive Director of Pee Dee Coalition, and she referred me to one of her managers who would have first-hand knowledge on the organization's interactions with FCI Williamsburg. On April 21, 2021, the PREA-Auditor interviewed a Coordinator from Pee Dee Coalition. Pee Dee Coalition provides emotional support, crisis services, and referrals over the phone or on-site to inmates of FCI Williamsburg. The coordinator confirmed that FCI Williamsburg provides private room for confidential support. Pee Dee Coalition confirmed that interpreter services are available for Limited English Proficient (LEP) inmates. Pee Dee Coalition confirmed that forensic examinations are completed by SANE & SAFE Nurses at the Medical University of South Carolina (MUSC) in Charleston, South Carolina. The PREA-Auditor contacted the Executive Director of Tri-County Speaks, a second community advocate and support organization. The Executive Director was interviewed by the PREA-Auditor that day and completed the supplementary questionnaire on community advocacy engagement on May 5, 2021. Both advocate organizations informed the PREA-Auditor in the past 12 months there has not been any reports of sexual

assault or sexual harassment from the FCI Williamsburg. The PREA-Auditor discussed the Memorandum of Understanding (MOU) being outdated with both advocate organizations. Both community advocate organizations informed the PREA-Auditor the MOUs were being processed. June 23, 2021, the PREA-Auditor observed both MOUs were signed by the BOP making the MOUs valid.

**National/State Advocacy Organization:**

Community Advocate and Support Organizations	Contact Information
Tri-County S.P.E.A.K.S (formerly People Against Rape)	Hotline: (24/7) 843-745-0144
Pee Dee Coalition Against Domestic and Sexual Assault	Local: (24/7) 843-669-4600 Toll Free: 800-273-1820

On April 29, the PREA-Auditor emailed the BOP Management Analyst to request the following documents to assist PREA-Auditor in preparation for the on-site visit.

Activities	Purpose	Date/Time
Entrance meeting (Williamsburg Leadership)	Introduction, overview of the Audit and Finalize schedules and interviews	7:30am-8:00am

**Tour**

Areas to Observe	Number of Cameras	Date/Time
FCI Intake Process Area & Observe Intake		
All Housing Units 14		
Special Housing Unit		
Camp		
Health/Mental Health Department		
Recreation Area & Observation		
Food Service (Cafeteria)		
Education		
Programming Area		
Work Area		
Library		

Interviews	Number of Staff	Staff Names	Date/Time
Agency Head	1		
Agency Contract Administrator	1		
Warden	1		
PREA Manager	1		
PREA Coordinator	1		
Intermediate or higher-level staff conducting and documenting announced rounds	2		
Medical Staff	2		
Mental Health Staff	1		
Administrative Human Resources	1		
SAFE & SANE Nursing Staff	2		
Non-medical staff involved in cross-gender strip or searches	2		
Volunteers who have contact with Inmates	2		
Contractors who have contact with Inmates	2		
Staff Who perform Screening for risk of victimization and abusiveness	2		
Intake Staff	2		
First Responder Custody staff	2		
Staff member who conducts administrative inmate to inmate investigations	1		
Staff member who conducts administrative staff to inmate investigations	1		
Staff member who conducts criminal staff to inmate investigations	1		
Staff member who conducts criminal inmate to inmate investigations	1		
First Responder Non-Custody staff	1		
Staff on the sexual abuse incident team	2		



Staff who supervises inmates in segregated housing	1		
Non-Medical Staff who perform Cross-gender Searches	2		
Staff Monitoring Retaliation	1		

**The DOJ Auditor will randomly select 15 staff once on-site. All Staff should be from a different housing unit.**

Randomly Selected Staff	Names (First and last name initials)	Housing Units Assigned	Date/Time
5 Staff First Shift			
5 Staff Second Shift			
5 Staff Third Shift			

**22 Targeted Inmates will be Interviewed**

Targeted Inmate	Number of Inmates	Names (first and last name initials)	Housing Units	Date/Time
Inmates with Physical Disabilities				
Youthful Inmates		N/A		
Inmates Blind, Deaf, or Hard of Hearing				
Inmates who are LEP				
Inmates with Cognitive Disabilities				
Inmates Identified as Gay, or Bisexual				
Inmates Identified as Transgender or Intersex				
Inmates who report sexual abuse				
Inmates in Segregated Housing for high risk of sexual victimization				
Inmates who report Sexual Victimization during screening				
Inmates who wrote letters	2			

**20 randomly selected will be interviewed**

Randomly Selected	Number of Inmates	Names	Housing Units	Date/Time
Randomly Selected Inmates	20	DOJ Auditor will Randomly Selected Inmates the First Day	At least 1 inmate for each housing	

**Chart Reviews**

Chart Reviews	Number of Charts
Open Inmates Investigated for Victimization of Sexual Assault	2
Closed Inmates Investigated for Victimization of Sexual Assault	2
Inmates that were screened and identified as potential victimization for sexual assault.	3
Transgender or Intersex	2
Recently Hired Correctional Officers	2
Correctional Officers employed for at least 3 years	2

**Note: The DOJ Auditor may request additional information and documents during and after the site visit.**

On May 15, 2021, the PREA-Auditor contacted by telephone a SANE Nurse at the Medical University of South Carolina and completed an interview with the SANE Nurse. The SANE Nurse informed the PREA-Auditor that no sexual assault examinations have been performed in the previous 12 months from inmates at FCI Williamsburg. The SANE Nurse informed the PREA-Auditor if an inmate sexual assault occurred at FCI Williamsburg, the inmate would be transferred to MUSC for a forensic examination. The SANE Nurse said 16 SANE/SAFE Nurses worked at MUSC and available to perform forensic examinations 24/7.

**Forensic Examinations:**

Hospital	Contact Information
Medical University of South Carolina (MUSC)	SANE Location: Charleston, South Carolina

**Williamsburg Federal Correctional Institute Annual Report (previous 12 months):**

In the previous 12 months, FCI Williamsburg reported six allegations of sexual abuse/sexual harassment. Six out of six allegations of sexual abuse/sexual harassment were administratively investigated. Of the six allegations of sexual abuse/sexual harassment reported, zero were substantiated, four were found to be unsubstantiated, and two were unfounded.

## Entrance Briefing and Site Visit:

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of FCI Williamsburg was held on May 18-20, 2021, by Demetrius Henderson, PREA Certified Auditor. The population for the first day was FCI 1399 and the Camp 72, second day FCI 1399 and the Camp 71, and the third day was FCI 1398 and the Camp 72. The rated capacity is 1664. The average range of the population is 20-86. The average population for the past 12 months was 1304, and the average length of stay is greater than 10 years.

On May 18, 2021, an entrance meeting initiated the on-site audit with the PREA-Auditor, Acting Warden (IPCM), Associate Warden, Captain, Chief Psychologist, Management Analyst, Special Investigator, Employee Development Specialist, AW Secretary, and Executive Assistant/Camp Administrator. During the meeting, the PREA-Auditor outlined his auditing process and transparency communication, sampling and scheduling of interviews, discussion of logistics for the facility tour, and the need to review additional documents. The PREA-Auditor discussed the need to review by camera any area quarantined because of COVID. The PREA-Auditor communicated the need to review the entire facility, interview a minimum of 20 targeted inmates and 20 random inmates. Leadership and Specialized Staff interviews were completed electronically, and the PREA-Auditor conveyed the need to interview at a minimum 15 random custody staff. FCI Williamsburg provided the PREA-Auditor with an updated PRE-Audit Questionnaire, hard documents of completed specialize staff interview questionnaires, documentation on new hires background checks, and the facility's sexually abusive behavior prevention and intervention program as it relates to the PREA standards. Leadership staff interviews: Agency Head, National PREA Coordinator, and Contract Administrator were uploaded prior to the on-site visit. The following specialized staff questionnaires were completed and given to the PREA-Auditor during the entrance meeting:

- ◆ Warden or Designee
- ◆ PREA Compliance Manager
- ◆ Administrative (Human Resources)
- ◆ Incident Review Team
- ◆ Intake Staff
- ◆ Intermediate or Higher-Level Facility Staff
- ◆ Staff Who have Acted as First Responders
- ◆ Staff Who Perform Screening for Risk of Victimization and Abusiveness
- ◆ Staff Who Supervise Inmates in Segregated Housing
- ◆ Mailroom Staff
- ◆ Designated Staff Member Charged with Monitoring Retaliation
- ◆ Medical Staff
- ◆ Mental Health Staff
- ◆ Non-Medical Staff Involved in Cross-Gender Strip or Visual Cavity Searches
- ◆ Investigative Staff
- ◆ Contractors Who May Have Contact with Inmates

In addition, the following specialized staff were interviewed on-site:

- ◆ Supervisor of Recreation
- ◆ Camp Counselor
- ◆ Psychologist
- ◆ Intake Staff
- ◆ Investigative Staff
- ◆ Staff Who Monitors for Retaliation

After the entrance meeting ended the PREA-Auditor started the facility tour with the goal of observing the entire facility by the time the on-site visit ended. The PREA-Auditor was escorted on the facility tour by the Acting Warden (IPCM), Management Analyst, AW Secretary, SIS Lieutenant, and Acting Captain. The facility provided the PREA-Auditor with a private room to conduct inmate and staff interviews, inmate rosters, inmate records, and employee files. All required inmate and staff interviews were conducted and completed while using COVID-19 safety precautions and Personal Protective Equipment (PPE). Some of the housing areas were being used for COVID-19 quarantine areas and were not reviewed in person by the PREA-Auditor, in accordance with BOP COVID-19 safety guidelines, quarantine areas were reviewed via security camera viewing.

The PREA-Auditor first visited an undisclosed area to observe an inmate being processed into the facility. This was the first facility area observed, because the PREA-Auditor wanted to observe the intake process. The PREA-Auditor observed the intake process and the PREA questions asked to assess for victimization, housing placements and possible referrals for additional services. The PREA-Auditor also interviewed the Intake Officer and Staff Psychologist in the intake area. The Psychologist informed the PREA-Auditor that the Psychology Services Department is seeing 39 inmates for mental health and emotional issues, and the department has four (4) psychologists and one (1) alcohol and drug abuse counselor. The Psychologist described the process of assessing for victimization and referrals to Psychology. The PREA-Auditor observed PREA signs throughout the intake area, cameras and mirrors covering blind spots, and restroom privacy with a sign posted stating that only one inmate allowed at a time. In addition, the following areas were observed during the first day:

- ◆ Education
- ◆ Psychology
- ◆ Religious
- ◆ Reentry
- ◆ VT
- ◆ Commission
- ◆ Laundry
- ◆ Food Services
- ◆ Recreation
- ◆ Medical
- ◆ Units 1AL& 1BL
- ◆ Units 3AL & 3BL
- ◆ Units 2AL & 2BL
- ◆ CAMP

It should be noted that all the above areas observed had PREA postings throughout and PREA signs informing inmates of the upcoming PREA-Audit and providing inmates with the PREA-Auditor's contact information. PREA posting and displayed four ways to report sexual assault/sexual harassment, and 1-800 hotline number.

The first day of the on-site visit, the PREA-Auditor gave several recommendations to reduce the risk of sexual assaults and sexual harassment. The following are the first-day recommendations from the PREA-Auditor and the corrective actions from FCI Williamsburg. **It should be noted FCI Williamsburg management team responded immediately with corrective actions and demonstrated the recommendations were corrected by the end of the first day.**

**Location:** Undisclosed

**Recommendations:** Because of blind spots in these areas, it is recommended that no inmate be allowed in the area without staff supervision.

**Corrective Action:** Signs posted in the area stating at no time should any inmate be unsupervised in that area. The facility demonstrated corrective action was completed with pictures of the sign posted.

**Location:** Undisclosed

**Recommendations:** Because of blind area that leads to that area, it is recommended that that an additional mirror be added to eliminate the blind spot area.

**Corrective Action:** An additional mirror was added to the area that already had several mirrors. The additional mirror helped eliminate a blind spot. The facility demonstrated corrective action was completed with pictures of the added mirror that showed a visual of the eliminated blind spot.

