

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

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

Interim       Final

Date of Interim Audit Report:       N/A

Date of Final Audit Report:      12/17/2021

## Auditor Information

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Email: kristin@preaauditing.com

Company Name: PREA Auditors of America

Mailing Address: PO Box 1071

City, State, Zip: Cypress TX 77410

Telephone: 713-818-9098

Date of Facility Visit: November 2-4, 2021

## Agency Information

Name of Agency: Federal Bureau of Prisons

Governing Authority or Parent Agency (If Applicable): US Department of Justice

Physical Address: 320 First St. NW

City, State, Zip: Washington DC 20534

Mailing Address: 320 First St. NW

City, State, Zip: Washington DC 20534

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information:

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

## Agency Chief Executive Officer

Name: M.D. Carvajal, Director

Email: BOP-RSD-PREACoordinator@bop.gov

Telephone: 202-616-2112

## Agency-Wide PREA Coordinator

Name: Jill Roth, National PREA Coordinator

Email: BOP-RSD-PREACoordinator@bop.gov

Telephone: 202-616-2112

PREA Coordinator Reports to:

Sonya D. Thompson, Assistant Director, Reentry Services Division

Number of Compliance Managers who report to the PREA Coordinator:

0

## Facility Information

**Name of Facility:** Federal Correctional Institution, Ashland

**Physical Address:** St. Route 716

**City, State, Zip:** Ashland, KY

**Mailing Address (if different from above):**  
PO Box 820

**City, State, Zip:** Ashland, KY 41105

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:**

[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

NCCHC

CALEA

Other (please name or describe:

N/A

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

### Warden/Jail Administrator/Sheriff/Director

**Name:** LeMaster, David

**Email:** ASH-PREAComplianceMgr @bop.gov

**Telephone:** 606-928-6414

### Facility PREA Compliance Manager

**Name:** Jamie Amareld, Associate Warden of Programs

**Email:** : ASH-PREAComplianceMgr @bop.gov

**Telephone:** 606-928-6414

### Facility Health Service Administrator N/A

**Name:** Baier, Brian

**Email:** : ASH-PREAComplianceMgr @bop.gov

**Telephone:** 606-928-6414

Facility Characteristics	
Designated Facility Capacity:	1453
Current Population of Facility:	1219 (FCI: 1070 SPC:179)
Average daily population for the past 12 months:	1115
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:	20-81
Average length of stay or time under supervision:	143 Mos
Facility security levels/inmate custody levels:	FCI: In/Low SPC: Out& Community/Minimum
Number of inmates admitted to facility during the past 12 months:	830
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	830
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	821
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	279
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	34

Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	3
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:	1
<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>	36
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	16
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	7
Number of open bay/dorm housing units:	9
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	52
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?

Yes  No

Are mental health services provided on-site?

Yes  No

Where are sexual assault forensic medical exams provided?  
Select all that apply.

- On-site  
 Local hospital/clinic  
 Rape Crisis Center  
 Other (please name or describe: \_\_\_\_\_)

### Investigations

#### Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:

0

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.

- Facility investigators  
 Agency investigators  
 An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

- Local police department  
 Local sheriff's department  
 State police  
 A U.S. Department of Justice component  
 Other (please name or describe: [Click or tap here to enter text.](#))  
 N/A (OIG/FBI completes criminal investigations)

#### Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?

253

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply

- Facility investigators  
 Agency investigators  
 An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- Local police department  
 Local sheriff's department  
 State police  
 A U.S. Department of Justice component  
 Other (please name or describe: \_\_\_\_\_)  
 N/A

# 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.*

Federal Correctional Institution Ashland is located in Boyd County, KY, close to the borders with both Ohio and West Virginia. The facility last underwent a PREA audit in March 2019 and the timing of this audit meets the requirements under PREA Standard 115.401(a). This audit was completed by The PREA Auditors of America (PAOA) certified auditor Kristin Wings-Yanez.

### Pre-On-site Audit Phase

The agency has an internal audit preparation process that includes centralized organization and an assigned management analyst to coordinate logistics. The analyst was assigned as the auditor's primary point of contact. Because the agency and facility were experienced with the audit process and timelines, communication was handled via email. The agency used the paper audit process. The auditor requested that facility lists for interview selections and document sampling as well as a map/floorplan of the facility be available upon arrival for the on-site portion.

The PREA Compliance Manager (PCM) completed the Pre-Audit Questionnaire (PAQ) on 8/6/21 and updated it on 10/2/21. The agency and facility provided documents electronically to PAOA. PAOA staff organized the documents in a Google drive, and the auditor gained access to the documents in late September 2021. The facility provided policy documents, training slides, explanatory memoranda, redacted inmate file documents, inmate brochures and posters, sample/blank investigation and incident review forms, and facility leadership meeting minutes. The electronic records did not contain personally identifying information of inmates; investigation documents and unredacted medical, psychiatric, and screening documents were withheld to view on-site. The facility identified one investigation in the audit period. The auditor reviewed the documents and created a draft report template that organized the information received.

The facility posted audit notices on 8/17/2021 and submitted dated photographs of the notices the front lobby and each housing unit of the FCI and the SPC, including each range of the Special Housing Unit (SHU), the corridor, food services, both sides of visiting, the staff training corridor, and UNICOR. The auditor saw those notices as well as identical notices posted in programming and recreation areas and on other available billboards around the institution while on-site. The notices are posted in English and Spanish, are labeled with large, brightly colored NOTICE title, and contain bold typeface contact information for the auditor. The notices state clearly that correspondence and any disclosures during interviews are confidential and will not be broken except in limited circumstances as required by law. The facility appropriately posted notices more than six weeks in advance of the on-site portion. The auditor received one letter from an inmate in advance of the on-site portion and spoke with the inmate during the on-site portion.

The auditor reviewed the facility's website and downloaded and reviewed the previous audit report. From the agency's website, she reviewed the annual PREA reports for the three prior years and the site

information on the agency PREA program. The auditor also conducted an internet search for news stories regarding the institution. No press related to misconduct at the facility was discovered.

The auditor contacted Just Detention International on 10/31/21 and requested information on any communications or reports they have received from or about FCI Ashland. The organization responded that nothing was received regarding this facility in the past 12 months.

### **On-site Audit Phase**

The auditor visited the facility from 11/2/21 to 11/4/21. Upon arrival, the BOP Management Analyst (via teleconference), Warden, Associate Warden of Programs (assigned as the PREA Compliance Manager), the Associate Warden of Operations, the Associate Wardens Secretary, and the Captain met for an entrance briefing. The facility was also undergoing an ACA audit at the same time, and the ACA auditor was present as well. The facility presented binders with hard copies of documents produced electronically, additional documents, and full rosters of inmate housing units, targeted populations, staff, contractors, and volunteers. Following introductions and an overview of audit process, the auditor reviewed staff and inmate rosters for interview selection then began the site review.

#### **Site Visit**

Every area of the facility was examined, including every housing unit; SHU; food service; commissary; library and law library; indoor and outdoor recreation areas; programming; education; the chapel; psychology and medical clinic; counselor, supervisor, and administrative office areas; the UNICOR factory, facilities shops; garage and warehouse; and visiting. The auditor kept track of visited areas on a printed site plan, and she ensured she viewed every bathroom, utility room, and office. The auditor was accompanied by the PCM (AW of Programs), the Chief Psychologist, and the acting Executive Assistant/Camp Administrator. Numerous informal interviews were conducted as the Auditor walked the site.

#### **Interviews**

##### **Staff Interviews**

Formal staff interviews were conducted in their offices with the door closed or in the administrative area conference rooms. No other parties were present during the conversations. Numerous informal interviews were conducted while touring the facility as well. Agency staff interviews were conducted virtually prior to the on-site portion (Agency Head, PREA Coordinator, Agency Contract Administrator).

Specialized staff were selected based on position as listed below—when multiple candidates existed, the auditor selected based on availability. The facility works with nine independent contractors, all in the medical field. The auditor selected a contractor who was at the facility to interview and conducted informal interviews with other contractors. The facility typically has volunteers, but due to COVID-19 protocol, none had entered in the audit period.

The facility employs 279 total staff members. Other staff were randomly selected to account for a variety of assignment and shift—the auditor reviewed the post/work assignment schedule and selected an interviewee from each work area. Every employee at the institution goes through security training and is considered a correctional worker and a first responder. Interviewees were both uniformed and non-uniformed and represented a diverse cross-section of duties.

Specialized Staff interviews completed:

- Agency Head
- Agency PREA Coordinator
- Warden
- PREA Compliance Manager
- Intermediate/Higher Level Facility Staff
- Agency Contract Administrator
- Intake Staff
- Classification Staff
- Staff responsible for screening for risk of abusiveness
- Contractor
- Staff who supervise inmates in segregated housing
- Incident review team staff
- Monitors of retaliation
- First responder
- HR staff
- Food services staff supervising inmates
- Medical staff
- Mental health staff
- Maintenance staff supervising inmates

Specialized Staff categories that were not applicable to this institution:

Staff who supervise youthful inmates  
Education/Programming staff that work with youthful inmates  
Non-medical/Cross gender stirp/visual body cavity searches

The following staff were interviewed:

Staff Title	Count
Agency Head	1
Agency PREA Coordinator	1
Warden	1
Associate Warden of Programs/PREA Compliance Manager	1
Agency Contract Administrator	1
Human Resources Specialist (facility)	1
Institution Duty Officer (unannounced rounds)	2
Unit Manager	3
Corrections Lieutenant	2
Cook Foreman	1
Health Services Administrator	1
Psychologist	2
Pharmacy Tech (Contractor)	1
Correctional Systems Supervisor	1
Housing Unit Correctional Officers (including Special Housing Unit)	2
Food Services Administrator	1

Education staff	1
UNICOR Foreman	1
Chaplain/religious services staff	2
Commissary/Warehouse	3
Special Investigative Services Lieutenant	1
Maintenance and Landscape Staff Supervising Inmates	3
Material Handler Supervisor	1
Vocational Training (horticulture)	1
<b>Total Staff Interviews</b>	<b>35</b>
<b>Total individual staff interviewed (as some of the above titles overlap)</b>	<b>33</b>

### **Inmate Interviews**

The facility provided rosters of inmates in the facility upon arrival. The lists were organized by housing unit, and additional lists were provided with inmates in the categories required by the Auditor Handbook. The auditor randomly selected one inmate from each unit by taking the first name from page one, the second name from page two, etc. This provided a sample of inmates from a variety of units, demographic groups, work assignments, and length of time at the institution. The selection covered every housing unit except quarantined inmates (COVID-19 protocol). Targeted population inmates were also selected randomly from the provided lists. The facility identified one transgender/intersex inmate housed at the facility. A randomly selected inmate identified herself to the auditor as transgender, but she had not done so at the institution and preferred to live “under the radar” with a masculine gender presentation.

Most inmates were interviewed in Associate Warden’s office area with only the auditor and inmate present. A small number of inmates were interviewed on the grounds of the facility. Inmates interviewed in the facility were spoken to away from other individuals including staff or inmates so others could not hear the conversation. Each individual consented to be interviewed in this manner and indicated that he felt comfortable talking with the auditor in the open.

Inmate interviews completed:

Randomly selected inmates	20
Targeted populations:	(24)
• Inmates with a Physical Disability	1
• Inmates who are Limited English Proficient	1
• Inmates who are hard of hearing	2
• Inmates who identify as Gay or Bisexual	7
• Inmates who identify as Transgender	2
• Inmates Who Reported Sexual Abuse	6
• Inmates who Reported Sexual Victimization During Screening	5
<b>Total Inmate Interviews</b>	<b>44</b>

The auditor conducted numerous informal interviews of both staff and inmates during the audit site visit.

#### Document Review

In addition to the records reviewed in the pre-on-site portion, the auditor reviewed hundreds of pages of records on-site. The facility reserved records with inmate identifying information for on-site viewing. These documents were provided by the Associate Warden's office and viewed in the administrative conference room. The documents were kept locked in the room when the auditor was not present. For security reasons the auditor did not remove copies of these documents, but they will be retained by the facility through the next audit cycle.

The auditor viewed the inmate file of every inmate who was interviewed, and confirmed screening and education documentation. The auditor viewed all intake and screening records for inmates admitted in the 12 months preceding the on-site portion. Specific data was taken from the intake and screening forms of inmates who were selected to be interviewed based on their report of sexual victimization during screening. The auditor also viewed mental health records and emails documenting the findings of the psychologist and lieutenant who conducted screening and follow-up screening for this group.

The auditor viewed seven investigative files completed during the audit period: three staff-on-inmate cases (sexual abuse/voyeurism; sexual harassment; and abuse/threat of abuse) and four inmate-on-inmate cases (two harassment, two sexual abuse/abusive contact).

The facility ran a search for any administrative remedies (grievances) related to sexual safety. No results returned.

The auditor randomly selected one third of the interviewed staff members (every third name on the selection list), and the facility provided employee files and training records of the 2020 Annual Training which included segments on PREA and searches, and rosters of staff that completed specialized training for medical and mental health staff as well as investigative staff.

The on-site portion of the audit concluded at noon on the third day. The auditor conducted a brief-out meeting with the Warden, the Associate Wardens, the Associate Wardens' Secretary, the Captain, the

SIS Lieutenant, the Chief Psychologist, and the BOP Management Analyst, and discussed strengths, challenges, recommendations, and the report plan.

**Post-On-site Audit Phase**

As the auditor did not identify any necessary corrective action, the final report was prepared and submitted on 12/17/2021.

## 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 Ashland is a low security level institution located on 27 acres in Ashland, Kentucky. The facility also includes a Satellite Camp (SPC). The facility houses adult males (ages 20-81) and the average length of stay is 143 months. The facility does not house inmates with significant medical or mental health needs or inmates who have high accessibility support needs (D/deaf inmates, inmates with certain disabilities, inmates with physical accommodation needs, etc.).

FCI Visitors and staff enter through the main Administration Building and then pass through control, entering the central corridor. The facility has ten housing units. D, C, F, and E are on the main corridor, as is the Gymnasium. The front of the corridor also contains the AW, Captains, Unit Manager, and Safety offices. The Special Housing unit (SHU) is opposite the AW's office area and is entered through a 100% ID door. Health services is located upstairs from the Captains' office, and Correctional Systems Management is downstairs. At the end of the corridor is the Dining room and Food Service, including an Officer Mess. Past that is the commissary, Education, and Inmate Services. Facilities, Recreation, Vocational Training, the chapel, the Laundry, and outdoor recreation are on the East side. Also to this side of the facility are housing units J-A, J-B, K-A, and K-B. The West side has housing units G and H as well as the UNICOR furniture factory. The housing units are each different:

- C Unit: 56 double-occupancy cells on two floors facing an open area (112 beds)
- D Unit: 44 double occupancy rooms on two floors facing a central open area and 12 double bunk beds in the center range (112 beds)
- E Unit: 40 double-occupancy rooms on two floors with rooms facing a central open area (80 beds)
- F Unit: 41 double-occupancy rooms on two floors with rooms facing an open area (82 beds)
- G Unit: In separate building; 47 double occupancy rooms on three ranges in a clover shape, plus a squad (4) room on each range (106 beds)
- H Unit: In separate building; 99 double occupancy rooms on two floors on each of two wings [note: each wing counted as separate unit per PREA Auditor Handbook]. (199 beds)
- JA, JB, KA, KB: J Unit and K Unit are each two-wing cubicle style units connected with a Unit management Complex. [Note each wing counted as separate unit per PREA Auditor Handbook].
  - JA: 44 double-occupancy cubicles (88 beds)
  - JB: 44 double-occupancy cubicles, 1 squad room, and two double-occupancy rooms (96 beds)
  - KA: 45 double-occupancy cubicles (90 beds)
  - KB: 45 double-occupancy cubicles, 1 squad room (94 beds)
- R Unit: Upstairs from food services, large open room with bunk beds (100 beds)

The FCI facility exterior has three towers on the perimeter and one inside the gate. The facility has six exterior cameras and 40 interior cameras throughout. Recordings are retained for 50 days.

Inmates are typically involved in education, programming, and/or work assignment and numerous opportunities are available on-site including GED programs, behavioral classes/groups, and skilled work including apprenticeship programs. Both indoor and outdoor recreation areas had equipment available for inmate use, including sporting goods and art/hobby craft. The UNICOR factory is run with

172 inmate workers who make laminate modular furniture. The building is open plan workspace inside with large equipment and multiple work areas.

The SPC is located a short distance from the FCI on 5 acres with four building structures. Visitors and staff enter through the main building, which also contains visiting, food services, laundry/commissary, unit management, control, and administration. Two housing buildings with two double-occupancy cubicle style units each are located behind the main building. Each unit can house 74 inmates, but the camp was only roughly 50% occupied. The last building houses recreation, religious services, and education.

## Summary of Audit Findings

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

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

### Standards Exceeded

**Number of Standards Exceeded:** 0

**List of Standards Exceeded:** 0

### Standards Met

**Number of Standards Met:** 45

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** 0

## 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.*

## **Evidence**

### Documents:

1. Program Statement (PS) 5324.12
2. Institution Supplement ASH 5324.12B; Sexually Abusive Behavior Prevention and Intervention Program (dated 6/15/17)
3. BOP memorandum re: PREA Contracts—Private Prisons (dated 7/12/13)
4. BOP memorandum re: RRC Contracts—PREA (dated 7/12/13)

### Interviews:

1. Agency contract administrator
2. PCM

## **Findings**

115.11(a): The BOP Program Statement (PS) 5324.12 details the agency's policy and implementation instructions for the Prison Rape Elimination Act standards. The document clearly states the agency has zero tolerance toward all forms of sexual abuse and sexual harassment. The institution supplement ASH 5324.12B implements the policy at the facility level. This policy outlines the agency's efforts to prevent, detect, and respond to sexual abuse. Zero-tolerance policy signage was on view in every area of the facility.

The agency's Personal Conduct rules for staff disallow any sexual activity or sexual behavior with an inmate and state that the employee may not allow another person to engage in such behavior. The rule explicitly states that "there is never any such thing as consensual sex between staff and inmates" and refers to Title 18, U.S.C. Chapter 109A providing penalties of up to life imprisonment for sexual abuse of inmates where force is used or threatened. Inmate Discipline Program rules (from 28 CFR §541.1 et. seq.) provide that sexual assault is a Greatest Severity Level Prohibited Act, and sexual harassment/threats/coercion is a High Severity Level Prohibited Act.

115.11(b): The agency has named a psychologist as the agency wide PREA Coordinator who reports to the Assistant Director of the Reentry Services Division. This position is in the upper level of agency hierarchy as evidenced by the division organizational chart. The PREA Coordinator is a full-time position within the agency, and she states she has sufficient time to develop, implement, and oversee the agency's PREA efforts. The PREA coordinator does not have a direct supervisory role over PREA compliance managers but serves in a supportive and organizational role that connects the facilities' efforts. The PREA coordinator also described an agency-level internal audit process by which the agency reviews facility PREA compliance and works with Wardens and Compliance Managers should any noncompliance be identified.

115.11(c): The agency has designated the Associate Warden of Programs as PREA Compliance Manager (PCM), reporting to the Warden. The Associate Warden has other responsibilities but states that he has sufficient time and authority to coordinate facility PREA efforts. Facility records including workforce meeting minutes and investigation documents demonstrate that the PCM is involved in all PREA-related matters and is able to spend significant time on his role coordinating PREA compliance.

## 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.*

### Evidence

#### Documents:

1. Contracts for confinement with CoreCivic, Management & Training Corporation, GEO Group, Inc
2. BOP memorandum re: PREA Contracts—Private Prisons (dated 7/12/13)
3. BOP memorandum re: RRC Contracts—PREA (dated 7/12/13)

## Interviews:

1. Agency contract administrator
2. PCM

## Findings

115.12(a): The agency contracts with facilities for the confinement of inmates, including privately run prison facilities and reentry facilities. By memorandum in 2013, the Acting Chief, Acquisitions Branch confirms that all such contracts contain the language: "The contractor shall develop policy and procedures for the establishment of a sexual abuse/assault program and comply with the Prison Rape Elimination Act of 2003 and the national standards to prevent, detect, and respond to prison rape as contained in 28 CFR Part 115, National Standards to Prevent, Detect, and Respond to Prison Rape; Final Rule, Dated June 20, 2012." The auditor reviewed BOP contracts with several companies, and each one included language requiring PREA compliance. The facility does not independently contract with any entities for the confinement of inmates, confirmed with the PCM on-site.

115.12(b): The contracts and require the agency policies and procedures are reviewed by Bureau subject matter experts who ensure compliance. The contract administrator confirms that the contractor is required to notify the BOP of PREA allegations and forward copies of the allegation, investigation, and findings to BOP oversight staff, who review the documents and document in monitoring reports. Additionally, at least once a year the BOP's quality Assurance Program conducts a review of each contractor's PREA allegations to determine contract compliance.

## 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.*

### Evidence

#### Documents:

1. Salary/Workforce Utilization Committee quarterly meeting minutes (10/29/20, 3/21/21, 6/17/21)
2. Staffing & Strength Report Pay Period 14 (7/4/21-7/17/21)
3. Warden's Department Head Meeting/COVID-19 Update Minutes (numerous, dated Sept 2020 through July 2021)
4. Institution Duty Officer Unannounced Institutional Rounds logs
5. Institution Duty Officer Training slides
6. Memorandum from Warden re: 115.13(b)-1 (7/21/21)
7. Memorandum from Warden re: 115.13(c)-1 (7/19/21)
8. Memorandum from Warden re: 115.13(d)-1(7/21/21)

#### Interviews:

1. Warden
2. PREA Coordinator
3. PCM
4. Institution Duty Officer (IDO) staff

#### Site Review:

1. Staff located in each area and throughout facility

## 2. Monitoring technology

### Findings

115.13(a): The facility has a staffing plan documented with the Salary/Workforce Utilization Plan and the minutes to the quarterly Salary/Workforce Utilization Committee Meeting Minutes. When interviewed, the PCM stated the plan takes into account generally accepted detention and correctional practices, any findings of judicial 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, institutional 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 any other relevant factors. The plan and the meeting minutes wherein the facility discusses staffing needs provide positions allotted for each post and includes analysis of overtime usage, available monitoring technology, and any issues that have arisen at the facility.

The Warden confirmed consideration of each of the factors listed during an interview. The facility does not have a set officer-inmate staffing ratio, but instead assigns staff based on the specific needs of the units and the factors listed above. As discussed above in the facility characteristics, this auditor observed both uniformed and ununiformed staff at all areas of the institution. The Unit Managers and other custody staff were seen entering and exiting the housing areas on a frequent basis.

The auditor viewed inmates using recreational areas. The law library and recreational library were both staffed with inmates, as was the food service and commissary area. Several low-visibility areas were only accessible to inmates when they were accompanied by staff. Staff were present in every area, and staff and inmates interacted regularly.

The auditor observed staff (both unit staff and high-level management) having casual, professional conversations with inmates. Unit staff regularly move about, do random counts, and constantly interact with the inmate population. Facility leadership appeared very familiar with the population, and their regular presence in all areas of the facility was obvious. It was apparent that staff presence in the units is high and the staffing ratio appeared sufficient to deter and detect sexual misconduct.

In addition to regularly assigned staff in specific areas, complex security staff, counselors, unit managers, and supervisory staff regularly move through the spaces. Numerous cameras were observed in recreation and gathering areas such as food service, and the views are centrally monitored. The staffing levels at the facility appear adequate.

115.13(b) and (c): The Warden and PCM both confirmed during interviews that no deviations to the staffing plan were necessary. Both confirm that regular review of the staffing plan takes place at the quarterly meetings, and any necessary adjustments are made. Both the PREA Coordinator and the PCM state that the coordinator is involved in overall sexual safety planning and is brought in on an as-needed basis. The PCM reported that the PREA Coordinator is easy to reach and available for any facility support needs.

The Salary/Workforce Utilization Minutes document the higher-level administrators' discussion of PREA factors at the committee's quarterly meetings, including multiple dates during the audit period. Any staffing changes and levels are covered at these meetings. Monitoring technology is also discussed and noted in the minutes. The PCM is a party to these meetings and has the opportunity to raise any sexual safety issues, and further, other committee members raised sexual safety as a consideration as noted in the minutes. The facility also provided minutes from numerous monthly department head meetings related to COVID and other management issues. Sexual safety and vulnerable population issues were considered at each meeting, as noted in the minutes. The facility evaluates its staffing needs at least quarterly and is in compliance with these provisions.

115.13 (d): The Institution Duty Officer (IDO) role is assigned on a rotating basis to a mid-level supervisor (department managers). The IDO conducts weekly rounds through each area of the institution on all shifts and documents the rounds have been conducted. This process was explained by the Warden via memorandum and confirmed with interviews of the PCM and staff who have served as IDO. The Institution Duty Officer Training slides provided indicate that the IDO receives training on how to conduct these rounds. This auditor reviewed multiple Institution Duty Officer Unannounced Institutional Rounds records from the audit period indicating the rounds were completed throughout the 24-hour day, at random times and on a regular basis. Many areas were visited more than once a week, even daily, on a random time basis. Staff who serve as IDO describe random visitations of all areas and confirmed they conduct checks both day and night. Staff are prohibited from alerting other staff that the rounds are occurring, as documented by policy (ASH 5324.12B) and the log sheet and confirmed by IDO staff interviews. The practice was fully implemented at the facility and is compliant with this provision.

## 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*

The facility does not house youthful inmates. This was confirmed during the site visit and with the interview of the PCM. Inmate roster documents also confirm all individuals are 18 or older.

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

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

#### 115.15 (a)

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

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)

Yes  No  NA

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

#### 115.15 (c)

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

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

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

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence

#### Documents:

1. ASH 5324.12B
2. PS 5521.06
3. Memorandum from Warden Re: 115.15(e)-1 (7/19/21)
4. PS 5324.12 re: 115.15
5. Course Completions for Inmate Pat Search- BOP (CSV-0704-BXX)
6. Annual Training schedule and presentation

#### Interviews:

1. Warden
2. Random sample of staff
3. Random sample of inmates

#### Site Review Observations:

1. Housing areas including door signage and bathroom/shower areas
2. Opposite gender staff announcements

### Findings

115.15(a): The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. PS 5324.12. PS 5521.06 provides exigent circumstances are defined as in the PREA standard 115.5. The agency defines a "visual search" as a visual inspection of all body surfaces and body cavities and mandates that all visual searches shall be conducted by staff of the same sex as the inmate except where circumstances are such that delay would mean the likely loss of contraband. PS 5521.06. In such a case the reason for such search must be documented in the inmate file.

115.15(c): Policy requires that all cross-gender strip searches and cross-gender visual body cavity searches are documented. PS 5521.06. The facility has not conducted any cross-gender strip or visual cavity searches in the past 12 months. This fact was confirmed via conversations with the Warden and PCM.

115.15(d): Inmates are able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks. PS 5324.12. The Warden confirmed this in the interview, as did numerous randomly selected staff. The Warden provided a memo stating that no exigent circumstances have caused cross-gender viewing of an inmate by a staff member, and this was confirmed with the Warden and PCM on-site.

The facility housing units each contain showers and toilets that have privacy doors or curtains. All showering and toileting is thus able to be conducted in private. The door of each housing unit prominently displayed a sign in English and Spanish that both male and female staff regularly work the area. Upon entering each housing area, the auditor witnessed staff loudly stating “female on run” or “female in unit.” Additional announcements were made before entering bathroom areas. Additionally, an announcement is made each shift with the same information (heard by the auditor on-site), and opposite gender staff not ordinarily assigned as unit staff are required to announce their presence when entering cells, restrooms, and shower areas. Every time the auditor entered a housing area staff announced “female on run” or “female in unit.” Inmates were interviewed regarding this practice and stated in almost every case that they heard female staff make the announcement before entering the unit and especially the bathroom/shower area. Inmates stated during interviews that they felt they had sufficient privacy in the bathroom areas and had opportunities to change without being viewed by female staff.

The door of each housing unit prominently displayed a sign in English and Spanish that both male and female staff regularly work the area. Upon entering each housing area, the auditor witnessed staff loudly stating “female on run” or “female in unit.” Additional announcements were made before entering bathroom areas.

115.15(e): No searches of transgender inmates for the purposes of determining gender have taken place, as stated by the PCM and Warden in interviews. The agency program statement provides that transgender inmates are not searched in this manner. Transgender inmates are screened and assigned to housing by a centralized BOP committee upon intake and not at the facility. Should a transgender individual identify him/herself during incarceration, additional screening will take place but screening does not include a physical search. The auditor interviewed one transgender inmate who was known to the facility and she stated she had not undergone such a search.

115.15(f): Training records reflect that all staff receive training on pat-searches and on searches of transgender inmates. Staff are required to attend training on searches. Review of the Annual Training program evidenced that the agency covered search procedures. All staff interviewed reported recalling information on searches of male and female inmates including transgender inmates. A randomly selected staff member demonstrated the policy-approved pat search method for female inmates (including transgender inmates who identify as female), which included using the back of the bladed hand over the chest area.