- Location:** Undisclosed
- Recommendations:** Because of blind areas, it is recommended that only one inmate be allowed in the area.
- Corrective Action:** Signs posted in the area stating only one inmate in this area at one time. The facility demonstrated corrective action was completed with pictures of the sign posted at the entrance door of the identified area.
- Location:** Undisclosed
- Recommendations:** Because of blind areas, it is recommended that only one inmate be allowed in the area at any given time.
- Corrective Action:** A sign posted in the area stating only one inmate in this area at one time. The facility demonstrated corrective action was completed with pictures of the signs posted.
- Location:** Undisclosed
- Recommendations:** Because of blind areas, it is recommended that mirrors be added to help eliminate blind spots in the identified area.
- Corrective Action:** Five additional mirrors were added in the inmate work area to eliminate blind areas. The facility demonstrated corrective action was completed with pictures of the mirrors installed in the identified area.

Day-one on-site visit ended with an overview and impression of that day activities. The PREA-Auditor was able to observe PREA postings, 1-800 hotline number to report PREA allegations, PREA Audit announcement, and the PREA-Auditor's information. These postings were located throughout the facility. The PREA-Auditor observed several blind areas that had the potential to increase the risk of sexual assaults and sexual harassments. The PREA-Auditor sited these blind spots as recommendations and the facility responded with correcting these recommendations. The PREA-Auditor had received a letter from a Transgender inmate alleging no privacy when showering. During the on-site visit, the PREA-Auditor observed the shower areas on several units. The PREA-Auditor is 6 foot 3 inches and when getting in the shower stall he could not see into the next stall. The PREA-Auditor physically confirmed that unit shower stalls have privacy, and the shower dimensions are configured the same way on every unit. When observing the shower stall on the outside, inmates' private areas are covered, and you can only see inmates' head and feet areas.

Day-two on-site visit consisted of interviews with the Correctional Officers, Non-Correctional Officers, inmates, and observing the SHU and Health Services Department. Staff interviews consisted of Correctional Officers and Non-Correctional Officers. Inmate interviews were conducted with random and targeted inmates.

Interviews with inmates confirmed that they fully understand PREA safeguards and the facility's "zero-tolerance" policy. Inmate interviews confirm during orientation and a week after intake they are given PREA information. Admission and Orientation (A&O) handbook contains information on reporting PREA incidents, and the facility's "zero-tolerance" policy. PREA posting on reporting PREA incidents are located throughout the facility. The posting throughout programming areas and housing units identifies four different ways to report PREA allegations. 100% of inmates interviewed acknowledged that the intake admission screening process include questions regarding identifying a sexual preference, history of abuse or victimization, and fear of victimization. 100% of inmates interviewed were able to confirm at least two or more ways to report PREA allegations. 100% of inmates were able to identify ways of reporting sexual abuse; by informing unit staff, calling hotline, reporting incidents to the IPCM, using the computer TRULINCS, or through a third-party reporter, such as a family member. 100% of inmates interviewed felt safe from sexual abuse or sexual harassment in the facility. The PREA-Auditor requested all inmates interviewed to rate how committed they

thought the facility is to PREA “zero-tolerance”. The rating ranged from one being the least committed to 10 being most committed. 100% of inmates gave a rating of eight or higher. Most gave the rating of 10. Despite victim advocate information being posted throughout the facility, only 50% of inmates were aware of victim advocate services available for inmates that were sexually assaulted or sexually assault in the past.

The PREA-Auditor interviewed a total of 40 inmates during the on-site visit. 20 targeted inmates and 20 random inmates were interviewed. The following is a composite of inmates interviewed:

Targeted Inmates and the number interviewed

- ◆ Transgender-4
- ◆ Cognitive Disability-2
- ◆ Physical Disability-4
- ◆ Sexual Abuse Victimization-2
- ◆ Sexual Abuse reported w/in 12 months- 3
- ◆ Gay/Bi-Sexual-2
- ◆ Limited English Proficient-3
- ◆ Inmates who written to the PREA Auditor-2

Total of 22 Targeted Inmates Interviewed

Total of 20 random Inmates Interviewed

Day-three on-site visit consisted of random correctional officers’ interviews and observation of off-site work areas, and the viewing of the units not yet observed.

The PREA-Auditor interviewed 15 random custody staff and 6 specialized staff on-site. Interviews with specialized and random staff confirmed staff were knowledgeable in the Agency’s directive of “zero-tolerance” of sexual assault and sexual harassment. Specialized and random staff were knowledgeable about their roles in the prevention, reporting, detecting of sexual abuse and sexual harassment. Specialized and random staff understood procedures and their roles in the event of a PREA related incident, particularly around reporting, protecting the victim, and preserving evidence. 100% of staff interviewed were able to verbalize steps they would take if they were first responders to a PREA related incident. All staff interviewed were able to demonstrate how to respectfully pat and search transgender, intersex, and cross-gender inmates.

A review of training records supports the finding that all staff members receive annual updated PREA training. Interviews with Correctional Officers and Non-Correctional Officers confirm they receive annual updated PREA training.

During interviews with custody staff, the questions that posed most difficult to answer for staff were who is the designated IPCM, and are inmates allowed to interpret for non-English inmates on PREA issues? The Correctional Officers interviewed may had difficult identifying the designated IPCM due to change of Executive Staff. The PREA-Auditor suggested that at least quarterly during conference call staff are reminded the designated IPCM, and at no time will an inmate be used to translate for non-English speaking inmates during a PREA allegation, and staff will utilize the language line or a staff member who is fluent in the language. The Warden completed corrective action by proving training information in email and all-call conference call.

Day-three of the site-visit, the PREA-Auditor noted several recommendations to reduce the risk of sexual assaults and sexual harassment. The following are the third-day recommendations from the PREA-Auditor and the corrective actions from FCI Williamsburg.

**Location:** Undisclosed

**Recommendations:** Because of blind spot areas, it is recommended that no inmates be allowed in the area without staff supervision.

**Corrective Action:** A sign posted in the area stating no inmates beyond this point without staff supervision. The facility demonstrated corrective action was completed with a picture of the sign posted.

**Location:** Undisclosed

**Recommendations:** Because of three blind areas, it is recommended that no inmates be allowed in the area without staff supervision.

**Corrective Action:** Three signs were posted in the areas identified as blind spots. The signs stated at no time are inmates left unattended in this area. The facility demonstrated corrective action was completed with pictures of the signs posted.

**Location:** Undisclosed

**Recommendations:** Because of identified blind area, it is recommended that no inmates be allowed in the area without staff supervision.

**Corrective Action:** A sign posted in the area stating at no time are inmates left unattended in this area. The facility demonstrated corrective action was completed with pictures of the signs posted.

Day-three concluded with an exit meeting with the facility's management staff. The PREA-Auditor, Acting Warden, Associate Warden, Captain, Chief Psychologist, Management Analyst, Special Investigator, Employee Development Specialist, AW Secretary, and Executive Assistant/Camp Administrator were present during the exit meeting. The PREA-Auditor highlighted the positive steps the facility has done with PREA implementation and there willing to immediately correct recommendations. The PREA-Auditor noted how organized and committed the facility is to eliminate sexual assaults and sexual harassment. Facility staff were courtesy, cooperative and professional. All areas of the facility were observed and found to be clean and well maintained.

The PREA-Auditor informed the facility that he may request additional information before the final report is completed. At the conclusion, the PREA-Auditor thanked the entire management staff for their dedication and commitment to PREA.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special*

housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

FCI Williamsburg is a medium-security federal facility with an adjacent minimum-security satellite camp located in Salters, South Carolina. This federal medium security prison is operated by the Federal Bureau of Prisons (BOP) to hold inmates who have been convicted to and sentenced for a federal crime through the US Department of Justice (DOJ).

The mission of the Federal Bureau of Prisons is to protect society by confining offenders in the controlled environment of prison and community-based facilities that are safe, humane, cost efficient and appropriately secure and that provide work and other self-improvement activities to assist offenders in becoming law-abiding citizens.

FCI Williamsburg opened in November 2004 and is a medium security facility with adjacent satellite prison camp. The facility is in Williamsburg County, South Carolina just outside the town of Salter, and about 90 miles from City of Columbia, the capital of South Carolina. FCI Williamsburg has three general population housing units, each with 4 wings that are two story with 2-person cell and a Special Housing Unit (SHU) to segregate inmates from the general population. The satellite prison camp has one dormitory housing unit. Both the prison and camp house only adult male inmates. The facility has a number of cameras and mirrors to ensure the safety and security of staff and inmates.

#### **Federal Correctional Institution-Williamsburg:**

Designated Capacity	1664
Current Population	1472
Average Population	1304
Number of Buildings	21
Number of Housing Units	14
Number of single Housing Units	0
Number of Multiple Occupancy Cell Housing Units	13
Number of Open Bay/Dorm Housing Units	1
Number of Segregated Cells	96
Number of Youthful Inmates	0
Number of Staff Who May Have Contact with Inmates	293

#### **Federal Correctional Institution (FCI)-Williamsburg Programs:**

FCI Williamsburg programs provide all inmates with the opportunities for self-improvement. FCI Williamsburg offer the following programs and activities to inmates:

**Health Services:** FCI Williamsburg and the camp provide sick call, clinical and dental care, physical exams, chronic care, emergency medical care, and pharmacy services. Eyeglasses and hearing aids can also be made available. Emergency medical care is available 24 hours a day.

**Psychology Services:** FCI Williamsburg offers intake exams, psycho-educational classes on Anger and Stress Management, and a focus on sexual abuse/assault prevention and intervention. Additional programs include Smoking Sensation, People in Prison Entering Sobriety, self-image groups, and other voluntary groups.

**Residential Drug Abuse Program (RDAP):** FCI Williamsburg does not have a Residential Drug Abuse Program RDAP. A Drug Education class, the Non-Residential Drug Abuse Program (NR-DAP), AA, NA are available.

**Education Services:** FCI Williamsburg offers GED and English-as-a-Second Language (ESL) programs. Social education, life skills, parenting, Adult Continuing Education (ACE), and career counseling/release preparation programs are also available. High school diplomas and post-secondary programs are available through paid correspondence programs.

**Advanced Occupational Education:** FCI Williamsburg advanced occupational education programs include Culinary Arts, NCCER Core, Residential Carpentry, and SERV Safe.

**Vocational Education:** There is no vocational training at FCI Williamsburg aside from advanced occupational education and apprenticeship programs.

**Apprenticeship:** FCI Williamsburg offers apprenticeships in Custodial Maintenance, HVAC, and Plumbing.

**Library Services:** The leisure library offers reference books, magazines, and newspapers that are available for checkout in the library only. An Inter-Library Loan program is offered in conjunction with the South Carolina State Library System. A law library is available for inmates, which contains the TRULINCS Electronic Law Library, typewriters, and a copy machine.

**UNICOR:** FCI Williamsburg does have a UNICOR facility aka Federal Prison Industries.

**Commissary:** Inmates can spend a maximum of \$360.00 per month on items such as food, beverages, radios, MP3 players, clothing, and more. All inmates must be in possession of their Inmate Account card for all transactions associated with the Trust Fund Sales Unit. Copy cards, postage stamps, and over-the-counter medications do not count against this spending limit. Sales hours are posted by memorandum for both FCI Williamsburg and the camp in the housing units.

**Recreation Services:** Indoor and outdoor recreational activities are available for inmates at FCI Williamsburg. Programs include intramural sports, community-based sports (at the discretion of the Executive Staff), informal sports, physical fitness and wellness, special events, hobby craft, music, movies, and other leisure time activities. Specific interests and additional recreational activities are considered when demand appears to be sufficient to make other programs feasible. A gymnasium, softball fields, jogging track, soccer field, handball, bocce ball, basketball, and volleyball courts are available. A leisure recreation area for board games, a wellness resource library, and sports television viewing are also available.