PS 5521.06 provides that transgender inmates will be pat searched “in accordance with the gender of the institution, or housing assignment, in which they are assigned” but they may request an exception which would be reviewed by the Warden in consultation with medical, mental health, and custody staff.

If an exception is granted, it will be documented and clearly communicated to staff, and the inmate would receive a notation on a personal identifier card that could be presented to staff when searched. Interviewed staff indicated that a transgender inmate at the facility had received a personal identifier card and was searched by female staff..

## 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

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## Evidence

### Documents:

1. ASH 5324.12B
2. Memorandum from Warden re: Standard 115.16(a)-1 (dated 7/21/21)
3. Memorandum from Chief, National Acquisitions Section to all acquisition staff dated 9/29/20 with copy of Language Line Services purchase agreement.
4. Language Line Quick Reference Guide for Accessing Interpreting Services, FCI Ashland
5. Flyer with contact information and instructions for Deaf-Blind Services of Kentucky

### Interviews:

1. PCM
2. Chief Psychologist
3. Random Sample of Staff
4. Inmates who are LEP
5. Inmates with physical disabilities
6. Inmates with cognitive disabilities
7. Spanish-speaking staff

## Findings

115.16(a): PS 5324.12 provides that the agency provides accommodations to ensure all inmates have access to the sexual safety program, including ensuring inmates can effectively communicate with staff. The PCM explained the inmate population at the facility, which does not house inmates with higher accessibility needs, for example, D/deaf inmates, blind inmates, or inmates with significant mental health needs would not be housed at this facility. As such, the facility has not needed to provide accommodations such as ASL interpreters. The Warden states by memo that if interpretation was needed, the facility would use the local disability office from Deaf-Blind Services in Kentucky to provide immediate support.

The Chief Psychologist and the PCM stated translation services would be used whenever required, via use of a language line if staff interpreters are not available. The PCM confirms that information regarding PREA is provided verbally during Admission and Orientation, and staff are available to read relevant portions of the handbook to ensure information is provided to inmates who are visually impaired. A Spanish-speaking staff member who translates for the A&O classes described live translation and his availability to answer questions or translate them for the instructor.

Psychology Services meets individually with inmates during the screening process and sexual abuse prevention information is reviewed during this interview to ensure the inmate understands and can utilize the information. Written materials can be reviewed during this interview, the orientation class, or during meetings with the inmate counselors to ensure that all inmates understand the information. The auditor spoke with several inmates who had been identified as having a cognitive, intellectual, or developmental disability. Every inmate understood the facility's zero tolerance policy, how to report an incident, and how to use various methods to contact staff for any needs.

115.16(b): ASH 5324.12B(6) provides that inmate education is provided in writing in English and Spanish. As stated above, orientation classes are also translated when necessary. The facility utilizes a telephonic language line service to provide immediate direct translation services for non-Spanish language needs. This auditor reviewed the purchase agreement which covers use of the line and the

facility Quick Reference Guide for accessing Interpretive Services. The language line provides effective, active, and impartial translation. The auditor interviewed an inmate who was limited English proficient (LEP), and he stated he understood the PREA education that was provided to him. Staff would arrange translation for him when necessary, and he felt that he could report a sexual safety issue if he needed to and that he would be understood.

115.16(c): The facility stated that inmates are never used to translate sensitive information for their peers. All staff who were interviewed confirmed this policy and none identified any instance where an inmate interpreter had been used.

## 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.*

## Evidence

### Documents:

1. BOP Recruitment Flyer
2. Pre-Employment Guide
3. Policy 3000.03, Policy 3420.11
4. Questionnaire for Public Trust Positions; Standard Form 85P
5. Memorandum from Assistant Director of Human Resource Management Division to Human Resource Managers (dated 2/28/14)
6. Email from Chief, Office of Internal Affairs to OIA All Staff (dated 2/19/14)
7. "PREA-reference check background materials" (Notes on 115.17(h) provided by BOP)
8. Employee files

### Interviews:

1. Human Resources Specialist
2. PCM

## Findings

115.17(a): The Human Resources specialist and the PCM confirmed that the agency prohibits hiring or promoting anyone—or enlisting the services of any contractor—who has engaged in sexual abuse, or has been convicted or adjudicated of sexual abuse. Applicants are made aware of these requirements in the Pre-Employment Guide (page 2) and the recruiting flyer. The HR Specialist described the thorough preemployment screening that every employee goes through before hiring, which includes criminal background checks and self-disclosure questionnaires. Policy 3420.09 states that employees may not engage in sexual activity of any kind with inmates. It provides the penalties include federal criminal penalties, administrative action up to and including removal. Background checks are documented either in a memorandum from the background investigator or in an electronic notation in BOP's JSTARS system that contains staff data.

Policy 3000.03, section 731.2 covers security of contract workers. Program managers are responsible for security review of contractors. The security review includes a background check (NCIC) and any criminal behavior would bar entry to the facility. If "derogatory" or "disqualifying" information arises

during contractual work (including “criminal, dishonest, infamous or notoriously disgraceful conduct”), institution security personnel, in consultation with the Warden, will determine if access will be disallowed.

115.17(b): The HR Specialist confirmed the agency considers sexual harassment incidents in the preemployment screening. She stated that the preemployment background screening would evaluate any allegations that were known via reference checks. PS 5324.12 indicates that sexual harassment incidents are considered “in accordance with disciplinary/adverse action process and collective bargaining agreement” (as well as all applicable laws and rules). As stated above, contractors also go through a background screening, and sexual harassment incidents would be evaluated as part of that process. Contractors also provide a sworn questionnaire which asks about any harassment or abuse perpetration.

115.17(c): The agency completes criminal background checks before hiring new employees, as stated in policy P3000.03. New employees are notified of this and the information is included in the recruitment flyer, the pre-employment guide, and the Questionnaire for Public Trust Positions. The HR Specialist and Manager (in an informal conversation) confirmed this and also that the investigators contact prior institutional employers as part of the screening process. The auditor reviewed hiring records of staff in the electronic HR record system and each record reflected a background investigation. The system documents that background checks are completed on every employee.

115.17(d): Policy 3003.03 section 731.2 provides that criminal background checks are performed on contractors who will enter the facility. The auditor viewed contractor records from the audit period which showed documents confirming the check was completed.

115.17(e): Policy 3003.03 also provides that all positions are subject to five-year reinvestigations. The HR Manager confirmed that every employee goes through a criminal background check every five years. Employees renew fingerprints, and the centralized background investigator section completes the check. Employee files reflected the checks in every case. Interviewed staff were aware these checks were completed.

115.17(f): The Auditor reviewed the SF85 P form by which all applicants fill out a sworn questionnaire which asks about prior misconduct. Employees do not undergo self-evaluations or interviews during reviews, so the questions are not asked during annual reviews, but all employees are subject to a continuing affirmative duty to disclose misconduct. This is under Policy 3003.03 and Policy 3420.11.

115.17(g): The employment screening process involves sworn statements, and provision of false information would be grounds to not hire the applicant, as stated on the questionnaire. The HR Specialist and Manager confirmed the questionnaire process and consequences.

115.17(h): By memo from the agency’s Assistant Director of HR, staff are directed to provide information on staff allegations to other institutional employers when requested. The Office of Internal Affairs also provides information, without a release if necessary, after review. A memorandum on PREA reference Check Background Materials confirms this process. The PCM also confirmed these provisions during an interview, indicating that HR would refer any inquiries to OIA, who would provide information subject to applicable law.

## 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.*

### Evidence

#### Documents

1. Salary/Workforce Committee quarterly meeting minutes from audit period

#### Interviews

1. Warden
2. PCM

## Findings

115.18(a): The facility undertook no substantial modification, expansion, or new construction during the audit period. The Warden and PCM confirmed this in interviews.

115.18(b): The facility has not substantially modified monitoring technology during the audit period. Staff discussed the upgrades to cameras in the SPC, which were done with consideration of sexual safety in mind. The Salary/Workforce Committee meeting minutes show that the committee always discusses sexual safety considerations at these facility leadership meetings. Both the Warden and PCM stated in interviews that additional monitoring technology would be welcome, but agency budgetary priorities have not included additional updates.

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## Evidence

### Documents:

1. ASH 5324.12B
2. Memorandum from Warden re: Standard 115.21(c)-2 (dated 10/25/21)
3. Memorandum from Warden re: Standard 115.21(c)-5 (dated 10/25/21)
4. Memorandum from Warden re: Standard 115.21(d)-2 (dated 10/25/21)
5. Memorandum from Warden re: Standard 115.21(e)-1 (dated 10/25/21)
6. Memorandum from Warden re: Standard 115.21(f)-1 (dated 10/25/21)
7. ONESource First Responder Reference Guide; Sexual Assault Crisis Intervention
8. Guide for First Responders/Operations Lieutenant when Approached with an Inmate Allegation of Sexual Abuse or Harassment (chart)
9. Agreement Between the Federal Bureau of Prisons FCI Ashland and Pathways Victim Services Program (signed 5/1/2018)
10. Investigation files
11. *A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, Second Edition* U.S. Department of Justice Office of Violence Against Women (dated 04/13)
12. OIG PREA training materials
13. 4/2/14 letter from the FBI Principal Deputy General Counsel to the BOP Assistant Director
14. Memorandum of Understanding between the Federal Bureau of Investigation and the Federal Bureau of Prisons on Violations of Federal Criminal Statutes

### Interviews:

1. PCM
2. Investigative Staff
3. Medical Staff

## Findings:

115.21(a): PS 5324.12 provides that staff will follow the Response Protocol when responding to an incident of sexual abuse. ASH 5324.12B(7)(B) provides that first responders take steps to preserve evidence, and the ONESource response protocol provides detailed guidance about evidence collection.

SIS staff are to follow the a standardized evidence protocol for all possible crimes at the facility, which is outlined in a program statement. The SIS Lieutenant (investigative staff) confirms the facility adheres to these guidelines, and that a specially trained Evidence Recovery Team (ERT) gathers evidence in allegations of sexual abuse. SIS investigative staff confirmed that the ERT handles evidence collection and any arrangements for the inmate to be transported to a local hospital (King's Daughters Medical Center) for forensic examination, in consultation with medical services.

115.21(b). The auditor confirmed during the site visit that no youth are incarcerated at the facility. Because the evidence protocol would not be used on youth, it satisfies the first portion of the provision.

The evidence protocol is in line with the most recent edition of the U.S. Department of Justice's Office on Violence Against Women (OVW) publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" (national protocol), or similarly comprehensive and authoritative protocols developed after 2011. The most recent version of the document is from 2013. Under the BOP guidelines, victims are sent to medical services for any triage/initial examination and treatment. Staff take steps to preserve evidence on the victim and perpetrator, as well as at the scene of the incident. Investigative staff stated the ERT consists of a small number of highly trained staff that ensure evidence is obtained and preserved to the maximum extent possible in the circumstances, providing the evidence to SIS staff, or to outside investigators (FBI, OIG) if they conduct the investigation. If the OIG/FBI are conducting the investigation, they follow the same evidence standards as in any federal criminal investigation.

115.21(c): The Warden confirms in writing that forensic examinations will be made available to inmate victims, without cost. The victim will be offered a forensic medical examination, which should take place "as soon as practicable but within 72 hours of the BOP becoming aware the inmate reported involvement in a sexually abusive assault." (ONESource protocol, p. 3). Exams will be conducted by a specially trained medical professional (Sexual Assault Nurse Examiner or equivalent) at the local medical center. The inmate will be transported to Kings Daughters Medical Center for the exam, testing for sexually transmitted infections, and any requested prophylactic treatment. The auditor confirmed with the medical center that such services are always available and a SANE or trained medical professional would provide the same treatment and examination to anyone who came seeking treatment following a sexual assault. Medical staff and investigative staff, including ERT, are prepared to triage and transport an inmate following any incident that gives rise to a need for a forensic examination.

No forensic examinations had taken place in the audit period. SIS staff and the PCM stated that forensic examinations, though they had not occurred in the audit period, had occurred previously and are anticipated by the evidence protocol and would be offered promptly when appropriate. Medical staff were similarly aware of the protocol and ready to treat an inmate victim whenever an allegation did arise.

115.21(d)-(e): ASH 5324.12(7) provides that Psychology Services is immediately notified of an allegation of abuse and will see the victim to provide crisis intervention and address immediate treatment needs. The agreement between the facility and Pathways Victims Services Program (a member of the Kentucky Association of Sexual Assault Programs (KASAP) provides that the organization will provide advocacy services including accompaniment for an offender victim during the forensic medical examination process, investigatory interviews, and follow up crisis counseling on request. The auditor confirmed the services were available, and the facility had in fact used the Pathways services on three occasions in the audit period.

115.21(f): The BOP cooperates with the OIG and FBI when those agencies are investigating a sexual abuse case at the facility. PS 5324.12 states that the BOP requests any investigating agency follow these protocols.

115.21(h): Services are available from the rape crisis center, but all individuals involved in this process are trained on both sexual abuse dynamics and correctional issues. Training materials indicate the OIG investigators receive substantial training on sexual assault and forensic examination in the PREA context. The Federal Bureau of Investigation also receives training on sexual assault and forensic examination, as indicated in the 4/2/14 letter from the FBI Principal Deputy General Counsel to the BOP Assistant Director.

## 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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### Evidence

#### Documents:

1. PS 5324.12
2. ASH 5324.12B
3. PREA Compliance Manager Information Tracking Log
4. PS 5508.02 Hostage Situations or Criminal Actions Requiring FBI Presence
5. Email Memorandum re: DOJ/OIG Authority dated 3/12/14
6. Memorandum of Understanding between the Federal Bureau of Investigation and The Federal Bureau of Prisons on Violations of Federal Criminal Statutes (signed 8/1996)

#### Interviews:

1. Agency Head
2. PCM

### Findings

115.22(a): PS 5324.12 provides that every allegation of abuse or harassment is investigated. The facility supplement provides that the PCM is notified of every allegation, and she monitors the cases, ensuring investigation is completed on every one. During an interview, the PCM described a high level of involvement with abuse and harassment allegations; she maintains contact with SIS or the outside investigators to receive updates about the cases. The auditor reviewed her Information Tracking Log,

which kept summary information and status on each case, documenting each required task and whether/when it was completed. The facility was well organized and clearly took each allegation seriously, following the protocol in each case. The auditor interviewed a large number of inmates including inmates who had reported abuse. No inmates identified a report of abuse or harassment that went uninvestigated.

115.22(b): PS 5324.12 provides all allegations that could be criminal in nature are referred to the OIG for review. If the information suggests criminal behavior, the FBI will be involved in the investigation. OIA will handle administrative cases involving staff. The facility SIS lieutenant conducts administrative investigations involving inmate perpetrators. The Agency Head confirmed these responsibilities in an interview.

The PCM and SIS both monitor abuse or harassment cases. The PREA Compliance Manager Information Tracking Log demonstrated careful notes ensuring every necessary process takes place. The PCM stated that referrals to other agencies would also be documented via emails, which are retained in the investigation folder. The investigation files reviewed by the auditor contained these referral communications.

115.22(c): Federal regulations (including DOJ rule codified at 28 CFR Parts 0 and 45) document the various agencies' jurisdiction, as stated in the email memorandum provided by the facility dated 3/12/14. PS 5508.02 (7) provides that the FBI has investigative responsibility for crimes committed at Bureau facilities. A Memorandum of Understanding re: Hostage or Crisis Incidents at Bureau of Prisons Facilities from 1996 is included as Attachment A, which covers the cooperative work and provides operational and command guidance. The MOU regarding violations of federal crime was also signed the same year, and that document provides similar guidance.

## 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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## Evidence

### Documents:

1. ASH 5324.12B
2. ONE Source First Responder Reference Guide—Sexual Assault Crisis Intervention and Sexual Assault Reporting Protocol.
3. Annual Training FY 2021 Schedule
4. Annual Training FY 2021 attendance logs
5. Sexually Abusive Behavior Prevention and Intervention Program; Annual Training 2020 PowerPoint slides
6. Sexually Abusive Behavior Prevention and Intervention Program; Annual Training 2014 PowerPoint slides
7. Email re: OIG PREA training 1/14/14
8. Contractor Training logs
9. Volunteer Training logs, Level 1 and Level 2
10. BP-5324.009 PREA Acknowledgement

### Interviews:

1. Random sample of staff
2. Human Resources Specialist
3. PCM

## Findings

115.31(a): Agency program statement 5324.12 (and the institution supplement ASH 5324.12B) provides that all staff, new and current, receive training on the components of the prevention and intervention of sexually abusive behaviors as outlined in the policy. The policy states that training will occur in Introduction to Correctional Techniques (ICT) Phase 1 and in Annual Training. The policy further states that training will cover crime scene preservation for first responders and ensuring coordinated response to reports. Staff also receive the ONESource guide for incidents of sexual abuse.

The auditor reviewed the agency training materials and the training covers zero tolerance, how to fulfill duties under the PREA policy, inmate rights re: abuse and harassment, inmate and staff rights re: retaliation, dynamics of sexual abuse, common reactions of victims, how to detect and respond to signs of threatened and actual abuse, how to avoid inappropriate relationships, effective communication, and mandatory reporting. Every staff interviewed recalled the PREA training and was able to provide specific topics covered. Because the training is reviewed during each annual training period, staff had strong recall of the information. The PCM described the record-keeping for training attendance, which is electronically stored in the Bureau Learning University (BLU) system and easily searchable. The system will trigger an alert if an employee has not completed necessary training.

The Annual Training curriculum for 2021 covers the zero tolerance policy, how to fulfill one's responsibilities, inmates' right to be free from sexual abuse and harassment, inmate and employee rights to be free from retaliation for reporting, the dynamics of sexual abuse in confinement, common reactions of victims, how to detect signs of threatened and actual sexual abuse, effective communication with LGBTQI inmates, mandatory reporting.

115.31(b): The training does cover male responses to sexual abuse, and is tailored to the gender of the inmates at this facility. Slides 9-10 of the annual training cover gender-specific responses to sexual victimization. All staff receive this training regardless of the gender of inmate at the facility where they work, so all staff are prepared to supervise any inmate. Staff at this all-male facility were able to describe, for example, how to pat search a female and female responses to victimization.

115.31(c): The Employee Development office is tasked with monitoring training completion. A review of employee files indicates that all current employees who may have contact with inmates have received this training. The auditor viewed the initial training records of interviewed staff and confirmed initial training completion. The employees receive training annually, which provides refresher training and information on PREA each year, thus meeting the requirements of this standard. Interviewed staff all remembered details from the annual training, including the required topics.

115.31(d): The agency documents that employees understand the training they have received; employees sign a log sheet with this affirmation during the annual training. Employee responses to interview questions clearly demonstrated that they are understanding and retaining the training information.

115.31(d): The Employee Development Manager stated in interview that all training is logged in the electronic training system (BLU), and attendance records are retained. The Annual Training sign-in sheets include an affirmation that the staff member understands the training.

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

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

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

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

### 115.32 (b)

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence

#### Documents:

1. Volunteer Training FY2020
2. Volunteer Training FY2020 lesson plan
3. Training Certification and Contractor Agreement form
4. BP-5324.009 PREA Acknowledgement CDFRM
5. PS 5324.12

#### Interviews:

1. Contractor

### Findings

PS 5324.12 states the Reentry Affairs Coordinator and Human Resources Manager will coordinate training for all volunteers and contractors about what constitutes sexual abuse or sexual harassment of an inmate. Under the policy the PCM or PREA Point of Contact will provide PREA training specifying the agency's zero tolerance policy and potential consequences for engaging in sexual abuse and/or sexual harassment, and how to report such incidents. Volunteers and Contractors receive this training during New Volunteer and Contractor Training and during Annual Training. They must complete the training before they interact with inmates. The Agency has volunteers and contractors sign a PREA Acknowledgement that confirms they understand the training they have received. The auditor viewed the training curriculum and confirmation forms, and the information presented is sufficient to understand the zero tolerance policy, prepare volunteers and contractors to receive complaints, and be aware of sexual safety issues in custody.

The auditor interviewed one contract employee who works in the pharmacy. She remembered the zero-tolerance training, provided at the time she was assigned to the facility. She was aware of her responsibilities to report sexual abuse/harassment, and she knew how to do so. The auditor conducted informal interviews with several other contractors, who were also all aware of the zero-tolerance policy and how to respond to an inmate report of abuse. Because of COVID-19 protocol, no volunteers were entering the facility in the audit period.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

### 115.33 (c)

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

### 115.33 (d)

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

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## **Evidence**

### Documents:

1. ASH 5324.12B
2. Policy 5290.14 page 10
3. Inmate Orientation Handbook FCI Ashland (July 2018 version and July 2021 version); in English and Spanish
4. PS5324.12 re: 115.33
5. Institution Admission and Orientation Program Checklists

### Interviews:

1. Random Sample of Inmates

## **Findings**

115.33(a): Inmates receive information regarding the zero-tolerance policy at intake per policy 5324.12 (and ASH 5324.12B). The Admission and Orientation Handbook for inmates contains the Sexually Abusive Behavior Prevention and Intervention Program materials. The information also covers how to report incidents, both internally and to the OIG. Interviewed inmates all stated they received the handbook information at intake. During the site visit, the auditor viewed the intake area where the information is provided.

115.33(b): The agency provides comprehensive information in person during Admission and Orientation (A&O) Program. The PCM described the A&O process during the interview. A staff member designated by the Warden presents the Sexually Abusive Behavior Prevention and Intervention Program. The A&O program checklists show the topics to be covered during education. The presentation includes: definitions of sexually abusive behavior and sexual harassment; prevention strategies the inmate can use to minimize inmate risk of sexual victimization in custody; methods of reporting sexual abuse and/or harassment against oneself and other inmates, including internal and external reporting; treatment options and programs available to inmate victims of sexually abusive behavior and sexual harassment; monitoring, discipline and prosecution of sexual perpetrators (covering how the agency responds to abuse incidents); and notice that male and female staff routinely work and visit inmate housing areas. The inmate participation is documented. Inmates who are not able to attend the A&O (those in Special Housing Unit) receive individual education with the Chief Psychologist or designee.

Interviewed inmates remembered their A&O program and the sexual safety presentation.

115.33(c): All interviewed inmates had received the education. The A&O attendance was reflected in the inmate files, as viewed by the auditor on-site. During interviews, inmates were able to recall topics and information from the program. Inmates receive information upon transfer to a different facility. The A&O program is specific to the facility and would be given at any new facility should a transfer occur. Many interviewed inmates had arrived at the facility from another BOP institution, and they reported receiving the in-person education (as well as the inmate handbook) at each facility.

115.33(d): The admission and orientation handbook is available in both English and Spanish. A bilingual staff member will attend the A&O program and translate if Spanish-speaking inmates are present, as confirmed by the PCM and Chief Psychologist on site. The facility uses the Language Line for other language barriers.

The facility states by memorandum that “for inmates with limited reading capabilities or visual impairments, the information will be read to the inmate by his unit team; and for inmates with hearing impairments, the information is available in written form.” This information was confirmed with the PCM on site. The facility provides accessibility support on an as-needed basis. The facility has anticipated providing one-on-one support should the need arise. The auditor interviewed several inmates that were identified as having disabilities and who were hard of hearing. Each inmate recalled understanding the PREA education materials and knew how to access support if necessary.

115.33(e): The agency maintains documentation of the Admission and Orientation programming with the Institution Admission and Orientation Program Checklist and the Unit A&O Checklist. Policy 5290.14 states that staff must document that the inmate has received a copy of the inmate handouts and completed the A&O program. Staff have the inmate sign and date a copy of the document and it is placed in the Central File. Under the policy the Intake Screening Form documents receipt of orientation information as well. The auditor reviewed the paper files of interviewed inmates. Each contained a notation that the inmate had received the handbook at intake, and each contained an attendance record from A&O.

115.33(f): As viewed during the site visit, the Agency ensures that key information is continuously and readily available via the inmate handbook, posters which are available in every housing unit and major area of the facility, and phone numbers posted above the phone banks in the yard. Interviewed inmates were all aware how to access information about reporting sexual safety issues.

## **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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### Evidence

#### Documents:

1. PREA National Video Conference schedule 10/29/2012
2. Curriculum for Course CSV-0601-BXX
3. Lesson Plan for SIS/SIA training
4. Training slides and Lesson Plan for DOJ/OIA training Conducting Interviews & Union Issues

5. Course Completion records for Investigative Intelligence-BOP (CSV-0600-Bxx)ASH
6. Course Completion records for Investigating Sexual Abuse in a Confinement Setting (NIC)
7. PS5324.12 Re: 115.34.
8. Form BP-A0194 Garrity Warning
9. FBI Domestic Investigations and Operations Guide (online at <https://vault.fbi.gov/FBI%20Domestic%20Investigations%20and%20Operations%20Guide%20%28DIOG%29>)
10. Letter from FBI Principal Deputy General Counsel to BOP Assistant Director re: FBI training on PREA and investigations
11. Email from OIG official to BOP re: PREA training for OIG officials (1/24/2014)
12. Employee files

Interviews:

1. Investigative staff
2. Employee Development Manager

**Findings**

115.34(a): The Chief of Correctional Services ensures the Special Investigative Services (SIS)/Special Investigative Agents are appropriately trained. The Chief of the Office of Internal Affairs ensures OIA staff are appropriately trained. The Employee Development office monitors training compliance and uses the electronic training system (Bureau Learning University BLU) which maintains class completion reports and attendance records. Investigative staff complete the National Institute of Corrections (NIC) online course PREA Investigating Sexual Abuse in a Confinement Setting. Investigators also complete a BOP specific course, Investigative Intelligence. The training records indicate that investigative staff at the institution have received the training—each investigative lieutenant’s name was reflected on the training log. During the interview, a staff member who was assigned as SIS and completed PREA investigations stated they remembered the training.

115.34(b): This auditor reviewed the specialized training materials. The specialized investigator training covers techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The investigative staff recalled the training. Information on proper investigation process remains constantly and readily available via the ONESource checklist.

115.34(c): The auditor reviewed electronic training records showing course completion. This information is centrally available to the Employee Development Office and is also reflected in individual staff personnel files, confirmed by the auditor with the document review.

**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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### Evidence

#### Documents:

1. PS5324.12 re: 115.35
2. BOP e-Training offerings: PREA Video Selection, Correctional Programs Division. PREA
3. Course Completion records for PREA for Medical and Mental Health Care 0BOP (CPG-0233-BXX ASH)
4. Employee files

#### Interviews:

1. Medical Staff
2. Mental Health Staff
3. Human Resources Staff

### Findings

115.35(a): The Health Services Division ensures medical staff are appropriately trained under this section. The Reentry Services Division ensures mental health staff are appropriately trained under this section; the Employee Development Manager's office monitors training completion with electronic records. The auditor reviewed the training materials. The training consists of video presentations which cover how to detect and assess signs of sexual abuse and sexual harassment, preserving physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, reporting, trauma-informed approach to PREA, and understanding sexual trauma.

The facility provided attendance log data for health services staff; a check of interviewed medical staff records showed they had completed the training. The HR staff described how the Employee Development Manager's office monitors compliance with necessary training, by monitoring the electronic records through BLU.

115.35(b): Medical staff do not complete forensic examinations.

115.35(c): This auditor reviewed training records for Medical And Mental Health Care PREA training, which are electronically retained and available. Training records are also included in individual

personnel files. Log documents for the training entitled “PREA Videos for Lieutenants, Medical and Mental Health Care” also reflect attendance and signatures of attendees certifying they understood the training.

115.35(d): All staff receive the general PREA training, as confirmed on-site. All interviewed staff completed the annual training each year which provides all PREA information required in 115.31. Annual Training attendance logs confirms that medical/mental health staff attended the training in the audit period. Contract staff, including medical/mental health staff, receive the contractor training as discussed above, which includes necessary information on zero tolerance and responsibilities under PREA. The contractors interviewed recalled the training.

# 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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#### Evidence

##### Documents:

1. ASH 5324.12B
2. PS 5324.12 re: 115.41
3. Memorandum for Wardens from Assistant Director, Reentry Services (9/11/14)
4. Memorandum from Warden re: Standard 115.41(c)-1 Screening for Risk of Victimization and Abusiveness (10/25/21)
5. Attachment A. PREA Intake Objective Screening Instrument
6. Federal Bureau of Prisons Intake Screening Form (including sample documents from ASH 2021 intakes)
7. Bureau of Prisons, Psychology Services, Risk of Sexual Abusiveness (documents from ASH 2021 intakes)
8. Individual Needs Plan—initial Classification (file copy examples for audit period intakes)

## 9. Inmate Files

### Interviews:

1. Screening staff—unit team
2. Screening staff—psychologist
3. Random Sample of Inmates

### Site Review:

1. Correctional Systems Management (Receiving and Discharge)
2. Counselor office

## Findings

115.41(a): All inmates are screened upon arrival at FCI Ashland. The Warden outlined the screening process via memo: Unit Team staff screen for risk of victimization and abusiveness, utilizing the objective screening instrument; all inmates are also screened by Clinical Psychologists during the Psychology Intake Screening. Staff complete the screening in closed door offices in the Correctional Systems Management area. There are four interview rooms that provide for complete privacy during the process. Unit Team staff and the Chief Psychologist confirmed this process during interviews. Inmates recalled being interviewed upon entry.