## Summary of Audit Findings

The on-site visit concluded with an exit meeting with the PREA-Auditor, Acting Warden, Associate Warden, Captain, Chief Psychologist, Management Analyst, Special Investigator, Employee Development Specialist,



AW Secretary, and Executive Assistant/Camp Administrator. The PREA-Auditor informed the facility's leadership that he may request additional information before the final report is completed. The PREA-Auditor had been provided with extensive files for review prior to the on-site audit. While at the facility, the PREA-Auditor reviewed a sufficient sampling of records based on the size of the facility which included inmate case records, training records, investigative reports and additional program information and documents. The PREA-Auditor interviewed the required number of staff and inmates based on the facility population and all were knowledgeable on PREA. The facility was found to be well managed and observed communication and interaction between staff and inmates were appropriate. Correctional Officers and Non-Correctional Officers were cooperative and professional. The facility was clean and well maintained. The PREA-Auditor explained the corrective action plan and audit report process and what would follow the on-site audit. The following were recommendations and corrective actions that results from the on-site visit

**Recommendations: Identified Area**

Because of blind spots in the identified areas, it is recommended that no inmates be allowed in the area without staff supervision.

**Corrective Actions:**

An additional mirror was added to the area that already had a mirror. The additional mirror help eliminate a blind spot. The facility demonstrated corrective action was completed with pictures of the added mirror that showed a visual of the eliminated blind spot.

**Recommendations: Identified Area**

Because of blind area in the area that leads to the rear dock, it is recommended that that an additional mirror be added to eliminate the blind spot area.

**Corrective Action:**

An additional mirror was added to the area that already had a mirror. The additional mirror help eliminate a blind spot. The facility demonstrated corrective action was completed with pictures of the added mirror that showed a visual of the eliminated blind spot.

**Recommendations: Identified Area**

Because of blind areas, it is recommended that only one Inmate be allowed in the area.

**Corrective Action:**

Signs posted in the area stating only one Inmate in this area at one time. The facility demonstrated corrective action was completed with pictures of the sign posted at the entrance door into the Facilities Tool Room.

**Recommendations: Identified Area**

Because of blind areas, it is recommended that only one Inmate be allowed in the area at any given time.

**Corrective Action:**

A sign posted in the area stating only one Inmate in this area at one time. The facility demonstrated corrective action was completed with pictures of the signs posted.

**Recommendations: Identified Area**

Because of blind areas, it is recommended that mirrors be added to help eliminate blind spots in the identified area.

**Corrective Action:**

Five additional mirrors were added in the identified area to eliminate blind areas. The facility demonstrated corrective action was completed with pictures of the mirrors installed in the identified area.

**Recommendations: Identified Area**

Because of blind spot areas, it is recommended that no inmates be allowed in the area without staff supervision.

**Corrective Action:**

A sign posted in the area stating no inmates beyond this point without staff supervision. The facility demonstrated corrective action was completed with a picture of the sign posted.

**Recommendations: Identified Area**

Because of identified blind area, it is recommended that no inmates be allowed in the area without staff supervision.

**Corrective Action:**

A sign posted in the area stating at no time are inmates left unattended in this area. The facility demonstrated corrective action was completed with pictures of the signs posted.

**Recommendations:**

The PREA-Auditor recommended that at least quarterly during conference call staff are reminded of the designated PREA IPCM and at no time will an inmate be used to translate for non-English speaking inmates during a PREA allegation. Staff will utilize the language line or a staff member who is fluent in the language.

**Corrective Action:**

The Acting Warden/IPCM composed a memorandum instructing the lieutenants that at least quarterly during conference call staff are reminded of the designated PREA IPCM and at no time will an inmate be used to translate for non-English speaking inmates during a PREA allegation. If needed, staff will utilize the language line or a staff member who is fluent in the language.

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

The Interim Audit Report, dated June 24, 2021, indicated there was zero (0) standards non-compliant at FCI Williamsburg. The PREA-Auditor gave eight (8) recommendations and corrective recommendations. The facility agreed to complete all corrective actions. The corrective actions were completed prior to the PREA-Auditor's exit meeting with the facility. The Auditors review of corrective actions, documentation review, interviews with inmates and staff, and observation during the on-site visit confirmed the facility to be meeting 45 of PREA standards, 0 standards not met. The PREA-Auditor has determined FCI Williamsburg has achieved full compliance with PREA standards.

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

**Auditor Note:****Standards Exceeded**

**Number of Standards Exceeded:** 0

**List of Standards Exceeded:**

**Standards Met**

**Number of Standards Met:** 45

**Standards Not Met**

**Number of Standards Not Met:** 0

**List of Standards Not Met:** [Click or tap here to enter text.](#)

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The Agency's Program Statement PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program specifically outlines how the agency's "zero-tolerance" approach to preventing, detecting, and responding to sexual abuse and harassment. The Institutional Supplement WIL.5324.12C describes the responsibility of the Institution PREA Compliance Manager (IPCM) to implement the agency's "zero-tolerance" approach to sexual assault and sexual harassment. The policy states the IPCM will be a high-level staff (Associate Warden) to oversee all facets of PREA. The IPCM confirmed he has time to complete PREA responsibilities. The Institutional Supplement also delineates all staff members' responsibilities regarding the prevention, detection, and intervention of sexually abusive behavior and/or sexual harassment. The Agency has appointed a National PREA Coordinator. The PREA-Auditor received a completed interview from the National PREA Coordinator. The National PREA Coordinator confirm she has sufficient time to complete her PREA responsibilities. The Agency and Facility have a directive that outlines a "zero-tolerance" policy for all forms of sexual abuse and sexual harassment. Inmates are informed during intake and admission and orientation (A&O) of the facility's "zero-tolerance" for all forms of sexual abuse and sexual harassment. The interview questionnaire confirmed that the IPCM has sufficient time and authority to coordinate efforts to comply with PREA standards. During interviews with custody staff, one question that posed most difficult to answer for staff members were who is IPCM? Because some custody staff had difficulties answering these questions, the PREA-Auditor recommended that at least quarterly during conference call, remind staff members of the assigned IPCM. A memo was written from the Acting Warden/IPCM directing that quarterly conference calls include reminding staff of the IPCM.

Posting on PREA and the hotline number to report PREA incidents were located throughout the facility. PREA documents are written in English and Spanish. All on-site interviews with mid-level staff, custody staff, and inmates confirmed that all are aware of the "zero-tolerance" policy towards all forms of sexual abuse and sexual harassment.

100% of inmates interviewed acknowledged that the intake admission screening process include questions regarding identify a sexual preference, history of abuse or victimization, and fear of victimization. 100% of inmates interviewed confirmed two or more ways to reporting sexual abuse. 100% of inmates were able to identify reporting sexual abuse by informing unit staff, calling hotline, reporting incidents to the IPCM, using the computer, or through a third-party reporter such as a family member. 100% of inmates interviewed felt safe from sexual abuse or sexual harassment in the facility.

Review of policy documents, observation during the on-site visit and interviews with correctional staff, IPCM, National PREA Coordinator, and inmates confirm the facility's compliance to standard 115.11.

**Corrective Action:**

The Acting Warden/IPCM composed a memorandum instructing the lieutenants that at least quarterly during conference call staff are remind the PREA Compliance Manger.

**Standard 115.12: Contracting with other entities for the confinement of inmates****All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.12 (a)**

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

**115.12 (b)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

A review of documents submitted by the Agency confirms that all contracting entities for the confinement of inmates are required to comply and adopt to PREA standards. The Auditor's review of documents confirmed that new contracts or contracts renewal signed on or after

August 20, 2012, showed contracts modified to incorporate PREA standards. The Agency requires Contractors that confine offenders must stay in full compliance to PREA standards that apply to Residential Reentry Centers. Interview with the Agency Contract Administrator confirmed each contract facility under contract with BOP has the following contract language; The contractor shall develop policy and procedure for the establishment of a sexual abuse/assault program and comply with PREA Act of 2003 and the national standards to prevent, detect, and respond to prison rape as contained in 28CFR Part 115, National Standards to Prevent, Detect and Respond to Prison Rape; Final Rule dated June 20, 2012.

The Agency reported for 2021, 10 contracts for the confinement of inmates and 150 Residential Reentry Centers (RRCs) that the Agency had entered or renewed with private entities or other government agencies. The contractor's policies and procedures are reviewed by the BOP. The contractor is further required to notify the BOP of any PREA allegations and forward a copy of the allegations, the investigation, and findings to BOP oversight staff for review.

The facility does not individually contract for the confinement of inmates.

The Agency's policy requires contractors for the confinement of inmates to stay in compliance with PREA standards. Review of contract policies and interview with Agency 's Contract Administrator confirm compliance with standard 115.12.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

### 115.13 (b)

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

### 115.13 (c)

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

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

A review of Acting Warden memorandum confirms the facility reviews the staffing plan in quarterly Salary/Workforce Utilization Meeting and Facilities Work Programming Meetings and considers PREA issues when filling vacant positions. The Auditor's review of quarterly Work Programming Meetings minutes confirms the facility is addressing the requirements of the standards. Documentation review of the facility's annual assurance memorandum confirms in accordance with PS 5324.12, "the IPCM and Salary Workforce Committee reviewed the institutions video monitoring capabilities" during each quarterly meeting and determined the Facility to be following PREA standard 115.13.

The PREA-Auditor reviewed memorandum assurance for compliance with staffing plan confirms the facility considers the following in the develop of staffing plan: Generally accepted detention and correction practices; and judicial findings of inadequacy; any findings of inadequacy from Federal Investigation agencies; any findings of inadequacy from internal or



external oversight bodies; all components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated); the composition of the inmate population; the number and placement of supervisor staff; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidence of sexual abuse, and any other relevant factors. Documentation reviews confirm there has been no judicial findings of inadequacy, findings of inadequacy from federal investigation agencies or findings of inadequacy from internal or external oversight bodies.

A review of the facility's memorandum documents the compliance with maintaining sufficient staffing and supervision of inmates to enhance protection from sexual abuse. The documentation also addresses considers the safety and security of inmates and staff in all staffing considerations. FCI Williamsburg has not deviated from the established staffing plan. A review of FCI Williamsburg's assurance memo for compliance makes every effort to comply with a staffing plan that provides for adequate levels of staffing and video monitoring to protect inmates from sexual abuse. FCI Williamsburg considers the following in the development of the staffing plan: generally accepted detention and correctional practices, any judicial findings of inadequacy, any findings of inadequacy from Federal investigative agencies, any findings of inadequacy from internal or external oversight bodies, all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated), the composition of the inmate population, the number and placement of supervisory staff, institution programs occurring on a particular shift, any applicable State or local laws, regulations, or standards, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and other factors. These factors are reviewed in quarterly Salary/Workforce Utilization Committee Meeting and the Monthly Work Force Programming Meeting.

The PREA-Auditor reviewed staffing & strength report confirming the number of staffing at FCI Williamsburg.

Documentation review of supervisor's unannounced rounds logs confirms that intermediate-level or higher-level supervisors conducts and documents unannounced rounds throughout the facility. Review of memorandum supervision and monitoring confirms the facility's intermediate and supervisory staff conducts unannounced rounds on a regular basis, weekly and on all shifts.

On-site interviews with mid-level staff and Correctional Officers confirmed that unannounced rounds of monitoring occurs regularly and that staff members do not alert other Correctional Officers when unannounced rounds are being performed.

The National PREA Coordinator's interview confirm she is provided with an annual review of the staffing plan for the institutions. The Human Resource Manager and Administrative Division allocate overall staffing resources.

Review of documents, observation during the on-site visit, interviews with IPCM, National PREA Coordinator, Chief Psychologist confirmed compliance with standard 115.13.

## **Standard 115.14: Youthful inmates**

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

### 115.14 (a)

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

### 115.14 (b)

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

### 115.14 (c)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

FCI Williamsburg does not house youthful inmates. Review of FCI Williamsburg Pre-Audit Questionnaire confirm the age range of inmates is 20-86. Interview with Correctional Officers and Non-Correctional Officers confirmed no youthful inmates are housed at FCI Williamsburg. The PREA-Auditor observed zero youthful inmates during the on-site visit.