115.41(b): During the site review, the auditor viewed the area and discussed the process with the PCM and Chief Psychologist. Inmates are processed through the Correctional Systems Management area, which includes property, search, and screening rooms. This happens immediately upon arrival and thus inmates are all screened within 72 hours. Interviewed inmates recalled the intake process happening immediately upon arrival.

115.41(c): Screening staff confirmed that all inmates are screened with the uniform BOP process. The questionnaire is a standardized form and all inmates are asked the same questions.

115.41(d): The screening form ensures that each of the ten factors indicating potential victimization under this provision is considered. The auditor reviewed screening records for numerous inmates who had arrived during the audit period. Each record demonstrated these factors were considered. Screening staff were well versed in the PREA screening factors and stated that they are considered for each inmate.

115.41(e): The screening form also ensures that the three identified factors regarding risk of sexual abusiveness are considered. The screening forms reviewed by the auditor reflected that these factors were considered. Screening staff stated that these factors are considered for each inmate.

115.41(f): The Warden stated by memo that inmates are reassessed within the first 28 days by Unit Team staff, the Auditor discussed this on site, the assessment occurs during the Initial Team meeting. Reassessment also occurs every 180 days following, or any time warranted through discovery of additional relevant information. The auditor reviewed initial team meeting records for interviewed inmates and saw that the record notes that PREA screening factors were considered. Many inmates did not recall a rescreening process. After speaking with the PCM and screening staff, the auditor understands that the rescreening occurs during a larger conversation with the unit team regarding the inmate's status, classification, programming, etc. Inmates may not recall the specific PREA questions as they are part of a larger discussion. If additional information is received or made known to the institution, reassessment will take place with the unit staff or the psychologist, depending on the circumstances. Again, records showed that they had occurred. The facility is compliant with this provision.

115.41(g): The facility reassesses the inmate's risk level whenever warranted including due to a referral, request, incident, or receipt of information. Unit team staff described monitoring of inmates which includes following up on any learned information. Risk levels are adjusted as appropriate. The counselors/unit staff also make referrals to mental health staff whenever appropriate.

115.41(h): Screening staff confirmed in interviews that inmates are never disciplined for failing to answer or failing to disclose information requested during screening for victimization/abusiveness. The auditor spoke with several inmates who had recently entered the facility. None recalled facing any negative consequences for not answering questions or failing to disclose information. All stated they felt comfortable during the screening process.

115.41(i): PS 5324.12 provides that "any information related to sexual victimization or abusiveness, including the information entered in the comment section of the Inmate Screening Form, is limited to a need-to-know basis for staff only for the purpose of treatment and security and management decisions such as housing and cell assignments as well as work education and programming assignments." ASH 5324.12B((6)(B) reiterates this rule. At the facility, the auditor viewed inmate files, which were security kept in an administrative office. Much of the sensitive information is reflected in the psychologist screening, which is retained in the BEMR system and only accessible by psychology/medical staff. Psychologist staff and the PCM confirmed in interviews that the information is shared where necessary for the above reasons but is not widely accessible.

## 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

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### Evidence

#### Documents:

1. ASH 5324.12B
2. PS 5324.12 re: 115.42
3. Memorandum from Warden re: Standard 115.42(a)-1 Screening for Risk of Victimization and Abusiveness (10/25/21)
4. Memorandum from Warden re: Standard 115.42(d)-1 (10/25/21)
5. Printouts from BOP electronic inmate management system; Clearance and Separatee Data, Population Monitoring Census/Roster Generalized Retrieval; Inmate Profile

#### Interviews:

1. Screening staff—unit team
2. Screening staff—psychologist
3. Random Sample of Inmates
4. LGBTQI inmates

### Findings

115.42(a): Screening is completed by unit team staff, psychology staff, and investigative staff as discussed above; the information is entered in the inmate's records. ASH 5324.12C(6)(B) lays out the use of screening information practice. If inmates are assessed by Psychology Services as being moderate or high risk of sexual abusiveness or sexual victimization, the Unit Managers, and the PREA Compliance Manager are notified of the findings and recommendation via email. The facility uses the information to keep inmates at risk from victimization away from inmates at high risk of being sexually abusive. Unit team staff are responsible for making housing, bed, work, education, and programming decisions, and the utilize the information from screening to do so. PS 5324.12 provides that once an inmate has been identified as a potential victim or abuser, Unit Management will consider classification options including transfer to special treatment programs, transfer to a greater or lesser security facility, or changes in housing, cell, work, and/or education. The auditor interviewed unit managers and an inmate counselor responsible for these assessments and decisions, and the process works as the rule intends.

The Policy states that the information is kept on a need-to-know basis for staff, only for the purposes of treatment and security and management decisions such as housing and bed assignments, as well as work, education and programming assignments.

115.42(b): As stated above, the screening information is reviewed on each inmate, ensuring that the determinations about how to ensure safety are individualized. Unit team staff confirmed the process in interviews.

115.42(c): PS 5324.12 states the BOP has a Transgender Executive Council (TEC) which reviews inmate information of identified transgender/intersex inmates for the purposes of assigning housing and programming. The BOP's Transgender Offender Manual can be found in Policy Statement 5200.04. This assignment occurs at the Designation and Sentence Computation Center (DSCC). The agency considers the inmate's health and safety and whether placements present management or security problems and the decision is not based on anatomy alone. The TEC individually reviews inmates on a case-by-case basis, and the evaluation is documented in the electronic records of the inmate, viewable on the CIM Clearance and Separatee Data screen. The auditor reviewed sample electronic records reflecting this review.

ASH 5324.12B provides considerations for transgender and intersex inmates will be made on a case-by-case basis. The facility considers the inmate's health and safety and whether placements present management or security problems. These reviews are reflected in the inmate's file by memorandum from the case manager. The auditor reviewed memoranda documenting the review and viewed electronic records demonstrating the markers for transgender inmates. The facility had one known transgender inmate in custody at the time of the audit and she described the screening process upon arrival in a manner in line with these procedures. She stated she felt staff listened to her when she responded to questions during screening, and she felt safe in her housing assignment. The auditor spoke with staff who worked with the inmate and reviewed file records, and it appears housing, programming, and work assignments are appropriately assigned.

115.42(d): Reassessments are completed every six months. These are reflected in the inmate's records by memorandum from the case manager. The auditor confirmed this process with case management staff and by reviewing inmate files.

115.42(e): Transgender or intersex inmates' own views with respect to his/her own safety are given serious consideration. Screening occurs with one-on-one interviews with case management and psychology staff, both of which discuss safety considerations with the inmate. A transgender inmate stated in an interview that she remembered being asked her view regarding her safety during

screening. The Chief Psychologist stated in an interview that the inmate's views are given serious consideration.

115.42)(f): Transgender and intersex inmates are given the opportunity to shower separately from other inmates. The facility provides private shower stalls in every unit, as described in the facility characteristics. The showers had separating walls and doors or curtains that covered from neck/shoulder to ankle height, thus providing a good level of privacy in every unit. Unit management staff confirmed that if a transgender or intersex inmate had a safety concern with showering at the same time as other inmates could be present in the bathroom, they would make accommodations as necessary. No such issue has arisen at the facility.

115.42)(g): The agency does not house LGBTQI inmates in dedicated facilities, units or wings solely on such identification or status. The process outlined above is a case-by-case determination resulting in individualized, varying decisions. The auditor reviewed housing records and inmate files and did not see such a unit on-site; LGBTQI inmates stated they had not been housed on such a unit.

## 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.*

#### Evidence

Documents:

1. ASH 5324.12B
2. PS 5324.12
3. Memorandum from BOP re: 115.43
4. PS 5270.11 Special Housing Units

Interviews:

1. Psychologist
2. SHU Staff
3. Inmates with high risk of vulnerability

## Findings

115.43(a): The facility always refrains 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. ASH 5324.12B provides inmates at risk for high risk of victimization due to special factors and/or situations are referred to the PCM for any reporting and to Psychology Services for assessment of treatment/management needs. The Psychology Services meeting occurs within 30 days of arrival. The PCM stated on site that the facility has not placed any inmate at high risk for sexual victimization in involuntary segregated housing. The auditor interviewed several inmates who were identified as being at high risk for victimization, and none had been placed in SHU for protective purposes.

PS 5324.12 and ASH 5324.12B both provide that following an allegation of sexual abuse, facility leadership ensures all options are considered when determining the appropriate method of safeguarding an inmate who is at high risk for victimization, and this is documented with form BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation. This is retained in the investigative case. Under the program statement, the form is also labeled as FOI EXEMPT and “placed in the Privacy Section of the Inmate Central File to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates.” The Warden and investigative staff confirmed this process in interviews.

115.43(b): The BOP states by memo that “the agency places inmates in administrative detention in accordance with the Program Statement Special Housing Units. “When an inmate is placed in special housing involuntarily, access to programs, privileges, education or work should not be interrupted, to the extent possible. If they are limited, the Chief of Correctional Services ensures that documentation exists reflecting the limitation, duration, and rationale.” As stated above, the facility does not make involuntary SHU placements solely based on high risk for victimization. Under the Program Statement 5270.11 Special Housing Units, Section 12 covers conditions of confinement in the SHU. Access to programing is only limited to the extent necessary for safety, security, and orderly operation of the facility. Inmates continue to have access to recreation, reading material, correspondence, and medical/mental health care.

115.43 (c)-(e): PS 5270.11(8) provides inmates can be placed in Administrative Detention Status for their protection including if they were a victim of inmate assault or threats. Protective custody is only employed when other means of separation from abusers are not possible. Again, the facility has not made such a decision. Every inmate in SHU gets frequent, regular reviews of status by the

Segregation Review Officer under Section 7 of the statement. Inmates in SHU for protective purposes get a review within seven days to establish the protective needs of the placement, and they receive period reviews including a hearing every 30 days. SHU staff described the process. The inmate will meet with psychology staff to discuss protection needs, the need for protective custody must be verified in the hearing, and the review is documented in the inmate's file. This process complies with the requirements of the standard.

## REPORTING

### Standard 115.51: Inmate reporting

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

##### 115.51 (a)

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

##### 115.51 (b)

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

##### 115.51 (c)

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

### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Evidence

##### Documents:

1. ASH 5324.12B
2. Zero Tolerance Policy posters in English and Spanish
3. Memorandum from BOP re: 115.51
4. PS 3420.11(12/6/2013)
5. Memorandum from Warden re: Standard 115.51(b)-1 Inmate Reporting to Outside Entity (10/25/21)
6. Memorandum from Warden re: Standard 115.51(c)-1 Inmate Reporting 10/25/21)
7. Memorandum from Warden re: Standard 115.51 (c)-2, Inmate Reporting 10/25/21)
8. Notification to Visitor form BP-A0224 in English and Spanish
9. Inmate Information Handbook in English and Spanish
10. PREA Compliance Manager Information Tracking Log

##### Interviews:

1. PCM
2. Random Sample of Inmates

##### Site Review observations:

1. Housing unit telephones and kiosks
2. Inmate reporting and zero tolerance posters in housing units, inmate areas, visiting area

## Findings

115.51(a): The facility provides numerous internal ways inmates may privately report sexual abuse and sexual harassment, and the methods are outlined in detail in the Inmate Information Handbook, pages 37-38. Reporting method contact information also appears on brightly colored inmate posters posted throughout the facility. Inmates can report directly to any staff member, they can report telephonically to staff via the DOJ Sexual Abuse Reporting Mailbox (TRULINCS) or by writing, including filing an administrative remedy or sending an anonymous “drop note.” Reports can also be made by email with the TRULINCS system. Inmates may also report retaliation, staff neglect, or violation of responsibilities that may have contributed to abuse/harassment incidents. The auditor spoke informally to several inmates around the facility phones and computer kiosks and had inmates demonstrate reporting mechanisms. During formal interviews, inmates were each able to provide several methods of reporting, most commonly citing email or phone call.

During the site visit, the auditor had inmates test and demonstrate the telephone, internal PREA hotline, and TRULINC computer system. The computer systems appear to be heavily used, with inmates taking advantage of email communication options both for internal and external communication. An inmate showed the auditor how to initiate an email to the OIG, facility leadership, and outside contacts. Each computer was on a desk with privacy screens to either side, and inmates had access to the computers in their housing buildings. The phones are located in banks in outdoor cabanas, but on every day of the site visit it appeared they were not crowded so as to create privacy issues—an inmate would be able to use a phone without being overheard. Every phone area had the number of the internal reporting hotline painted in multiple places in the inside of the roofline/rafters—it could be easily and discreetly seen/used.

The auditor reviewed all records that would reflect reporting by inmates at this facility. Only one report had been made in the audit period. The incident was reported via administrative remedy: it was immediately identified as a PREA issue, and it received an investigation and response. The auditor asked all inmates whether they had ever reported or wanted to report an incident. Only one inmate stated he had attempted to make a report. This was not the reporter of the documented incident, so the auditor sought and received records for the allegation, which had been made in 2019. The inmate had reported via email directly to the acting Warden. The auditor reviewed the email report and the documents showing the allegation received an immediate response. The reporting mechanisms appear to function well, and inmates are aware of multiple methods.

115.51(b): Inmates can report externally to the Office of the Inspector General, US DOJ Investigations Division. The address is provided in the inmate handbook and on the posters. Instructions for using the hotline are posted on the Electronic Bulletin Board. The inmate handbook instructs the inmates that the DOJ Sexual Abuse Reporting email is untraceable at the local institution, will not be saved in the email sent list, and the inmate can request he/she remain anonymous. When an inmate opens an email to the OIG, red text on the email screen also notifies the inmate of these protections. The auditor confirmed this information while examining the computer system. The OIG also has a paper mail address reflected on inmate education materials. Inmates were aware of this reporting mechanism and knew that communicating with OIG was confidential. The PCM confirmed that the OIG will immediately forward reports to the facility. No inmates are held solely for immigration detainees.

115.51(c): Staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Interviewed staff were aware of these provisions. Per ASH 5324.12B and PS 5324.12, reports should be passed on to the operations lieutenant who will forward to the PCM and then SIS or the OIA or OIG. These reports are documented immediately, no later than 24

hours. P3420.11 gives notice to staff of this requirement and provides that failure to pass on a report could result in disciplinary action up to and including removal.

Staff interviewed were aware of these responsibilities. No staff members interviewed had received a reported allegation of sexual abuse. Every staff interviewed stated they would immediately pass on a report to the Operations Lieutenant and document it.

115.51(d): Staff may also privately report directly to the PCM, other facility management, or the OIG, as confirmed by the Warden and PCM on-site. Staff were aware that they could pass on reports in a private manner and knew how to do so. Most staff stated that they would feel comfortable talking to their immediate supervisor and would do so immediately should a report arise.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the

90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA

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

#### 115.52 (e)

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

#### 115.52 (f)

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

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence

#### Documents:

1. P1330.18 Administrative Remedy Program (1/6/2014)
2. PS 5324.12 re: 115.52(f)
3. Memorandum from Warden re: 115.52(c)-1 Grievance Submission (10/25/21)
4. Memorandum from Warden re: 115.52(d)-4 Extension of Time Frame (10/25/21)
5. Memorandum from Warden re: 115.52 (d)-6 Notification of Writing for Extension of Time Frame (10/25/21)
6. Inmate Handbook in English and Spanish

#### Interviews:

1. PCM
2. Inmates who reported sexual abuse

## Findings

115.52(a): The agency has administrative procedures to address inmate grievance related to sexual abuse and thus is not exempt from this standard.

115.52(b): P1330.18(16) provides specific rules for requests related to sexual abuse allegations. The facility has an administrative remedy coordinator, who reviews the remedy and determines if it will be forwarded to the regional/central offices. The administrative remedy rule clearly distinguishes allegations of sexual abuse from other administrative remedy requests. The PCM confirmed in interview that there is no timeframe for administrative remedy requests related to sexual abuse. The agency does not require the inmate to use an informal grievance process in allegations of sexual abuse, as stated by the Warden in a memo.

Inmates are told they can file a BP-9 administrative remedy request with the Warden (Inmate Handbook, page 3). The handbook also states that inmates can file a BP-10 (second level grievance) directly with the Regional Director if they feel the complaint is too sensitive to file with the Warden. They are told to get the forms from the counselor or any unit staff. In this manner, inmates can privately file a request without disclosing the content of the complaint at the institution. It is also clear from the direction that the ordinary administrative remedy rules do not apply to a sexual abuse allegation. The Warden and PCM confirmed the process during the site visit. No grievances related to sexual abuse had been filed in the audit period.

115.52(c): P1330.18 provides the Warden can exempt any remedy request from the ordinary process of informal resolution or timeliness. The Warden confirms that grievances regarding sexual abuse by a staff member do not have to be submitted to the subject staff member, and the grievance will not be referred to that staff member. Bypassing the ordinary informal grievance confirmation and institution level remedy request, an inmate thus does not have to address the issue with the staff member who is subject to the complaint. The regional administrative remedy process (BP-10 form) would be handled outside of the facility. Any remedy can also be labeled as "sensitive" if the inmate "reasonably believes the issue is sensitive and the inmate's safety or well-being would be placed in danger if the Request became known at the institution," and the inmate can be sent directly outside the institution. P1330.18(8)(d). These protections ensure the rules comply with the standard.

115.52(d): Under the agency rule P1330.18 (9) and (12), response to the request must be made by the Warden within 20 days. The inmate may appeal within 20 days to the Regional Director, who must respond within 30 days. If the inmate is not satisfied, he/she may appeal to the General Counsel within 30 days. The General Counsel must respond within 40 days. The inmate may request extensions for valid reasons. Thus, subtracting the time given to the inmate to prepare the appeals, the agency provides a final response within 90 days (20+30+40), complying with this portion of the standard. The rule section 12 further states: "if the time period is insufficient to make an appropriate decision, the time for response may be extended once by 20 days at the institutional level, 30 days at the regional level, or 20 days at the central office level. Staff shall inform the inmate of this extension in writing." This provision complies with the standard. P1330.18 (12) provides that if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence to be a denial.

115.52(e): Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing for administrative remedy related to sexual abuse. (P1330.18(10)). Third parties can also file such requests on behalf of inmates. (P1330.18

(16)). If the inmate declines to have the request processed on his behalf, the agency documents the decision. The agency is in compliance with this provision.

115.52(f): The agency has procedures for the filing of emergency grievances alleging that an inmate is subject to a substantial risk of imminent sexual abuse, which are contained in section 12 of P1330.18. An inmate can file a BP-9/BP-229 form labeled with “emergency” and explain the reason for filing as such. The administrative remedy coordinator will make a determine as to whether the remedy alleges a substantial risk of imminent sexual abuse. If it is rejected, the notice will be provided, and it will be process with usual time frames. If it is accepted, the agency will immediately forward the grievance to a level of review at which immediate corrective action may be taken. An initial response will be provided within 48 hours with a final agency decision within 5 calendar days. The responses will document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse and what action was taken in response. The agency’s policy is in line with the PREA requirement.

The facility stated that no emergency administrative remedy requests related to sexual abuse have been filed at the facility in the past 12 months. Interviewed inmates were aware that they could allege sexual abuse in an administrative remedy request, but none had done so.

115.52(g): P1330.18(16) provides inmates may be disciplined if the administrative remedy request related to sexual assault is filed in bad faith. Staff will consider false allegations and manipulative behavior in accordance with the Inmate Discipline Program policy. No such discipline action has been taken by the facility in the audit period. The facility is compliant with this provision.

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

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

#### **115.53 (a)**

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

#### **115.53 (b)**

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

## 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence

#### Documents:

1. Poster: Community victim advocate resource services related to sexual abuse for inmates
2. Memorandum of Understanding with Kentucky Association of Sexual Assault Programs (KASAP), Pathways Victim Services Program (PVSP)
3. Inmate Handbook in English and Spanish

#### Interviews:

1. Randomly selected Inmates
2. Chief Psychologist
3. PCM

### Findings

115.53(a): The facility provides inmates with access to outside victim advocates for emotional support services via a local rape crisis center. The facility has an agreement with local organization Pathways Victim Services Program, a member of the Kentucky Association of Sexual Assault Programs for the provision of these services. The agreement provides that the center respond to calls from inmates at the facility, and the organization will provide up to three sessions for each requesting inmate as deemed necessary by the rape crisis personnel. Information on how to contact the organization by phone or mail appears in the inmate handbook and on posters which can be viewed throughout the housing buildings. The information also appears on the electronic bulletin board in the computer system. The handbook also states that Psychology

Services can help the inmate retain those services. Inmates are also given contact information for the National Sexual Assault Hotline and the Rape Abuse & Incest National Network in the inmate handbook. Most of the inmates interviewed had seen this information, but none of the inmates stated that they had used the hotline or services. The auditor confirmed with the organization that the services are available to inmates at FCI Ashland.

115.53(b): The PCM and Psychology Services staff indicated calls to the outside services would be confidential. Inmates are notified via the handbook that they can discuss the services with psychology, and the psychologist would answer any questions regarding the services. The inmate could arrange fully confidential access via psychology services. During interviews, inmates stated they believed they could call the hotline privately.

115.53(c): The agency maintains the agreement with Pathways, and this auditor viewed a copy. Both the facility and the organization were aware of the agreement.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence

#### Documents:

1. Poster: Zero Tolerance Policy in English and Spanish
2. Inmate Handbook in English and Spanish

Interviews:

1. PCM
2. Random Sample of Inmates

Other:

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

## Findings

The Zero Tolerance Policy clearly states that an inmate can report if he or someone he knows has been a victim of sexual abuse/assault. The inmate education materials state that reports of any sexual abuse/harassment can be made. Due to COVID protocols and scheduling, the auditor was not able to view normal visiting procedures. The auditor did examine the visiting room, however, and noted that PREA information was posted and readily available.

This auditor reviewed the public website which tells people to provide information about the allegation including dates, times, names, and any information that might help the investigation. The site provides the address of the National PREA Coordinator for inmate complaints and the Office of Internal Affairs for staff complaints. The page also provides a contact for public concerns about an inmate. This form can be filed anonymously. The inmate handbook also states that “anyone can report such abuse on your behalf by accessing the BOP’s public website.” Interviewed inmates were aware that anyone could make a sexual abuse/harassment report.

# OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

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

### 115.61 (a)

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

### 115.61 (b)

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

### 115.61 (c)

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

### 115.61 (d)

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

### 115.61 (e)

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

## Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence

#### Documents:

1. PS 5324.11 re: 115.61
2. ASH 5324.12B
3. Program Statement: Standards of Employee Conduct

#### Interviews:

1. PCM
2. Random sample of staff
3. Medical and MH staff

### Findings

115.61(a): PS 5324.12 states that staff are required to report information concerning incidents of sexual abuse, in accordance with the Standards of Employee Conduct. The PCM confirmed this included reporting information about retaliation and harassment as well. PS 5324.12 guides that staff should make the report to the Operations Lieutenant and provide a written follow-up memorandum (to the Operations Lieutenant) to document such a report. Allegations are entered in TRUIINTEL via the Report of Incident form. Reports indicate the type of allegation. Every staff interviewed was aware of this duty to report and aware that the report should be made to the Operations Lieutenant. ASH 5324.12B provides more detailed obligations for first responders to an abuse allegation.

115.61(b): PS 5324.12 and ASH 5324.12B both indicate that all information related to allegations should be kept as confidential as possible, Information concerning the allegation and the identity of the alleged victim is only shared on a need-to-know basis. The Program Statement states that the information is limited to staff who need to know because of their involvement with the victim's welfare and the investigation of the incident. This is important not only to preserve the victim's privacy but to preserve maximum flexibility to investigate the allegations." PS 5324.12 p. 38. All staff members interviewed stated that they understood these allegations to be confidential in nature.

115.61(c) Under PS 5324.12, every staff member is required to report information about abuse, including medical and mental health practitioners. The auditor confirmed through interviews that psychologists and medical providers are aware of the limitations of confidentiality in this setting, and

inmates are told that they may disclose information regarding abuse during screening and orientation to health services.

115.61(d): The facility does not house youthful inmates, discussed above.

115.61(e): The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The PCM refers the incident for investigation to the appropriate office and reviews the incident for any further response. When interviewed, he stated that he would refer any allegation to the Office of the Inspector General (OIG). They would investigate the case or send it back to the institution for administrative investigation, which would be completed by SIS. All staff cases are referred to the Office of Internal Affairs. Documents on the two allegations reviewed demonstrated referrals took place immediately, and documentation was retained.

## 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

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### Evidence

#### Documents:

1. ASH 5324.12B Institution Supplement
2. Form BP-A1002 *Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation*
3. Memorandum from Warden re: 115.62(a)-2, (a)-3, (a)-4 (10/25/21)

## Interviews

1. Warden
2. PCM
3. Random Sample of Staff
4. Mental Health Staff

## Findings

The institution supplement policy provides that the First Responder must take immediate action to safeguard the victim. ASH 5324.12B(7)(B). BP-A1002 is used to document actions taken to safeguard the victim following an incident, in addition to the documentation of actions in the ONESource protocol. When interviewed, the Warden and PCM both stated that any allegation would result in immediate protection for the inmate. All staff interviewed stated that their first responsibility is always to maintain the inmate's safety. Under the facility supplement, Health Services and Psychology Services staff provide for the inmate's medical and mental health needs following an incident. The Psychologist stated that if an incident occurred, safety issues related to mental health needs would receive immediate attention. This provision is clearly fully implemented at the facility.

The Warden stated by memo that no situations arose involving a determination that an inmate needed to be protected for imminent harm. Investigation documents demonstrate that inmate safety is evaluated immediately after the facility becomes aware of a possible incident, and protection actions are documented as required by the policy.

## 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.*

#### Evidence

##### Documents:

1. PS 5324.12 re: 115.63
2. Memorandum from Warden re: 115.63(a)-2 Notification to Other Facilities (10/25/21)
3. Memorandum from Warden re: 115.63 (c)-1 Notification to Other Facilities (10/25/21)
4. Documents reflecting reports of sexual abuse or harassment at other facilities

##### Interviews:

1. Warden or Designee
2. Agency Head

#### Findings

115.63(a): Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden notifies the appropriate person at the facility. If the allegation is said to have taken place at a BOP facility by another inmate, the Warden forwards the complaint to the other facility's Warden. If the allegation is said to have taken place at a BOP facility by a staff member, the Warden sends the complaint to the Office of the Internal Affairs. For non-bureau facilities, the Warden contacts the appropriate person. The Warden confirmed this process when interviewed. The auditor viewed documents demonstrating four reports of sexual abuse/harassment at other facilities. In each case, the Warden appropriately forwarded the allegation to the head of the relevant facility.

115.63(b)-(c): PS 5324.12 provides the Warden forwards the allegation within 72 hours and documents the notification. The Warden confirmed this on-site. Each of the reports viewed by the auditor were forwarded within a day.

115.63(d): When such a notification is received by the facility, the allegation is investigated as with other allegations. The Warden confirmed he would immediately pass the allegation on to SIS or OIA for investigation. This had not occurred in the audit period. The Agency Head confirmed that should the agency receive an allegation, the national PREA Coordinator would immediately forward it to the appropriate facility.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

## Evidence

### Documents

1. ASH 5324.12B
2. ONESource Investigations Guide (6/4/2015)
3. Guide for First Responders/Operations Lieutenant When Approached with an Inmate Allegation of Sexual Abuse or Harassment (flowchart)

### Interviews:

1. Random sample of staff

## Findings

115.64(a): ASH 5324.12B(6)(B) provides that first responders, upon learning of an allegation that an inmate was sexually abused, are required to immediately safeguard the victim, separate the alleged victim and perpetrators, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, and notify the Operations Lieutenant. The flowchart provides a shorthand guide for these steps. The ONESource investigation guide provides a First Responder Reference Guide checklist for Sexual Assault Crisis Intervention. The checklist covers the immediate actions to be taken and provides a uniform manner of documenting such actions. Every staff interviewed was aware of his/her duties in responding to an abuse allegation.

The Operations Lieutenant is the point-person for all incidents. The Lieutenant will “ensure the captain, Compliance Manager, Psychology, Health Services, and Institution Duty Officer is notified.”

115.64(b): The facility supplement and program statement provide that any first responder must take the steps above. Because all BOP staff are considered correctional workers, all have the same responsibilities in responding. Staff in every area were aware of the protocol.

## 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.*

### Evidence

#### Documents:

1. ASH 5324.12B
2. ONESource Investigations Guide
3. Guide for First Responders/Operations Lieutenant When Approached with an Inmate Allegation of Sexual Abuse or Harassment (flowchart)
4. Documents related to sexual abuse allegation/investigation

#### Interviews:

1. Random Sample of Staff
2. Higher Level Staff
3. PCM

### Findings:

ASH 5324.12B Section 7, Sexual Assault Intervention Protocol, provides a written policy for the coordinated actions to take in response to an incident of sexual abuse. The section provides detection methods and response guidelines for first responders and medical and psychological staff. The following section outlines the investigation procedure. The first staff member to identify that an assault may have occurred must immediately report the incident to the Operations Lieutenant. The victim is evaluated both for forensic reasons and treatment, and forensic exams are offered whenever evidence may be obtained. Psychological services provides crisis intervention, evaluation, and treatment, and also evaluates the perpetrator. Housing and security staff are also briefed on information to provide for security and safety. The investigation section covers the crime scene and evidence collection as well as after-action review. The policy provides sufficient guidance to comply with the requirements under this standard.