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

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

#### 115.15 (a)

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

#### 115.15 (b)

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

#### 115.15 (c)

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

#### 115.15 (d)

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

their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

#### 115.15 (e)

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

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Documentation review memorandum cross-gender viewing and searches confirm that notices are posted on units indicating male and female staff routinely work and visit inmate housing units, a general announcement is made over the public address system to each housing unit and each shift stating male and female staff routinely work and visit inmate housing areas,

opposite gender staff who are not assigned as unit officers announce their presence when entering individual cells, restrooms, and shower areas. Review of Policy WIL 5324.12C directs the facility to enable 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. The facility does not allow cross-gender strip searches and cross-gender visual body cavity searches, except in exigent circumstances. Documentation review of memorandum 115.15 (e)-searching or physically examining transgender or intersex inmates does not allow staff to examine transgender or intersex inmates for the sole purpose of determining the inmate's genital status. Documentation review of confirm memorandum 115.15 (f)-searching or physically examining transgender or intersex inmates and facility training logs confirm that staff members receive annual training on performing pat and searches of cross-gender, transgender, and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. To date, there has been no exigent circumstance requiring cross-gender visual body cavity or strip searches. Staff members are aware to document all cross-gender strip searches and cross-gender visual body cavity searches.

During the on-site visit all staff interviewed were able to demonstrate how to respectfully pat and search transgender, intersex, and cross-gender inmates.

An observation of the shower stalls demonstrated privacy, and the shower dimensions are configured the same way on every unit. When observing the shower stall on the outside inmates' private areas are covered. You can only see inmates' head and feet areas.

During the on-site visit female Correctional Officers interviewed confirmed that they had been trained to conduct cross-gender pat searches in a respectful manner. Staff interviews with male and female officers confirm they were trained to conduct pat search of transgender and intersex inmates in a respectful manner.

Documentation review memorandum cross-gender viewing and searches confirm that notices are posted on units indicating male and female staff routinely work and visit inmate housing units, a general announcement is made over the public address system to each housing unit and each shift stating male and female staff routinely work and visit inmate housing areas. The PREA-Auditor routinely observed females walking on the unit presence being announced during the on-site visit tour of the housing units.

Interviews with inmates confirmed that they can shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Inmates confirmed that when females come on the housing unit, their presence are announced. Transgender interviews confirmed that searches are respectful, not intrusive, and the facility refrains from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status. Interviews with Correctional Officers and inmates, observation of announcements of female on the unit, and review of policy documents confirm compliance with standard 115.15.

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

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

#### 115.16 (a)

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

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

### 115.16 (b)

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

### 115.16 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Documentation review of the Americans With Disabilities Act (ADA) requires all federal, state, local governments to ensure that people with vision, hearing, communication disabilities have the same opportunity to communicate effectively as communicating with people without disabilities. Documentation review of the facility's annual training schedule confirm training in

the areas of managing inmates with disabilities, and efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The Admission and Orientation (A&O) Handbook address the requirements of the standard. The handbook written in English and Spanish that contains information on reporting PREA incidents, and the facility's "zero-tolerance" policy.

The agency and facility policy ensures that inmates with disabilities have an equal opportunity to participate in benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Three Limited English Proficient (LEP) inmates interviewed stated they were instructed on the agency's "zero-tolerance" policy and procedures on reporting PREA compliance in a manner that they could understand. All PREA related information, including postings, brochures and handouts are available in English and Spanish. Translation services are available through a contracted language service for inmates who are not English proficient. The facility has some upper and mid-level supervisors who are bilingual and available to assist inmates with interpretation and reporting PREA allegations. Communication services are also available for inmates who use sign language. The facility policy and training say they do not rely on inmate interpreters, inmate readers or other types of assistances in the performance of first responder duties or during the investigation of an inmate's PREA allegations. However, during interviews with Corrections Officers, two questions that posed most difficult to answer were; are inmates allowed to interpret for non-English inmates on PREA issues and who is the IPCM? Because some Correctional Officers had difficulties answering these questions, the PREA-Auditor recommended that at least quarterly during conference call Correctional Officers are reminded of the IPCM, and at no time will an inmate be used to translate for non-English speaking inmates during a PREA allegation. Staff will utilize the language line or a staff member who is fluent in the language.

During on-site interviews with three LEP inmates confirmed the facility instructed them on the agency's "zero-tolerance" policy and procedures on reporting PREA compliance in a manner that they could understand. During on-site interviews one LEP inmate required an interpreter. The Chief Psychologist (high-level staff) interpreted the interview for the inmate and PREA-Auditor. The inmate was able to convey and confirm the facility instructed him on the agency's zero-tolerance policy and procedures on reporting PREA allegations. Interviews with inmates, Correctional Officers, an examination of documentation and corrective action confirm compliance to standard 115.16.

### **Corrective Action:**

The Acting Warden/IPCM memorandum for Lieutenants directing them on a quarterly basis during conference call to remind staff at no time will an inmate be used to translate for LEP inmates during a PREA allegation. FCI Williamsburg utilize the language line, a high-level Supervisor, or Correctional Officers who are fluent in that language.

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

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



### 115.17 (a)

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

### 115.17 (b)

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

### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check?  Yes  No

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Review of the Agency's General Information Resource Guide states employment with Federal Bureau of Prisons is subject to satisfactory completion of a background investigation to determine suitability for employment with law enforcement. Its scope includes law enforcement and criminal background checks, credit checks, inquires with previous employers and person references. The agency's policy on general employment considerations for staff that warrant immediate screening removal of applicants for employment consider includes convictions of felony offenses, misdemeanor crimes of domestic violence. A review of policy PS 3000.03, chapter 3, page 28 gives a statement indicating that eligible applicants for employment must submit all required documentation including reference checks. Document P3000.03 Chapter 7, page 41 addresses policy and procedures for contact employee criminal background checks using National Crime Information Center (NCIC) Check.

A review of agency policy confirmed the agency's investigation process includes providing applicants for employment to complete a form called "questionnaire for public trust positions". The information on the form is confirmed during the investigation process and the applicant current employer must be contacted as part of the investigation process. All employee must who have contact with inmates shall have a full criminal background investigation including a finger printing and using the National Crime Information Center (NCIC) Check. Contractors and volunteers who have regular contact with inmates receive criminal background checks completed prior to contacts with inmates. The facility does not hire or promote anyone who engaged in any type of sexual abuse or sexual harassment

PS 3000.03 Chapter 7, page 41 addresses policy and procedures for any employee entering employment will receive a criminal background check, and subject to five-year reinvestigations. Document review on the memorandum for Human Resource Manager regarding the PREA and record request by prospective employers regarding former BOP employees confirms that all facilities make its best efforts to contact all prior institutional employers regarding any substantiated allegations of sexual abuse or harassment. The memorandum directs all BOP facilities to provide information on substantial allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from a BOP facility from whom such employee has applied for work.

During the on-site visit, the PREA-Auditor interviewed Executive Assistant/Camp Administrator about the hiring and promoting process. The interview confirmed through the Agency all applicants and employees applying for promotions receive a complete background check and consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates, including anyone who has been civilly or administratively adjudicated for any incidents of sexual harassment. The PREA-Auditor observed PREA questions on the employment application. The interview confirmed the agency impose upon employees a continuing affirmative duty to disclose any such misconduct of sexual abuse or sexual harassment. The interview confirmed the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination and interviews or written self-evaluations conducted as part of reviews of current employees and applicants.

The PREA-Auditor reviewed six employee files, two were new hires, and one was a transfer from another institution. A review of 6 employee files confirmed completed criminal background checks, credit checks, employee references, personal references, and request from an institutional employer for the applicant was seeking to transfer to the facility. The PREA-Auditor observed in the employee files application questions regarding PREA. The interview with Executive Assistant/Camp Administrator confirmed Agency ask all applicants and employees who may have contact with inmates directly about previous misconduct during interviews, questions on the application process, for continuous employment a duty to disclose any PREA related incidents.

A review of policy, interview with the Executive Assistant/Camp Administrator, review of employee files confirmed the agency is following standard 115.17.

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

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

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

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

#### **115.18 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic

surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The agency has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. The facility has an extensive video and monitoring system in place. The agency has not designed or acquired any new facility or planned any substantial expansion or modification of existing facilities since August 20, 2012.

During the on-site visit, the PREA Auditor observed cameras throughout the facility and observed monitoring and surveillance in the facility's control room. Correctional Officers are able by camera to observe all units. 100% of inmates interviewed felt safe in the facility. Interviews with community advocates confirm over the past 12 months no sexual assault was reports from the facility. Interview with the IPCM confirmed the facility camera monitoring ensures the safety of Correctional Officers and inmates.

Based on interviews with IPCM, custody staff, high-level supervisors, and observation of the facility during the walk around, and video monitoring in the control room the facility is following standard 115.18.

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

#### 115.21 (d)

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

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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A review of the Agency's responsive planning policy evidenced protocol and forensic examination describes the protocol response to sexual assault, 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. The protocol used is developmentally appropriate for youth. The Agency's responsive planning policy evidenced protocol and forensic examination allows for the victim to request a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews.

A review of the Agency's protocol to examinations of sexual assault, the policy recommends the victim be transferred to a community facility rape crisis center that is equipped to evaluate and treat sexual assault victims. The Agency's policy states it shall offer all victims of sexual assault access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations are performed by Sexual Assault Nurse Examiners (SANEs), when possible. If SANEs Nurses cannot be made available, is the examination performed by other qualified medical practitioners.

During the PREA Auditor's interviews 100% of Correctional Officers and Non-Correctional Officers articulated the required procedures for obtaining, preserving, and securing physical evidence, when sexual abuse is alleged. Correctional Officers and Non-Correctional Officers were aware the Special Investigative Services (SIS) Lieutenants, the Office of Internal Affairs (OIA), the Office of the Inspector General (OIG) or the FBI (Federal Bureau of Investigation), conducted investigations relative to sexual abuse/harassment allegations. Routinely, administrative investigations are conducted by trained investigators who are full-time employees of the facility.

The review of training records confirmed that investigators have received investigator training offered by the Bureau of Prisons (BOP) on the investigation of sexual abuse and harassment in confinement settings. Interview with Special Investigative Service Lieutenant confirmed administrative investigations are completed by the SIS and any criminal investigation is referred to the OIG or the FBI. Review of six inmate investigation records (two investigations were completed on one inmate) with the SIS confirmed completed investigations by SIS. All investigations were administrative investigations and zero were referred to the OIG or the FBI for criminal investigations. Of the seven allegations from six inmates (one inmate reported twice) zero were substantiated. Interview with a SANE Nurse from the Medical University of South Carolina informed that no sexual assault examinations have been performed in the previous 12 months from inmates at FCI Williamsburg. The SANE nurse interview confirmed when a sexual assault occurs at FCI Williamsburg, the inmate is transport to MUSC for a



forensic examination. The SANE Nurse confirmed they have 12 SANE Nurse working at MUSC's emergency room and that a SANE Nurse is available 24/7.

Interviews with SIS/staff, inmate record review, inmate interviews confirmed compliance to standard 115.21.