The ONESource guide for staff provides an outline of what to do to respond to an allegation of sexual abuse. Investigative staff stated that the ONESource guide helps streamline documentation and ensure that every responsibility is completed. The flowchart also provides this information. Interviewed staff were all aware of their role and responsibilities in response.

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

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

### 115.66 (a)

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

### 115.66 (b)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## Evidence

### Documents:

1. Master Agreement: Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees
2. Memorandum from Warden re: Standard 115.66(a)-1 (10/25/21)

### Interviews:

1. Agency Head

## Findings

The collective bargaining agreement Article 30(g) provides: "the Employer may elect to reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter, in accordance with applicable laws, rules, and regulations."

The Agency Head confirmed this agreement language. The Warden confirmed by memorandum that no additional collective bargaining agreements exist. The agency is in compliance with this provision.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

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

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence

Documents:

1. PS 5324.12
2. ASH 5324.12B
3. Safeguarding of Inmate Alleging Sexual Abuse/Assault Allegation form (BP-A1002)
4. Investigation files (including retaliation monitoring memoranda prepared by PCM)

Interviews:

1. PCM
2. Agency Head
3. Warden

## Findings

115.67(a): PS 5324.12 provides that the agency will protect all inmates and staff from retaliation for reporting or cooperating with sexual abuse or harassment investigations. The PCM at each facility is responsible for such monitoring. Psychology services may also be brought in as necessary for follow-up. The PCM was aware of her duty to monitor and had done for each case of abuse that was not unfounded: her memoranda documenting monitoring actions was found in the investigation files of each abuse case.

115.67(b): ASH 5324.12B(6)(C) states that the Captain will ensure the safety of any inmate victim. Following an abuse investigation, the agency can take many actions to protect the inmate victim, as detailed on the Safeguarding of Inmate Alleging Sexual Abuse/Assault Allegation form (BP-A1002). The form has checkboxes for different actions that can be taken, including housing changes for inmate perpetrator or victim, administrative leave for staff, other alternatives (with room to specify), transfer, and protective custody. If actions are not taken the Warden must provide a justification. This form is to be filed with the investigation, and the auditor found the form in the investigation files of abuse cases. The SIS lieutenant had completed the forms during the abuse investigations.

115.67(c)-(d): The PCM described her process for monitoring retaliation. For any substantiated or unsubstantiated case of abuse, the PCM would monitor inmate victims and/or anyone who reported the incident (if different). This monitoring includes review of conduct, housing changes, and program changes for inmates. The PCM will visit with inmates to check in while conducting rounds or if requested as well. For staff, the PCM would monitor any performance reviews and reassignments. This monitoring will last at least 90 days, and the report viewed by the auditor was prepared 90 days from the incident.

115.67(e): The PCM confirmed that any individual that cooperates with a case would be protected if they expressed a fear of retaliation. The facility or agency would take appropriate action if necessary.

## 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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### Evidence

#### Documents:

1. PS 5324.12
2. ASH 5324.12B
3. Memorandum from Warden re: 115.68(a)-1 Post-allegation protective custody reviews (10/25/21)
4. Form BP-A1002
5. Investigation files

#### Interviews:

1. Warden or Designee
2. Staff who supervise segregated housing

### Findings

PS 5324.12 provides if involuntary segregation is used, the facility should provide access to programs privileges education or work opportunities to the extent possible. Such housing should only be used if and until an alternative means of separation can be arranged and shall ordinarily not exceed 30 days. The Warden confirmed this by memorandum and stated that no such placement had taken place in the audit period. Any placement would also be reviewed at least every 30 days and the inmate would also receive 30-day mental health reviews by psychology services and weekly Special Housing Unit meeting reviews. The facility shall document any limitations, durations and reasons thereto, and also the basis for the segregation and why alternative means cannot be arranged. These factors are supported by the policy for Special Housing, discussed above in 115.43. BP-A1002 documents actions taken to safeguard the victim. Staff who supervise segregated housing indicated that no inmate in the unit was there for protection following a case of sexual abuse. The auditor reviewed investigation documents and found one staff-on-inmate sexual harassment case where the reporting inmate was very temporarily placed in SHU because the facility could not otherwise guarantee separation from the accused staff member. The placement was short and the reasons for it were documented on the A1002 form. The inmate received as many privileges as are possible in administrative separation housing while there. The facility is compliant with this provision.

# INVESTIGATIONS

## Standard 115.71: Criminal and administrative agency investigations

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

### 115.71 (a)

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

### 115.71 (b)

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

### 115.71 (c)

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

### 115.71 (d)

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

### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence

#### Documents:

1. ASH 5324.12B
2. PS 5324.12 re: 115.71
3. ONESource Investigations Guide
4. Investigation reports from audit period (7)
5. FBI Domestic Investigations and Operations Guide

#### Interviews

1. PCM
2. Investigative staff—SIS Lieutenant

### Findings

115.71(a): BOP conducts a thorough, prompt, and objective investigation into every allegation whether it is reported internally, externally, by third party, or anonymously. This auditor reviewed the protocol for investigations contained in the facility policy and the ONESource investigation guide checklist. The process is thorough, and the checklist provides a uniform mechanism for recording actions taken. The PCM and SIS Lieutenant described how investigations are initiated. The PCM and SIS are notified immediately when an allegation arises. When an inmate makes an allegation of abuse against another inmate (where the allegation could be criminal in nature), the PCM sends the allegation to the Inspector General (OIG) to determine if they want to take the case for criminal process. If they do, they (and the FBI when appropriate) will handle the criminal investigation and any referral for prosecution. The OIG will then notify the institution of the outcome and provide information so the institution can review the case administratively and conduct a sexual abuse incident review. If an inmate makes an allegation against a staff member, the SIS will send the allegation to Internal Affairs (OIA). Any issues not handled by OIG or OIA will be investigated administratively by facility Special Investigation Services (SIS).

This auditor reviewed seven investigation reports including three staff-on-inmate cases (sexual abuse/voyeurism; sexual harassment; and abuse/threat of abuse) and four inmate-on-inmate cases (two harassment, two sexual abuse/abusive contact). In each case, the auditor viewed the evidence descriptions, witness statements, assessments (medical, psychological), and the report and findings. The files were thorough and well organized. Evidence mentioned in the reports showed the breadth of the investigation, including documents like staff rosters, inmate call-out lists for days in question, In the abuse and staff cases the auditor viewed the referral and communications with OIA, demonstrating the referral process worked as described by the PCM and SIS. The investigator applied the correct

standard in each case. The files also documented follow-up referrals, retaliation monitoring and other after-action.

115.71(b): Sexual abuse investigations are completed by specially trained investigators, see section 115.34, above. Investigations are completed by SIS, OIG, OIA, or FBI depending on the circumstances, as discussed in (a).

115.71(c): Investigators collect evidence per the protocol outlined in policy and the ONESource guide. This provides for collection and preservation of physical evidence, DNA evidence where possible, and electronic monitoring data. SIS uses specially trained staff to handle evidence collection where necessary. The SIS lieutenant assigned to the case will conduct interviews with any witnesses, staff and/or inmate, and will review prior cases involving the parties, though PS 5324.12 (p.44) states that prior unsubstantiated and unfounded cases will not be used as evidence to support a finding. They will also review video evidence if available, logbook information, and any other institutional document that may be relevant to substantiate the allegation. If OIG takes the case, the OIG and FBI use highly trained staff to conduct the investigation including evidence recovery, witness examinations, and review of institutional information. Investigators also interview witnesses, including the alleged victim and perpetrator.

115.71(d): The OIG will take cases that appear to be criminal in nature and will handle all interviews in the case, following federal criminal procedure. The PCM confirmed that the internal administrative investigations do not conduct such interviews.

115.71(e): An SIS investigator confirmed in an interview that credibility decisions are made individually and not based on the individual's status as inmate or staff. The ONESource guide provides that interviews shall be undertaken. Investigative staff stated that witness statements are given the weight appropriate and not pre-judged based on position. Staff confirmed inmates would not be required to pass a polygraph test before proceeding with an administrative investigation. The documentation supports that polygraphs have not been used.

115.71(f): Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse, as required by PS 5324.12 p. 45. As discussed above in (a) the written reports are detailed and include descriptions of evidence, reasonings behind evidentiary weight decisions, and facts and findings. The agency's program statement also requires that administrative investigations should consider information on whether other factors such as physical layouts, staffing patterns, institution operations, etc. contributed to the abuse. The SIS investigator stated when interviewed that this information is reviewed and collected as part of the factual evidentiary evaluation, and it is also documented for the purpose of the Institution Executive Staff Review (IESR), which is the process used to conduct the sexual abuse incident review required by PREA standard 115.86.

115.71(g): Criminal Investigations are undertaken by the OIG and the FBI. The FBI's process follows the same evidentiary guidelines as any federal criminal investigation, which includes a thorough written report.

115.71(h): All substantiated allegations of conduct that appear to be criminal are referred for prosecution, as required by PS 5324.12. The PCM stated that the OIG is involved in the case from the outset to determine if criminal investigation/process is appropriate. The facility policy requires such referral.

115.71(i): PS 5324.12 provides, and the PCM confirmed, that all documents are retained in accordance with BOP record retention policies, which meets this requirement.

115.71(j): PS 5324.12 provides, and the PCM confirmed, that the departure of a party to the investigation from the institution does not terminate the investigation. The investigation will be completed whenever an allegation is made, and an IESR will be conducted whenever the finding requires it. In at least one investigation that occurred in the audit period, the inmate victim left the facility shortly after the investigation was completed, but all following process continued (incident review documentation), demonstrating the process continued regardless of the inmate's custody at the facility.

115.71(l): When the OIG, FBI, or OIA is involved in a case, the facility cooperates fully with the investigation. The PCM stated when interviewed that the Warden would delegate case monitoring to SIS, who would maintain contact with the outside investigators and keep the facility leadership informed. For a staff case, the Warden and SIS Lieutenant would both would be kept informed by OIA.

## 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.*

#### Evidence

##### Documents:

1. ASH 5324.12B
2. PS5324.12 re: 115.72
3. Documents related to sexual abuse investigation during audit period

##### Interviews

1. Investigative staff

#### Findings

The BOP program statement clearly states the standard of proof for sexual abuse and harassment allegations is a preponderance of evidence, and this is echoed in the facility supplement. Investigative staff knew the appropriate standard to apply, stating that all credibility decisions and the final case finding are based on the “greater weight of the evidence.” Each of the reports for the sexual abuse investigations during the audit period used the preponderance standard in making its finding. The facility is in compliance with this provision.

## 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

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### Evidence

#### Documents:

1. ASH 5324.12C
2. PS 5324.12
3. Memorandum from Warden re: Standard 115.73 (a)-1; (b)-1; (c)-1; (c)-2 (10/25/21)
4. Memorandum from Warden re: Standard 115.73 (c)-1 (10/25/21)
5. Memorandum from Warden re: Standard 115.73 (d)-1 (10/25/21)
6. Memorandum from Warden re: Standard 115.73 (e)-1 (10/25/21)
7. Investigative files from audit period (including notification to inmate documents)
8. PREA Compliance Manager Investigation Tracking Log
9. Sample Notification to Inmate

Interviews:

1. Investigative staff
2. PCM

**Findings**

The facility policy ASH 5324.12B indicates that an inmate will be notified of the outcome of a sexual abuse investigation. This notification will be completed by the SIS lieutenant and documented on the Investigation Tracking Log. The auditor reviewed one full abuse investigation from the time period, and notification was timely made and documented in the investigation file. No cases were completed by external agencies, but the tracking form and process outlined indicates notification would occur in such a case. The Warden confirmed this by memorandum. Investigative staff and the PCM confirmed the process in interviews.

The policy indicates that in substantiated or unsubstantiated cases, the notification would be made in any of the necessary circumstances outlined in this rule and documented on the Investigation Tracking Log. The Warden, PCM and SIS staff confirmed that the notifications would be made and documented. This circumstance has not occurred at the facility in the audit period, as the only case was unfounded and the inmate left the facility.

**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.*

### Evidence

#### Documents:

1. Policy 3420.11 (12/6/2013)
2. Memorandum from Warden Re: Standard 115.76(b)-1 (10/25/21)

#### Interviews:

1. HR staff

### Findings

115.76(a): Policy 3420.11(5) Standards of Employee Conduct provides that employees may not “show partiality toward, or become emotionally, physically, sexually, or financially involved with inmates, former inmates, or persons known (or who should have been known based on circumstances) to the employee as a family member or close friend of inmates or former inmates” except for psychologists, psychiatrists, and chaplains in therapeutic roles that were previously established, in accordance with codes of professional conduct). The policy further states that any allegation of sexual activity will be “investigated and where appropriate, referred for prosecution.” It states employees “are subject to administrative action up to and including removal for any inappropriate contact, sexual behavior or relationship with inmates regardless of whether such contact constitutes a prosecutable crime” and clarifies that physical contact is not required to subject an employee to sanctions.

115.76(b): Human Resources staff confirmed that staff engaging in sexual abuse would violate the law and thus termination would be the presumptive sanction. The Warden stated by memorandum that no staff have been found to have violated sexual abuse or sexual harassment policies, and thus no such discipline actions have been taken. Review of documents confirms that no such staff behavior has been found in the audit period.

115.76(c): The policy stated in (a) confirms that sanctions are commensurate with the nature and circumstances of the acts committed, the staff member's history, and the sanctions imposed on other staff members. PS 5324.12 provides that the Office of Internal Affairs will be involved with any staff abuse or harassment allegation, and this centralized administration of staff employment issues supports consistent application of sanctions. Again, since no staff have been sanctioned under this section in the audit period, the facility does not have further documents.

116.76(d): The policy stated in (a) provides that reporting to the relevant authorities will take place if a staff member engages in sexual activity with an inmate. Under PS 5324.12 OIA will handle such staff issues. No such abuse has been found at the facility during the audit period.