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

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

#### 115.22 (a)

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

#### 115.22 (b)

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

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PS 53424.12 addresses the requirements of the standard. Policy requires administrative or criminal investigations to be completed on all allegations of sexual abuse or sexual harassment. Administrative investigators are assigned for completion by the Special Investigative Services (SIS) Lieutenants. If, during an investigation, evidence surfaces indicating criminal misconduct, the case would be initially consulted with the Acting Warden who would make the final decision to refer allegation for criminal investigation. Two of the SIS investigators were interviewed and were aware of their responsibilities in the investigative process. One of the two SIS investigators completed the questionnaire interview. The other SIS investigator was interviewed during the on-site visit. The on-site visit interview with SIS Investigator, Agency Head and IPCM interview questionnaires confirmed when alleged sexual abuse cases are referred for criminal investigations the FBI would conduct criminal investigations for the facility involving inmate on inmate sexual abuse and the OIG would investigate staff on inmate criminal sexual abuse. The on-site visit interview confirmed that an investigation would be completed even if an inmate was transferred or released or an employee leaving the agency. The on-site investigator interview confirmed If, during an investigation, evidence surfaces indicating criminal misconduct, the case would be initially consulted with the Acting Warden who would make the final decision to refer allegation for criminal investigation

The facility has an Evidence Recovery Team (ERT), which is a group of specialty trained staff who would be called to a potential crime scene to preserve evidence. 100% of all staff interviewed were able to describe the protocols for when a sexual assault is alleged. 100% of Correctional Officers interviewed were able to inform the PREA-Auditor when an alleged assault occurred to, sperate the alleged victim from the alleged perpetrator, make sure the alleged victim is safe, contact the Duty Officer, preserved all evidence by making sure the victim does not wash or make sure the area the alleged sexual assault occurred does not get contaminated by anyone presence. A review of training documents confirmed that all investigators received instructions on conducting sexual assault investigations in a confinement setting. Interviews with Correctional Officers, Non-Correctional Officers, facility investigators, and a review of inmate records who alleged sexual abuse and/or sexual harassment confirm compliance with standard 115.22.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  
 No

### 115.31 (c)

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

### 115.31 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The Facility provides trainings to all staff on PREA during orientation and annually. Per PS 5324.12 Sexual Abusive Behavior Prevention and Intervention Program directs the IPCM to oversee all facets of the program to include training, response, and investigation. The IPCM, Chief Psychologist, and Human Resource Manager will organize staff training for new and current employees on the components of the prevention and intervention of sexually abusive behaviors. New employees receive this training during Introduction to Correctional Techniques. Current employees receive this training as part of Annual Refresher Training. During initial training and subsequent training updates, all volunteers and contractors who encounter inmates will receive information regarding their responsibilities under the policies

and procedures regarding sexual abuse/harassment prevention, detection, and response PS5324.12 115.31 (a)-1.

A review of memorandum on subject 115.31 (a)-1. Staff training policy informs all employees will participate in annual training for the prevention of, and intervention in cases of sexual abuse. Staff members are trained on its “zero-tolerance” policy for sexual abuse and sexual harassment, fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, inmates’ right to be free from sexual abuse and sexual harassment, right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment, inmates on the common reactions of sexual abuse and sexual harassment victims, with inmates on the dynamics of sexual abuse and sexual harassment in confinement, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, and how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates. A review of the training lesson plan demonstrate annual training is being completed. A review of training attendance sheets confirm Correctional Officers and Non-Correctional Officers receive annual PREA training. A review of the training content shows that training is provided in activity slides.

A review of documents showed training acknowledgement and signature of employees, dated January 2020, acknowledging they have received and understand the training conducted regarding the agency’s sexual abuse and sexual harassment policies and procedures.

Interviews with Correctional Officers and Non-Correctional Officers confirmed that training is being provided initially and annual. 100% of Correctional Officers and Non-Correctional Officers confirmed they received annual PREA training, and they were able to describe the content of the training. Correctional Officers showed the PREA-Auditor their PREA reference card to refer to for PREA information during interviews. Correctional Officers Security assigned to Special housing Units (SHU) received additional PREA training. Interviews with medical and mental health staff confirmed the professional licenses comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Review of policies and procedures, training logs, training curriculum, staff interviews confirm the facility is compliant with standard 115.31.

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

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

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

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

### 115.32 (b)

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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A review of training power point documents, interviews, and attendance sheets confirmed the facility is training volunteers and contractors who have contact with inmates. All contractors and volunteers have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. A review of training power point documents confirmed the facility is training volunteers and contractor during orientation and refresher training. A review of memorandum volunteer and contractor training describes the policy that all volunteers and contractors receive annual training as part of their badging process on the prevention, intervention, and reporting of sexual abuse and sexual harassment prior to having contact with inmates.

The review of volunteer and contractor PREA training sign-in forms and other documents by the auditor confirmed that all facility contractors and volunteers have received initial training related to their responsibilities concerning the PREA ("zero-tolerance", detection, prevention, response, and reporting requirements) and annual refresher training. Contractor interview confirmed that the training was provided and that they understood the agency's "zero-tolerance" policy for sexual abuse and sexual harassment and their responsibilities under the PREA. A review of the PREA contractor and volunteer PREA training curriculums confirmed

that the level of instruction is appropriate for the services provided and emphasizes the facility's "zero-tolerance" and reporting policies.

Interviews with contractors confirmed they received up to date PREA training. The contractors were able to verbalize to the PREA-Auditor content in the training.

Compliance with this standard was determined by a review of policies, training curriculums, and supporting documentation and interviews with contractor. The facility is compliant with standard 115.32.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

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

#### 115.33 (d)

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

#### 115.33 (e)

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

#### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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A review of memorandum inmate education describes the facility's policy that all inmates are educated about sexual abuse prevention and intervention through multiple ways. Upon arrival inmates receive the sexual abuse prevention and intervention pamphlet in English or Spanish. Inmates receive education during the intake screening process. If an inmate speaks a



language other than English a staff member who is fluent in that language may interpret for the inmate or the language line is utilized to assist in translating materials. If an inmate is cognitively incapable of understanding materials, psychological services is contacted to assist the inmate.

During the admission and orientation (A & O) session, each inmate receives an A&O Handbook and pamphlet describing the agency's PREA compliance program. The information identifies the key elements of the program and informs inmates of the "zero-tolerance" policy regarding sexual abuse and sexual assault and multiple ways to report sexual abuse/sexual harassment. The PREA-Auditor observed the intake process for one inmate. The information is available in English and Spanish. A Correctional Officer conducts an orientation regarding the PREA for all inmates within 30 days of their arrival at the facility. The orientation expands on the information provided at intake and includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting options.

Inmates also have access to TRULINCS, a computer program which also provides PREA information and a reporting outlet. Staff interpreters and telephonic translation services are available to inmates who are not proficient in English. One LEP inmate interviewed received interpretation services from Chief Psychologist. The inmate confirmed he received PREA information in manner that he was able to understand.

Inmate interviews confirmed they received PREA information, and they were aware of numerous reporting methods to include anonymous and third-party reporting, the "zero-tolerance" policy, and their right to be free from retaliation. Observation of the facility confirmed that PREA posters were prominently displayed in all housing units, the visiting room, and common/program areas.

Compliance with this standard was determined by a review of policies, orientation process and materials, Inmate A&O Handbook and documentation, interviews with staff and inmates, as well as observation during the on-site visit confirm the facility's compliance with standard 115.33.

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

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

### **115.34 (a)**

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

### **115.34 (b)**

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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A review of power point training documents and attendance sheets for training demonstrate PREA training for special investigation staff (SIS). The Agency policy outlines specialized training for investigators. In addition to general training provided to all employees, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Specialized training includes proper use of Miranda and Garrity warnings, specialized training includes techniques for interviewing sexual abuse victims, sexual abuse evidence collection in confinement settings, and criteria and evidence required to substantiate a case for administrative action or prosecution referral. The facility has demonstrated investigators have completed the required training with power point documents and training logs of staff receiving specialized training.

The SIS/SIA training lesson plan, and DOJ/OIG PREA Training were reviewed and address the requirements of this standard. The facility investigators, OIA, OIG and FBI investigators have received PREA specialized training through the Department of Justice

The PREA Auditor's interview with the SIS supervisor on-site confirmed the investigation process. Administrative investigations are conducted by trained investigators who are full-time employees of the facility. When criminal investigations are indicated, they are conducted by the FBI or the Office of the Inspector General. The Acting Warden is consulted when making the decision for a criminal investigation. A SIS Supervisor was interviewed and is knowledgeable of the investigation process and stated she has received both the general and specialized training.

Compliance with this standard was determined by a review of policy and training lesson plan and interview with the SIS Supervisor. The facility is compliant with standard 115.34.

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

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

#### **115.35 (a)**

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

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

#### 115.35 (b)

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

#### 115.35 (c)

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

#### 115.35 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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PS 5324.12 reviewed addresses the requirements of this standard. FCI Williamsburg health care employees who provide health care and/or psychological services, have participated in a specialized six-hour training session entitled PREA for Medical and Mental Health Care. Based on names on the training logs, staff members received training on the following topics, to include trauma-informed care, detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, effective and professional response, reporting and the PREA standards and understanding sexual trauma in custody.

A review of facility's memorandum specialized training; medical and mental health professionals direct all employees who provide health care and/or psychological services, have participated in a specialized six-hour training session entitled PREA for Medical and Mental Health Care.

The review of medical and mental health personnel training records by the auditor confirmed that these employees received the specialized training in addition to the annual PREA refresher required for all staff. All inmate victims requiring forensic medical exams are transported to Medical University of South Carolina (MUSC) where Sexual Assault Nurse Examiners are always available. Interviews with MUSC SANE Nurse and community victim advocates all confirmed that when an inmate is sexually assaulted and needs a forensic examination the inmate is transported to MUSC.

Interviews with Health Services Department staff confirmed have been trained in 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 to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Compliance with this standard was determined by a review of policies, training lesson plans and records and interviews with MUSC's SANE Nurse, victims' advocates, medical and mental health staff.

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

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

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

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

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

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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The facility utilizes a standardized PREA Intake Objective Screening Instrument and an Intake Screening Form. The facility uses the SENTRY Intake Screening Form and the guidelines provided in PS5324.12. The agency documents were reviewed and address the requirements of this standard. All inmates are immediately assessed for a history of sexual abusiveness and risk of sexual victimization during intake processing.

Staff from Psychology Services also complete an intake interview with all inmates and explain PREA information. Personnel from the Health Services Department assist in the prevention of sexually abusive behavior by documenting any victimization history of newly committed inmates. This assessment process assists in identifying inmates at a high risk for being victimized. The review of the screening policy by the PREA-Auditor confirmed that the facility considers all the criteria required by this standard to identify inmates at a high risk for sexual victimization or at a high risk of sexually abusing other inmates. The PREA-Auditor observed the intake and risk screening process for one inmate. The PREA-Auditor reviewed six risk assessments that confirmed inmates are being assessment for victimization and perpetration.

Once identified, these inmates are referred to Psychology Services for further assessment. The screening also includes the review of records or other information from other facilities. Information received during the screening process is confidential and only available to staff with a need-to-know and never to other inmates. The policy prohibits disciplining inmates for refusing to answer or for not disclosing complete information during the screening process.



The PREA-Auditor first visited the admission area where an inmate was processed into the facility. The PREA-Auditor observed the intake process and the PREA questions asked to support housing placements and referrals for additional services. The PREA-Auditor also interviewed the Intake Officer and Staff Psychologist in the admission area. The Psychologist informed the PREA-Auditor that the Psychology Services Department is seeing 39 inmates for mental health and emotional issues, and the department has four psychologists and one alcohol and drug abuse counselor. The PREA-Auditor observed PREA signs throughout the intake area, cameras and mirrors covering blind spots, and restroom privacy with a sign posted stating that it allows one inmate at a time

Interview with inmates confirm after admission to the facility they receive additional PREA training. Interviews with all inmates confirmed they received an intake screening that assess their risk of being sexually abused by other inmates or sexually abusive toward other inmates take place within 72 hours of arrival at the facility and reassessed within 30 days of the inmates' arrival at the facility for risk of victimization or abusiveness. Inmates that disclose past sexual assault are referred to mental health and followed along to ensure they are safe from any sexual abuse or sexual harassment. Interviews interviewed were able to articulate screening questions they were asked included perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, sexual orientation, gender identity, perception of being victimized, history of sexual abuse, and interviewer perception of whether the inmate screened is gender non-conforming or otherwise may be perceived to be LGBTI. Interview with an intake Correctional Officer confirmed that information collected from screening assist the facility in placements to ensure inmate safety. A review of the screening tool questions, interview with intake Correctional Officer, health care staff, and inmates confirm the facility meeting standard 115.41.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 and PS 5290. Intake Screenings were reviewed and showed that it addresses the requirements of this standard. Interview with intake Correctional Officer confirmed the risk screening information is used to determine housing, bed, work, and education and program assignments, with the goal of keeping separate those inmates at a high risk of being sexually victimized from those at a high risk of being sexually abusive. The PREA-Auditor observed an inmate being processed and the questions the intake officer posed to the inmate being

processed. Some of the questions were PREA related that identify LGBT inmates. The intake officer informed the auditor that if an inmate verbalizes past abuse history and fears of being sexually assaulted, housing is considered and bedding placement on the unit is considered for safety purposes. For example, an inmate who expressed concern of being victimized maybe placed in cell that is located near the correctional officer station so the officer can keep a closer watch on that inmate.