## 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.

## Evidence

### Documents:

1. P3420.11 (12/6/2013)
2. PS 5324.12
3. Memorandum from Warden Re: Standard 115.77(a)-3 (10/25/21)
4. Memorandum from Warden Re: Standard 115.77 (b)-1 (10/25/21)

### Interviews:

1. HR
2. PCM

## Findings

Contractors or volunteers who engage in sexual abuse are prohibited from contact with inmates under PS 5324.12. Contractors and volunteers are informed of these requirements in the training they receive before working at the facility. The Warden confirmed that the OIG would be involved in abuse cases and would pursue full investigation and criminal charges if warranted, as with any staff case. The case information would be forwarded to all relevant authorities. Regarding other violations including harassment, the Warden confirmed the administrative investigation process in a contractor/volunteer case would be the same as with staff. The case would be fully examined, and if misconduct was substantiated, the facility would take remedial measures including the possibility of prohibiting all further contact with inmates. No such activity has been found at the facility in the audit period.

## 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.*

#### Evidence

##### Documents:

1. Inmate Disciplinary Codes (28 C.F.R. §541.3 et. seq.)
2. ASH 5324.12B
3. PS 5324.12
4. Memorandum from Warden Re: Standard 115.78(e)-1 (10/25/21)

Interviews:

1. Warden
2. PCM

**Findings**

115.78(a): Under the disciplinary rules for the agency and the sexual safety program statement, Inmates are subject to a disciplinary process following a substantiated case of sexual abuse. The SIS Lieutenant described the process. When a case is handled at the facility level because the OIG has determined criminal charges are not appropriate, disciplinary sanctions will be evaluated along with the administrative finding on the abuse investigation. When a case is pursued criminally, the facility will receive the investigation report and will determine whether administrative charges are also applicable. All disciplinary charges are handled by a BOP disciplinary hearing officer that is outside the facility. The disciplinary hearing officer follows formal process requirements outlined in the federal regulations.

115.78(b)-(c): The disciplinary rules in 28 CFR §541.3 outline prohibited acts by severity level of behavior; each level of behavior has a correlative list of available sanctions, with guidance on repeat behavior included in Table 2 of the rule. Sexual abuse involving force or threat of force is the greatest level severity. Other sexual abuse is high level severity. Harassment would be considered a moderate or low level severity act, depending on the circumstances. The disciplinary hearings officer determines what sanction will be applied following this detailed guidance. An inmate’s mental disabilities or mental illness is taken into account under §541.6 of the rule, which provides “if it appears you are mentally ill at any stage of the discipline process, you will be examined by mental health staff.” The hearings officer considers evidence that the inmate cannot understand the nature of the proceedings and evidence regarding the inmate’s ability to “appreciate the nature and quality, or wrongfulness of the act.”

115.78(d): ASH 5324.12B(6)(D) states that inmate perpetrators are referred to psychology services to determine whether they should be referred to specialty treatment or management programs, or individual or group counseling.

115.78(e): PS 5324.12 provides sexual abuse and sexual harassment of staff members will be addressed with the inmate discipline system and referral to criminal prosecutions as appropriate (p.48). The PCM confirmed that an inmate would not be disciplined if he was the victim of a sexual abuse case involving a staff member. No instances of sexual conduct between an inmate and a staff member have been found in the audit period.

115.78(f): PS 5324.12 explains that inmates will be held responsible for manipulative behavior and intentionally making false accusation (p.48). These instances will be dealt with in accordance with the Inmate Discipline Program. The PCM stated that reports made in good faith would not be considered manipulative or intentionally false and would not be cause for discipline.

115.78(g): The inmate disciplinary rules define sexual activity separately from sexual abuse. Non-coercive sexual activity would be considered sexual activity, which is a lower level prohibited act than coercive sexual assault. 28 CFR §541.3, Table 1.

**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  NA

#### 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

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### Evidence

#### Documents

1. ASH 5324.12B
2. Memorandum from Warden Re: Standard 115.81 (a)-4, (c)-4, (b)-4 (10/25/21)
3. Memorandum from Warden Re: Standard 115.81 (d)-1 (10/25/21)
4. Memorandum from Warden Re: Standard 115.81 (e)-1 (10/25/21)
5. PS5324.12 re: 115.81
6. Psychology records of inmates who reported sexual victimization
7. Psychology records of inmates whose screenings demonstrated a risk sexual abusiveness

#### Interviews

1. Screening staff
2. Psychology Staff
3. Inmates who reported victimization

### Findings

115.81(a): ASH 5324.12B provides If the inmate screening indicates that an inmate has experienced prior sexual victimization, staff refer the inmate to Psychology Services. The screening with psychology staff occurs during the initial screening process. Inmates are interviewed by unit team staff, psychology, and medical in sequential interviews. Inmates are offered mental health follow-up services, and the Chief Psychologist stated that those services are provided quickly when requested, usually within days. Inmates who reported victimization confirmed they were offered mental health services, and their screening records documented the offer.

115.81(b): Inmates identified as having sexually abusive behavior will be documented with a SENTRY STG (Security Threat Group) assignment. Sex offender treatment is offered during the psychologist screening, and a notation about whether it was accepted or declined is noted in the record, as viewed by this auditor on screening documents.

115.81(d) Screening staff indicated that the screening forms are securely retained in the inmate files. Information related to sexual victimization or abusiveness is only accessible by medical and psychology staff. Medical and psychology records are retained in the Bureau Electronic Medical Records (BEMR) system which is restricted to employees in those areas. Other staff may gain access on a need-to-know basis for the purposes of treatment, security, and management decisions, such as housing, work, and programming decisions. Additionally, the Warden states by memo that "at risk" for abusiveness or victimization information and STG information would be available to staff so they have the information to protect the inmates.

115.81(e): Medical and psychology staff indicated they seek informed consent from inmates before providing services. The auditor viewed signage in the psychology offices providing information about confidentiality limits. Inmates are told that information regarding sexual abuse at the facility must be reported. Inmates were aware that information they shared with facility services was shared in such circumstances. No instances of reporting via medical/mental health care providers occurred in the audit period.

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

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

### 115.82 (a)

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

### 115.82 (b)

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

### 115.82 (c)

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

### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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## **Evidence**

### Documents:

1. ASH 5324.12B
2. PS 5324.12
3. Memorandum from Warden Re: Standard 115.82 (a)-3 (10/25/21)

### Interviews:

1. PCM
2. Medical Staff
3. Psychology Staff

## **Findings**

115.82(a): The facility supplement policy ASH 5324.12B outlines the staff response to an allegation of sexual abuse and provides for immediate emergency medical treatment and crisis intervention services, both at the facility by health and psychology services, via outside support services (Pathways), and emergency hospital medical treatment if necessary (at Kings Daughters Medical Center). These services are also outlined in the ONESource protocol. Health Services staff confirmed in interviews that treatment decisions are made by medical and mental health personnel according to their professional judgment. Local emergency services are provided by Health Services and the local hospital, where forensic evaluation would also take place. All services provided at the hospital are in line with ordinary community standards of care. Documentation will remain in the inmate's file. Medical and psychology staff confirmed that services would be immediately available and treatment decisions would be based on their professional judgment.

115.82(b): First responders take the steps to protect the victim outlined in ASH 5324.12B (7). The staff member is to immediately safeguard the victim and separate him from the alleged perpetrator. PS 5324.12 states that the Operations Lieutenant also takes immediate preliminary steps to protect the victim and ensure notification is made. During interviews, every staff member stated that their first action would be protection of the victim. The PCM will evaluate initial case information and will determine whether to activate the full response protocol. Both medical staff and the PCM stated in interviews that this evaluation would not delay necessary emergency care, which would occur immediately regardless of facility evaluation. Medical and mental health practitioners are immediately notified under the checklist. Facility leadership stated that appropriate medical and psychology staff are on call, and medical and mental health services would not be delayed.

115.82(c): ASH 5324.12B (7)(B) provides, and medical staff on-site confirmed, that victims first receive care on-site to triage any injuries. Inmates would then receive care at the local medical center if necessary (or if forensic evaluation is appropriate), and all appropriate care is provided in the medical professionals' judgement. Appropriate care includes STI treatment and all other medically appropriate treatment. Because no incidents requiring medical care occurred at the facility during the audit period, no records were available for review.

115.82(d): PS 5324.12 (p. 51) provides that "inmate co-pays for medical treatment shall not be applied to victims of sexual abuse." The PCM and medical staff confirmed this during interviews on-site.

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

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

### 115.83 (a)

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

### 115.83 (b)

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

### 115.83 (c)

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

### 115.83 (d)

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

### 115.83 (e)

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

### 115.83 (f)

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

### 115.83 (g)

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

## 115.83 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence

#### Documents:

1. ASH 5324.12B
2. Medical records of inmates who reported abuse
3. Psychology services records of inmates who reported abuse

#### Interviews:

1. Medical staff
2. Psychology Staff
3. PCM

### Findings

115.83(a)-(c): ASH 5324.12B(7) provides that any inmate who alleges they are the victim of sexually abusive behavior will receive medical and mental health evaluation and appropriate treatment. The PCM and medical and psychology staff confirmed that any necessary follow-ups would be provided to inmates alleging victimization, and that such services are provided at a level consistent with the community standard of care. Investigation records demonstrated that medical and psychology follow-ups occurred in each case. Inmate screening records demonstrate that inmates who identified sexual victimization of any kind were offered follow-up services with psychology.

115.83(f): Pursuant to policy ASG 5324.12B (7)(B) health services staff will coordinate with the Medical Center to offer sexually transmitted infection testing if necessary as part of the incident response. Medical staff confirmed this in interviews. Follow-up care would be provided by institutional medical staff as appropriate.

115.82(g): Services are provided without cost, as discussed in 115.82(d).

115.83(h): ASG 5324.12B (7)(B) also provides for monitoring of the inmate perpetrator. Inmate perpetrators will be flagged with STG SENTRY assignments. Perpetrators are also referred for Psychology Services. All contacts are documented in the Psychology Data System. Psychology staff confirmed this process during an interview.

## 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.*

### Evidence

#### Documents:

1. ASH 5324.12B
2. Memorandum from Warden Re: Standard 116.86(a)-1 (10/25/21)
3. Memorandum from Warden Re: Standard 116.86(d)-1 (10/25/21)
4. Memorandum from Warden Re: Standard 116.86(e)-1 (10/25/21)
5. Investigation files
6. Institution Executive Staff Review form
7. PS 5324.12 re: 115.86

#### Interviews:

1. PCM
2. Warden
3. SIS Lieutenant

### Findings

ASH 5324.12B(7) provides that Institution Executive Staff (the Warden, Associate Warden/PCM, Captain, Health services Administrator, and Chief Psychologist) review every unsubstantiated or substantiated abuse incident to assess the facility's response in an After-Action Review. PS 5324.12 also requires the review, stating that all factors in the rule must be considered, and that the Regional Director shall receive a copy of the report via the Regional PREA Coordinator. The agency uses standard Institution Executive Staff Review (IESR) documents. The Warden and PCM confirmed the IESR process in interviews. The team reviews information from the investigation, documented by SIS, and discusses facility factors and staff response as well as factors that led to the case. The IESR is documented with a standardized form memorandum to the PCM. The form document provides the guidelines for the review, ensuring that every factor in the rule is considered and stating that the review should ordinarily occur within 30 days of the conclusion of investigation.

The review team consists of upper-level management officials, with input from front line supervisors, investigators, and medical and psychology staff members. Under BOP policy, the local Union President may also take part in the discussion and may make recommendations, which will be considered by the team. Recommendations for improvement are implemented, and if they are not implemented the reasons are documented. All documentation is completed in the standardized form, which is then shared with regional BOP leadership.

The Auditor located IESR forms in every investigation file reviewed. In each case, the meeting participants considered required factors and documented their review. The facility also conducted the reviews on harassment cases. Though harassment reviews not required by the rule, this additional review demonstrates the commitment of facility leadership to combat sexual safety issues.

## 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.*

### Evidence

#### Documents:

1. PS 5324.11
2. BOP Annual PREA Reports 2014-2019
3. Institution Executive Staff Review (IESR) template document
4. Survey of Sexual Victimization, 2019 (available online [https://www.bjs.gov/content/pub/pdf/ssv1\\_2019.pdf](https://www.bjs.gov/content/pub/pdf/ssv1_2019.pdf))

#### Interviews:

1. PREA coordinator
2. Agency Head
3. PCM

### Findings

PS 5324.12 lists the manner by which the BOP collects data. Inmate data is provided by the Information, Policy, and Public Affairs Division. Uniform data for every allegation of sexual abuse and

harassment is maintained by SIS using the standard incident report and the IESR. ASH 5324.12B(6) provides that the Operations Lieutenant documents all allegations of abuse in a Report of Incident form when received. This incident report is forwarded to the regional PREA Coordinator, who will forward to the National PREA Coordinator. The Office of Internal Affairs reports data on inmate victims of staff/inmate abuse cases. The PREA Coordinator states that the data is aggregated annually and compiled into a report that is issued to the director. The data is collected at least annually, and the data is sufficient to respond to the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Bureau of Justice Statistics. The agency would respond to any request by DOJ to provide the data. The annual reports show annual data collection—incidents are detailed and the information is sufficient to respond to the SSV request. The reports demonstrate the data collection is completed annually from all facilities.

## 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.*

### Evidence

#### Documents:

1. PS 5324.11
2. BOP Annual PREA Reports 2014-2019
3. [BOP: Inmate Sexual Abuse Prevention](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp) website at [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

#### Interviews:

1. PREA coordinator
2. Agency Head

### Findings

The PREA Annual reports contain aggregate and delineated data for each facility on allegations of sexual abuse and harassment. The report includes information on specific cases including corrective action taken. The PREA Coordinator states that corrective action is taken on problem areas on an ongoing basis, as needed. The report assesses the data, compares it with previous year data, discusses the effectiveness of the PREA program, and identifies trends, issues, and problem areas. The report is signed by the agency head. The document is publicly available on the BOP website. No material was redacted; the reports do not include personally identifying information.

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

### All Yes/No Questions Must Be Answered y 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.*

### Evidence

#### Documents:

1. PS 5324.12
2. BOP website at [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

#### Interviews:

1. PREA Coordinator

## Findings

PS 5342.12 states that the agency maintains data collected in a secure manner, making data available but removing personal identifiers, and retains the data for at least 10 years. The PREA coordinator confirmed that the bureau complies with FOIA and all other applicable laws, rules, and regulations regarding data retention and publication. The BOP website publishes the annual data report and this auditor was able to independently access the CY2019 report on 3/18/2021. The data is publicly available and does not contain personal identifying information.

# 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.*

The Federal Bureau of Prisons has a robust internal system for organizing audits, ensuring they occur every three years and that an appropriate number of facilities are audited each year. As described in the Audit Narrative portion, above, the auditor had no issues with any procedural requirement as outlined by the Auditor Handbook, version 2, published March 2021.

### 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.*

The facility has published the most recent PREA audit report on its website. This auditor accessed the document (the 2019 report) independently.

# 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.

Kristin Winges-Yanez

12/17/2021

**Auditor Signature**

**Date**

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

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