The agency shall make individualized determinations about how to ensure the safety of each inmate. Should an inmate be found to be at risk of victimization or abusiveness during the psychology intake screening/risk of victimization or abusiveness interview, the psychologist forwards that information to the Chief of Psychology Services. The psychologist conducting the screening also notifies the unit team of any recommendations concerning housing, bed, work, education, or program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk or being sexually abusive. These assignments are made on a case-by-case basis. Staff members assigned to conduct intake screening have been provided additional training and resource materials.

The Agency (through a committee) decides whether to assign a transgender or intersex inmate to a facility for male or female inmates. The facility determines other housing and programming assignments for transgender or intersex inmates on a case-by-case basis, to include whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months.

Policy states that a transgender or intersex inmate's own view with respect to his own safety are given serious consideration, when making these assignments. Transgender and intersex inmates are given the opportunity to shower separately from other inmates and the inmate's own views with respect to his/her safety are given serious consideration. Interviews with four (4) Transgender inmates, four out of four confirmed they are not being placed in housing or program solely because of the transgender or intersex status. 100% of correctional staff interviewed were able to verbalize that a transgender or intersex inmate's genital status is not the sole consideration for determining their placement in a specific facility. Three out of four Transgender inmates interview confirmed they are given the opportunity to shower separately from other inmates and the inmate's own views with respect to his/her safety are given serious consideration.

A review of inmate records confirmed that inmates who processed into the facility that have been identified at risk for being victimized or perpetrating sexual assault are followed-up by the facility.

Compliance with this standard was determined by a review of policies and procedures, inmate records, and interviews with correctional staff and inmates. The facility is meeting standard 115.42.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

#### 115.43 (b)

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 document review was reviewed and addresses the requirements of this standard. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary housing for less than 24 hours while completing the assessment.

If involuntary placement in a Special Housing Unit (SHU) is made, the policy states access to programs, privileges, education, or work should not be interrupted, to the extent possible. If they are limited, the facility ensures that documentation exists reflecting the limitation, duration, and rationale for limitation. The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. Mental health and unit staff meet with each inmate in SHU status at least once every seven days.

A review of memorandum protective custody from the Acting Warden/IPCM informed the PREA-Auditor over the past 12 months the facility has not placed any inmate in administrative segregation involuntarily following a PREA allegation.

Interviews with SHU staff, two correctional officers and one mid-level supervisor confirmed, that to the extent possible, access to programs, privileges, education, and work opportunities are not limited to inmates placed in a SHU for the purpose of protective custody, except when there are safety or security concerns. The SHU staff have received annual PREA training, received training in respectful pat down searches of Transgender inmates. SHU staff confirmed housing inmates in SHU is last resort. Inmates interviewed conveyed have not been placed in SHUs for fear of being victimized. Interview with one inmate in SHU because of PREA allegations while in SHU confirmed that inmates continue to receive programming while place in SHU.

Compliance with this standard was determined by a review of policies and supporting documentation and interviews with the IPCM and SHU staff confirm the facility's compliance with standard, 115.43.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

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

#### 115.51 (b)

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

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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



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

PS 5324.12; the Inmate A&O Handbook and PREA postings address the requirements of the standard. A review of documentation indicated that there are multiple ways (including verbally, in writing, privately, from a third-party and anonymously) for inmates to report sexual abuse or sexual harassment. Inmates are informed about the reporting methods through the A&O Handbook, and PREA postings in the housing units and common areas and as part of the orientation process. Inmates also have access to TRULINCS, a computer system which also provides PREA information and a reporting outlet which allows the inmate to contact the Office of the Inspector General anonymously and the email is untraceable at the institution level. The tour of the facility confirmed that there were numerous posters on display explaining the reporting procedures. Correctional Officers and inmates interviewed could articulate ways to report PREA allegations such as correctional officers and non-correctional officers accepting reports made verbally, in writing, anonymously and from third parties, correctional officers and non-correctional officers were able to verbally confirm they are required to immediately document any allegation and notify the Duty Officer. Correctional Officers, Non-Correctional Officers, and Inmates described other ways of reporting PREA allegations through family and friends of inmates may report sexual abuse/sexual harassment by using the BOP website, making a phone call to the OIG or by contacting facility staff.

Interviews with inmates confirmed that they fully understand PREA safeguards and the facility's zero-tolerance policy. Inmate interviews confirm during orientation and a week after intake they are given PREA information. Admission and Orientation (A&O) handbook contains information on reporting PREA incidents, and the facility's zero-tolerance policy. PREA posting on reporting PREA incidents are located throughout the facility. The posting throughout programming areas and housing units identifies four different ways to report PREA allegations. 100% of inmates interviewed acknowledged that the intake admission screening process include questions regarding identify a sexual preference, history of abuse or victimization, and fear of victimization. 100% of inmates interviewed were able to confirm at least two or more ways to report PREA allegations. 100% of inmates were able to identify reporting sexual abuse by informing unit staff, calling hotline, reporting incidents to the IPCM, using the computer Trulincs), or through a third-party reporter, such as a family member. 100% of inmates interviewed felt safe from sexual abuse or sexual harassment in the facility.

Staff may contact any supervisory staff at the facility, IPCM, the National PREA Coordinator, to privately report an allegation of sexual abuse/sexual harassment of inmates. Allegations involving staff members may also be reported to the Office of Internal Affairs or the Office of the Inspector General, as appropriate.

Compliance with this standard was determined by a review of policies, PREA information provided to inmates and the BOP website, observations during the tour of the institution and interviews with staff and inmates confirm compliance with standard 115.51.

## **Standard 115.52: Exhaustion of administrative remedies**

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

### 115.52 (a)

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

### 115.52 (b)

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

### 115.52 (c)

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

### 115.52 (d)

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

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

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

#### 115.52 (f)

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

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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PS 1330.18, Administrative Remedy Program and the Inmate A&O Handbook were reviewed and address the requirements of the standard. Inmate handbook is printed in English and Spanish. The policy directs grievances (administrative remedies) filed alleging sexual abuse/sexual harassment would result in the immediate opening of a formal PREA investigation. Policy states that there is no time frame for filing a grievance relating to sexual abuse or sexual harassment. Additionally, the policy does not require an inmate to use any informal grievance process before filing an allegation involving sexual abuse/sexual harassment. Allegations of physical abuse by correctional officers and non-correctional officers shall be referred to the Office of the Inspector General (OIG), in accordance with procedures established for such referrals. The Agency's policy addresses the filing of emergency administrative remedy requests. If an inmate file an emergency grievance with the institution and believes the inmate is under a substantial risk of imminent sexual abuse, an expedited response is required to be provided within 48 hours. Best efforts are made to provide expedited appeal responses within five calendar days. There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys, and outside victim

advocates, from assisting inmates in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of inmates.

A review of memorandum document exhaustion of administrative remedies grievance submission directs the facility to allow inmates to submit a grievance alleging sexual abuse without submitting it to the staff member who is subject of the complaint.

A review of memorandum exhaustion of administrative remedies informing the PREA-Auditor of no grievances alleging sexual abuse/sexual harassment filed within the past 12 months. Therefore, there were no instances which required an extension, due to final decision not being reached within the 90-timeframe. Subsequently, there were no written notification of extension, due to there being zero instances.

Compliance with this standard was determined by a review of policies and PREA information provided to inmates and interviews with staff and inmates. The facility is meeting the standard 115.52.

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

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

### **115.53 (a)**

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

### **115.53 (b)**

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

### **115.53 (c)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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PS 5324.12; mental health staff have been trained to provide emotional support and therapeutic services to inmates' sexually assaulted. The facility provides 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 number and national victim advocacy or rape crisis organizations. Inmates are informed of these services and 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, as part of their orientation process and in the Inmate A&O Handbook. The PREA-Auditor observed posting throughout the facility program areas and housing units. Despite victim advocate information observed by the PREA-Auditor being posted throughout the facility, only 50% of inmates were aware of victim advocate services were available for inmates that were sexually assaulted.

The PREA-Auditor contacted two local community advocate and support organizations that provide supports to Federal Correctional Institution-Williamsburg inmates sexually assaulted. The two organizations Tri-County Speaks (formerly. People Against Rape) and Pee Dee Coalition Against Domestic and Sexual Assault conveyed Memorandum of Understanding (MOU) and working relationship between them and FCI Williamsburg. The PREA-Auditor interviewed a Coordinator from Pee Dee Coalition who confirmed they provide emotional support, crisis services, and referrals over the phone or on-site to inmates of FCI Williamsburg. The coordinator confirmed that FCI Williamsburg provides a private room for confidential support to inmates. Pee Dee Coalition confirmed that interpreter services are available for LEP inmates. Pee Dee Coalition confirmed that forensic examinations are completed by

SANE Nurses at the Medical University of South Carolina (MUSC) in Charleston, South Carolina.

The PREA-Auditor contacted the Executive Director of Tri-County Speaks, a second community advocate and support organization. The Executive Director was interviewed by the PREA-Auditor that day and completed the supplementary questionnaire on community advocacy engagement on May 5, 2021. Both advocate organization informed the PREA-Auditor that in the past 12 months they have not been any reports of sexual assault or sexual harassment from the Federal Correctional Institution-Williamsburg. Both community advocate organizations MOUs were updated and signed by both the advocate organizations and BOP.

Compliance with this standard was determined by a review of policies, the MOU, the orientation process, the Inmate A&O Handbook and PREA postings, as well as interviews with staff and inmates. The facility is meeting standard 115.53.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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The PREA "zero-tolerance" posters throughout the facility informs inmates and staff four methods of reporting PREA allegations. The posted Office of the Inspector General address;

and the BOP website address the requirements of the standard. The website and posted notices throughout the facility's program areas, housing units, and visiting areas assist third-party reporters on how to report allegations of sexual abuse/sexual harassment.

Interviews with staff and inmates also confirmed that they were aware that anonymous and third-party reporting procedures were available. 100 % of inmates interviewed were able to communicate with the PREA-Auditor at least one third-party method of reporting PREA allegations. The most popular method was to notify a family member have the family member report the PREA incident.

Compliance with this standard was determined by a review of PREA information, posters, supporting documentation and the BOP website and interviews with staff and inmates.

The facility is meeting standard 115.54.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)



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

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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PS 5324.12 was reviewed and addresses the requirements of this standard. The facility does not house inmates under 18 years of age. Correctional Officers, non-correctional officers, contractors, and volunteers are required to report any information regarding sexual abuse or sexual harassment, or any staff neglect or violation that may contribute to an incident or an act of retaliation. The reporting is ordinarily made to the Duty Officer but could be made anonymously or by a third-party. All notifications of an allegation would result in the opening of a formal PREA investigation.

Review of the agency's policy confirm 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 and 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. The agency requires Correctional Officers, non-correctional officers, contractors, and volunteers 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.

Interview with SIS staff confirmed the facility is required to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. Interview with mental health staff (Chief Psychologist) confirmed that medical and mental health practitioners are mandatory reporter and required to report sexual abuse. As mandatory reporters, medical and mental health practitioners are required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

A review of the FCI Williamsburg PAQ showed the facility houses only adult inmates; youthful inmates are not housed in the facility. The age range of inmates housed in the facility is 20-86. The IPCM verbally confirmed the age range of inmates housed in the facility is 20-86

Compliance with this standard was determined by a review of policy and interviews with SIS staff and mental health staff. The facility is compliant with standard 115.61.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

PS 5324.12 was reviewed and addresses the requirements of this standard. All inmates are screened at intake by the intake staff, Psychology Services and Health Services. The PREA-Auditor observed the intake process and the PREA questions asked to support housing placements and referrals for additional services such as mental health. The PREA-Auditor interviewed the Intake Correctional Officer and Staff Psychologist in the admission area. Staff interviews confirmed they were knowledgeable of their responsibilities when they become aware or suspect that an inmate is subject to a substantial risk of imminent sexual abuse, that they take immediate action to protect the inmate is being or has been sexually abused or sexually harassed.

100% of staff interviewed knew the steps to act immediately to protect the inmate by separating and protecting the victim from the abuser, isolating the area (as a potential crime scene to preserve evidence) where the act allegedly occurred and calling the Duty Officer for assistance.

When notified, the interviewed Operations Lieutenant stated he would further protect the victim, notify medical and mental health staff, and advise the Duty Officer.

In the past 12 months, there was zero sexual abuse allegations substantiated. 100% of inmates interviewed felt safe at the facility. The facility house only adult male inmates, no youthful inmates are house in the facility. 20-86 is the age range of inmates housed in the facility.

Compliance with this standard was determined by a review of policy and the training curriculum and interviews with correctional staff, intake staff, mental health staff.

The facility is meeting standard 115.62.

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

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

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

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

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

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

### 115.63 (c)

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

### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 was reviewed and addresses the requirements of this standard. Policy requires upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden or Designee of the facility that received the allegation notify the Warden or Designee of the facility or appropriate office of the agency where the alleged abuse occurred. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. Policy also requires the agency to document that it has provided such notification.

Interview with SIS investigator confirm the process of notification of alleged abuse from the facility's Warden to the other facility's Warden. Interview with Agency's Director confirmed the process of notifying other facilities. Other agencies make the referral directly to the facility, specifically to the Warden. On occasions, the agencies contact the BOP National PREA Coordinator if they are unsure how to contact the facility directly. In these cases, the National PREA Coordinator will forward the referral directly to the Warden of the facility. If the notification does not directly go to the Warden of the facility, the staff who receive the notification immediately forward it to the Warden so that the allegation can be appropriately investigated. The Warden determines whether the allegation(s) can be investigated locally or if it should be referred to the OIA.

Interview with IPCM confirm upon receiving an allegation that an inmate was sexually abused while confined at another facility, he receives notification from the head of the facility or appropriate office of the agency where the alleged abuse occurred

Compliance with this standard was determined by a review of policy and interview with the Agency Director, IPCM, and SIS.

The facility is meeting the standard 115.63.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first custody 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 custody 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 custody 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 custody 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 custody staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify custody staff?  Yes  No

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 was reviewed and address the requirements of this standard. All Correctional Officers and Non-Correctional Officers interviewed were knowledgeable regarding first responders' procedures. All Correctional Officers and Non-Correctional Officers interviewed stated when learning of an allegation of sexual abuse/sexual harassment they would immediately separate the inmates, secure the area as a crime scene, not allow inmates to destroy any evidence, and contact the Operations Lieutenant. Interviewed Correctional Officers showed they had in their possession a PREA card outlining first responder duties. The Operations Lieutenant would continue to protect the inmate victim and notify medical, mental health and administrative staff.

Compliance with this standard was determined by a review of policies and reports, and interviews with the Correctional Officers and Non-Correctional Officers. The facility is meeting the standard 115.64.

### Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The facility has established procedures allowing multiple ways of reporting PREA allegations and staff neglect or violations of responsibilities that may have contributed to such incidents. Correctional Officers and Non-Correctional Officers have been trained in procedures for receiving PREA allegations. In all cases where an inmate reports sexually abusive behaviors, the Operations Lieutenant will report such allegations in TRUIINTEL. Reports must indicate whether the allegation involved Abusive Sexual Contact (staff on inmate) or a Non-Consensual Sexual Act (inmate on inmate). Psychological Services will assess the inmate for Vulnerability and treatment needs. If a staff member is the alleged perpetrator, only the SIA/SIS Lieutenant, IPCM, and Warden are notified of the specifics of the allegations; they may make the appropriate referral to the Office of Internal Affairs. Psychological Services is still notified to assess need for treatment and to coordinate such treatment.

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. Once the IPCM determines a full response protocol is warranted, the facility has a coordinated plan that includes protective/first responders, leadership, mental health, medical.

Interviews with mental health, medical, IPCM, Correctional Officers and Non-Correctional Officers confirmed the procedures 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

Following the initial response, continued coordination between departments is achieved through PREA after-action meetings and the use of the checklist. Staff interviews confirmed that they were knowledgeable regarding their responsibilities in the coordinated response.

Compliance with this standard was determined by a review of policies and supporting documentation and interviews with staff. The facility is meeting the standard 115.65.

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

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

#### **115.66 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to

remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### 115.66 (b)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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The Agency Head interview confirmed the agency, and any other governmental entities are responsible for collective bargaining on the agency's behalf prohibited from entering 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.

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

The facility in the past 12 months had seven allegations of PREA reported and seven allegations investigated. Zero PREA allegations were substantiated. The facility is meeting the standard 115.66.

#### Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)



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

#### 115.67 (b)

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

#### 115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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PS 5324.12 policy reviewed addresses the requirements of this standard. The policy prohibits any type of retaliation against any staff member or inmate who has reported sexual abuse, sexual harassment or cooperated in any related investigation. The SIS Lieutenant is the designated Retaliation Monitor. Interview with the SIS Lieutenant confirmed monitoring for retaliation on inmates reporting PREA allegations. The SIS Lieutenant demonstrated monitoring for retaliation by reviewing the PREA Compliance Form in inmate's files. The SIS

Lieutenant stated in the interview that she would document and follow up on all potential cases to ensure policy is being enforced and conduct periodic status checks on the frequency of incident reports, housing reassignments and negative performance reviews/staff job reassignments. Retaliation monitoring would continue for at least 90 days and beyond, if needed. Monitoring forms were reviewed by the PREA-Auditor. There have been no suspected or actual incidents of retaliation in the past 12 months.

During an interview with SIS Lieutenant, the PREA-Auditor reviewed all records of PREA allegations. Documentation reviewed showed allegations investigations, results, monitoring for retaliation, and assurances from inmates of no retaliation and no fears of retaliation.

Compliance with this standard was determined by a review of policy and monitoring forms and an interview with the SIS Lieutenant. The Facility is meeting the standard 115.67.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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PS 5324.12 was reviewed and addresses the requirements of this standard. The policy requires Correctional Officers and Non-Correctional Officers to assess and consider all appropriate alternatives for safeguarding alleged inmate victims of sexual abuse/sexual harassment. Correctional Officers and Non-Correctional Officers must first consider other alternatives based on the circumstances of the allegation, before considering the placement of an inmate in protective custody, placing the inmate in another housing unit, or transferring the

inmate to another facility. To aid in that decision, policy requires the facility to complete the BOP's Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form. The form serves to document consideration of all options.

Interviews with Correctional Officers and Non-Correctional Officers confirmed that there are usually viable alternatives to placing victims of sexual abuse/sexual harassment in involuntary segregated housing. To the extent possible, access to programs, privileges, education, and work opportunities are not limited to inmates placed in a SHU for the purpose of protective custody. The reasons would be documented for restricting access, as well as the length of time the restrictions would last. There were no inmates placed in post-allegation protective custody status within the past 12 months.

Compliance with this standard was determined by a review of policy and forms, interviews with the IPCM, correctional staff and the PREA-Auditor's observations during the tour.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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PS 5324.12; Investigative files; Training Lesson Plans and Protocols were reviewed and addressed the requirements of this standard. The facility's investigators (SIS) interviewed confirmed investigators conduct administrative investigations within the facility. When an allegation appears to be criminal in nature, the SIS, in conjunction with the BOP's Office of Internal Affairs and the facility Warden, will refer the incident to the FBI for a criminal investigation if the investigation involves an inmate-on-inmate allegation. Staff-on-inmate criminal investigations are conducted by the Office of the Inspector General. The FBI or the OIG investigator consults with the Assistant U.S. Attorney, when necessary. If the FBI or the

OIG substantiates the allegation, the case is referred to the local United States Attorney for possible prosecution.

The SIS interview informed the PREA-Auditor that credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as inmate or staff. The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation.

Interview with SIS investigator confirmed in the past 12 months, there were no administrative or criminal investigations of inmate-on-inmate sexual abuse that were found to be substantiated. In the past 12 months, there have been no instances of disciplinary action against inmates for sexual misconduct with staff. There were zero sustained allegations of misconduct that appeared to be criminal that were referred for prosecution in the past 12 months. SIS investigator confirmed that SIS investigators receive specialized training. Review of memorandum external investigators & PREA training confirm that outside investigators received specialized training.

The review of four inmate files of alleging sexual abuse revealed that the investigations were completed promptly and thoroughly and in compliance with established policy. The allegations in these cases were found to be unsubstantiated.

100% of interviews with correctional and health services personnel confirmed that they were all knowledgeable of the required procedures for obtaining, preserving, and securing physical evidence, when sexual abuse is alleged. Staff members were aware that the SIS, the Office of Internal Affairs, the Office of the Inspector General, or the Federal Bureau of Investigation conducted investigations relative to sexual abuse/sexual harassment allegations.

Compliance with this standard was determined by a review of policy, investigation files, training lesson plans and supporting documentation, as well as interviews with the SIS, mental health and health staff and correctional staff.

The facility is compliant with standard 115.71.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 was reviewed and addresses the requirements of the standard. The evidence standard is a "preponderance of the evidence" in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Interview with SIS, medical and mental staff and correctional staff confirmed awareness of the evidence standard. The evidence standard was utilized in the cases reviewed by the PREA-Auditor and demonstrates the facility compliance with this standard. Interviews with SIS, Executive Assistant/Camp Administrator, and IPCM, confirm 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.

The facility is meeting standard 115.72.

### Standard 115.73: Reporting to inmates

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

##### 115.73 (a)

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

##### 115.73 (b)

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



### 115.73 (c)

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

### 115.73 (d)

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

### 115.73 (e)

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

### 115.73 (f)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

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

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

PS 5324.12 was reviewed and addresses the requirements of the standard. The facility conducts administrative investigations. The policy states inmates are entitled to know the conclusion of an investigation which you are the alleged victim. The PREA-Auditor reviewed the Notice to Inmate Form.

A review of memorandum reporting inmates confirmed that five investigations on inmate-on-inmate on allegations of sexual abuse or sexual harassment were completed. Zero allegations of sexual abusive behavior or sexual harassment of staff-on-inmate.

During the on-site interview with the SIS staff, it was confirmed that in the past 12 months six inmates reported seven inmate-on-inmate PREA allegation one of the inmates reported REA allegations twice. Of the seven allegations, four were unsubstantiated, two unfounded, and one is being investigated.

The SIS went through four inmate files of investigations of PREA allegations.

A review of documentation confirmed that, in all instances, the inmates were informed, in writing, regarding the results of each investigation and the inmates signed that they received the notice. The PREA Compliance Manager Information Tracking Form logs in all activities from the beginning of the allegation identifying the alleged victim and alleged perpetrator, SHU placement, monitoring for retaliation, investigation completed, results of investigation, remove or update, notifying inmate of investigation outcome, and executive staff review. The PREA-Auditor was able to see the flow of this tracing form and activities in inmate files.

When the allegation involves staff, the inmate would be informed if the staff member is no longer posted within his housing unit, if the staff member is no longer employed at the facility, if the staff member was indicted on a charge related to sexual abuse within the facility or if the agency learned that the staff member was convicted on a charge related to sexual abuse within the facility.

Compliance with this standard was determined by a review of policy and PREA allegation outcome notifications to inmates, as well as interviews with the Warden, IPCM and SIS Supervisor. The facility is meeting standard 115.73.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

PS 3420.11, Standard of Employee Conduct and PS 5324.12 were reviewed and address the requirements of this standard. Correctional Officers and Non-Correctional Officers are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Discipline would be commensurate with the nature and circumstances of the acts committed; the staff member's disciplinary history; and the sanctions imposed for comparable offenses by other staff with a similar history.

Interview with Executive Assistant/Camp Administrator confirmed that Correctional Officers and Non-Correctional Officers are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies and that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

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 is reported to Law enforcement agencies (unless the activity was clearly not criminal) and 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 is reported to relevant licensing bodies

Compliance with this standard was determined by a review of policies and interviews with the Executive Assistant/Camp Administrator. The facility is meeting standard 115.76.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 was reviewed and addresses the requirements of this standard. Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and would be reported to the appropriate investigator and relevant professional/licensing/certifying bodies. Under no circumstances an employee, volunteers, contractor permitted to have sexual contact with an inmate. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility shall take appropriate remedial measures, and consider whether to prohibit further contact with inmates.

During the past 12 months, there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment. Therefore, there are no instances which required remedial measures.

Interviews with a contractor indicated they were aware of the consequences for violating the PREA policy. The contractor confirmed receiving updated PREA training.

Note: No volunteers have not been available in the past 12 months because of the COVID pandemic.

Compliance with this standard was determined by a review of policy, volunteer/contractor training files and acknowledgements and interviews with the Executive Assistant/Camp Administrator, SIS and a contractor. The facility is meeting standard 115.77.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual

abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)   
Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5270.09, Inmate Discipline Program, and PS 5324.12 were reviewed and addresses the requirements of this standard. Review of the agency policy confirm that 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. The policy describe sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. When determining what types of sanction, if any, should be imposed, the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to the behavior.

Interview with Chief Psychologist confirm the facility offers therapy, counseling interventions designed to address and correct underlying reasons or motivations for the abuse. The facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits

The Inmate Discipline Program defines sexual assault of any person, involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The program identifies inmates engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act.

Interview with SIS investigator confirmed in the past 12 months, there were no administrative or criminal investigations of inmate-on-inmate sexual abuse that were found to be substantiated. In the past 12 months, there have been no instances of disciplinary action against inmates for sexual misconduct with staff.

Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, along with the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Discipline Program.

The facility policy states it does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. All Inmates interviewed believed they could report a PREA allegations with consequences from the facility.

Compliance with this standard was determined by a review of policies and memos and interviews with the SIS, Acting Warden, IPCM. The facility is meeting standard 115.78.

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

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

##### 115.81 (b)

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

##### 115.81 (c)

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



### 115.81 (d)

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

### 115.81 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324. 12 was reviewed and addresses the requirements of the standard. As confirmed by review of intake screening documents, screening for prior sexual victimization in any setting is conducted by unit staff during the intake process. Inmates are also screened for previous sexually assaultive behavior in an institutional setting or in the community. When indicated, staff members ensure that the inmate is offered a follow-up meeting with a mental health practitioner within fourteen days of the intake screening.

Review of memorandum limitation of information directs the facility that 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. Review of memorandum access to emergency medical and mental health services confirms the facility makes available emergency medical services to inmates who report being victim of sexually abusive behaviors.

Interview with intake staff during the first day confirmed that inmates report a history of sexual victimization while in BOP custody, during the intake screening process, or from self-report or from review of available documents, must be referred to Psychology Services. The intake staff confirmed when inmates with a history of sexual predation during the intake screening process are identified the inmates and must refer the inmate to Psychology Services.

Interviews with medical and mental health staff confirm the facility has a comprehensive system for collecting medical and mental health information relevant to the PREA and has the capacity to provide continued reassessment and follow-up services. The review of Psychology Services' "Risk of Sexual Victimization" and "Risk of Sexual Abusiveness" Forms confirmed that inmates who disclosed prior victimization during screening were offered a follow-up meeting with medical or mental health staff within 14 days. Treatment services are offered without financial cost to the inmate. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for the purpose of treatment plans, security, housing, work and program assignments and management decisions. Signed and dated informed consents are obtained from inmates before reporting prior sexual victimization that did not occur in an institutional setting. The facility does not house inmates under the age of 18.

A review of policy and screening documents and interviews with case managers and medical and mental health staff confirm the facility's compliance with standard 115.81.

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

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

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

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

#### **115.82 (b)**

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

#### **115.82 (c)**

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in

accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### 115.82 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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PS 5324.12 policy was reviewed and address the requirements of this standard. The policies are in place and enforced to ensure 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.

If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, custody staff first responders take preliminary steps to protect the victim. 100% of all correctional officers interviewed were able to communicate the procedures as a first responder to a sexual assault and ensure the safety of the victim.

A psychologist will meet with the alleged victim who lodged the allegation. During these contacts, which are documented as Sexual Abuse Intervention notes, the victims' treatment needs are assessed, including the need for crisis intervention. Psychology Services staff work to meet those needs. Community victim advocacy services are offered. Medical staff maintain secondary materials (e.g., form, notes) documenting the timeliness of the emergency medical treatment that was provided and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis.

Pee Dee Coalition provides emotional support, crisis services, and referrals over the phone or on-site to inmates of FCI Williamsburg. Interview with coordinator from Pee Dee Coalition

confirmed that FCI Williamsburg provides private room for confidential support. Pee Dee Coalition confirmed that interpreter services are available for Limited English Proficient (LEP) inmates. Pee Dee Coalition confirmed that forensic examinations are completed by SANE & SAFE Nurses at the Medical University of South Carolina (MUSC) in Charleston, South Carolina. The PREA-Auditor interviewed a SANE nurse at MUSC. She informed the PREA-Auditor that when there is a sexual assault that occurs at FCI Williamsburg, the facility would transfer the inmate to MUSC to receive treatment and forensic examination. A SANE/SAFE Nurse is available 24/7. The facility does not house inmates under the age of 18.

Interview with community victim advocates, SANE Nurse, Chief Psychologist confirmed emergency medical and mental health services are provided to every victim of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

Compliance with this standard was determined by a review of policies and supporting documentation and interviews with correctional staff, and medical and mental health staff.

The facility is meeting standards 115.82.

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

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

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

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

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

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

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

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

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

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

#### 115.83 (e)

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

#### 115.83 (f)

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

#### 115.83 (g)

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

#### 115.83 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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PS 5324.12 was reviewed and addresses the requirements of this standard. The facility offers 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. The evaluation and treatment of such victims includes follow-up services. The facility would assist in the arrangement of referrals for continued care following their transfer to or placement in other facilities or after their release from custody.

The facility has fully staffed medical and mental health departments and offers sexual abuse/sexual harassment victims medical and mental health services consistent with the standard of care available in the community. Inmate victims, while incarcerated, would be offered testing for sexually transmitted infections as medically appropriate. The facility does not house female inmates. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Mental health evaluations are conducted on all known inmate-on-inmate abusers within 14 days of learning of such abuse history, but usually immediately, when staff members become aware of this information. When appropriate, treatment is offered by mental health practitioners.

The Psychologist informed the PREA-Auditor that the Psychology Services Department is seeing 39 inmates for mental health and emotional issues. The Health Services Department has four psychologists and one alcohol and drug abuse counselor to provide behavioral health services. Interviews with Chief Psychologist, victim advocates, and inmates confirmed the facility provide sexually assaulted victims with medical and mental health services consistent with the community level of care and treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interview with intake staff confirmed inmates are screen for at risk and once identified they are referred to mental health.

Compliance with this standard was determined by a review of the policy and interviews with victim advocates, SANE/SAFE Nurse, medical and mental health staff, and intake staff. The facility is meeting standard 115.83.

## **DATA COLLECTION AND REVIEW**

### **Standard 115.86: Sexual abuse incident reviews**

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

### 115.86 (a)

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

### 115.86 (b)

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

### 115.86 (c)

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

### 115.86 (d)

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

### 115.86 (e)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

A review of P5324.12 (a) Agency's policy directs the facility to 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. A review of P5324.12 (b) Agency's policy directs the facility to conduct such review within 30 days of the conclusion of the investigation. A review of P5324.12 (c) Agency's policy directs the facility to include on the review team upper management staff, with input from front line supervisors, investigators and medical or mental health practitioners.

A review of P5324.12 (d) Agency's policy directs the facility and consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse, 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, examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, assess the adequacy of staffing levels in that area during different shifts, assess whether monitoring technology should be deployed or augmented to supplement supervision by staff, and prepare a report of its findings, any recommendations and submit such report to the facility head and PREA compliance manager. The policy directs states the facility to implement recommendations for improvement or document its reasons for not doing so. A review of memorandum institutional executive staff review states the facility will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegations has not been substantiated, unless the allegations has been determined to be unfounded.

During on-site interviews the SIS Supervisor and review team member on the review team confirmed during the past 12 months four sexual abuse incident reviews were completed. There was a total of seven allegations of sexual assault or sexual harassment from six inmates. Four were unsubstantiated and two were unfounded. Four out of alleged incidents reported were unfounded. All four unsubstantiated allegations received a review by the review team.



Interview with the SIS Supervisor confirmed she is member of the review team that reviews sexual assaults in the facility. The SIS Supervisor confirmed 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. The facility is meeting standard 115.86.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

P5324.12 policy directs the Agency to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The PREA Auditor gathered the Agency’s most recent Annual PREA Report that was signed by the Director on June 17, 2021. The Agency’s report from the website confirm the Agency collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The Agency tracks data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The Agency aggregate the incident-based sexual abuse data at least annually, collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates, and upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30

A review of Agency documents, and the Annual PREA Report confirm the Agency is meeting standard 115.87.

### Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

A review of the Agency's policy describes a review of data collected and aggregated pursuant to § 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its finding and corrective actions for each facility, as well as the agency. The agency's annual report includes 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.

The agency's annual report approved by the agency head and made readily available to the public through its website. The PREA Auditor gathered the Agency's most recent Annual PREA Report that was signed by the Director on June 17, 2021.

Compliance with this standard was determined by a review of policy, procedures, the agency website, and the Annual Report, as well as an interview with the National PREA Coordinator. Interview by telephone with the National PREA Coordinator confirmed she collects data, and the data is securely retained. The agency is compliant with standard 115.87.

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

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

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 was reviewed and addresses the requirements of the standard. The National PREA Coordinator reviews data compiled by each BOP facility, from SENTRY, from each Regional PREA Coordinator and from the Office of Internal Affairs and issues a report to the Director on an annual basis. Facility data is maintained in locked files or on computer data bases that are user ID and password protected. Agency PREA data is securely retained, and 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 annually through its Web site after removing all personal identifying information. The agency maintains sexual abuse data collected pursuant to 115.87 for at least ten years after the date of the initial collection, unless federal, state, or local law requires otherwise.

Compliance with this standard was determined by a review of policy, procedures, the agency website, and the Annual Report, as well as an interview with the National PREA Coordinator. Interview by telephone with the National PREA Coordinator confirmed she collects data, and the data is securely retained. The agency is compliant with standard 115.89.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was

audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)  Yes  No

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

All BOP facilities have received at least one PREA audit since August 20, 2013. At least one-third of all BOP facilities were audited during the one-year period after August 20, 2013. The PREA-Auditor was able to conduct staff and inmate interviews in private and confidential location. The PREA Auditor had access and was able to observe all areas of the facility. The PREA-Auditor was able to request, receive and review all requested documents on-site or electronically. Notification of the dates of the Audit and the PREA-Auditor's contact information was posted throughout the facility to allow inmates the opportunity to send confidential letters prior to the on-site visit. The facility provided the PREA-Auditor with a picture of the posting and the Auditor received two letters from inmates at the facility. The facility is compliant with standard 115.401.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

PREA Audit reports are placed on the agency website within 90 days of their completion as required by the standard. A review of the website confirmed the agency's compliance with standard 115.403.



## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Demetrius Henderson

August 2, 2021

**Auditor Signature**

**Date**

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

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