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' (FBOP) compliance with the Prison Rape Elimination Act (PREA). As the work product of independent auditors subcontracted by Corrections Consulting Services LLC (CCS), the FBOP 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 the subcontracted independent auditor (name and email address can be found on page one of the report), for explanation and resolution.

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

☐ **Interim** ☒ **Final**

Date of Interim Audit Report: ☐ **N/A**
If no Interim Audit Report, select N/A
Date of Final Audit Report: **January 29, 2026**

Auditor Information

Name:	Cassandra McGilbra	**Email:**	cassandra@preaauditing.com
Company Name:	Corrections Consulting Services, LLC		
Mailing Address:	P.O. Box 596	**City, State, Zip:**	Buchanan Dam, Texas 78609
Telephone:	713-818-9098	**Date of Facility Visit:**	December 16-18, 2025

Agency Information

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

Agency Chief Executive Officer

Name:	**William K. Marshall III, Director**		
Email:	**BOP-RSD-PREACoordinator-S@bop.gov**	**Telephone:**	**202-307-3198**

Agency-Wide PREA Coordinator

Name:	**Dr. Jessica M. Seaton, National PREA Coordinator**		
Email:	**BOP-RSD-PREACoordinator-S@bop.gov**	**Telephone:**	**202-307-3198**
PREA Coordinator Reports to:	Dana DiGiacomo, Assistant Director, Reentry Services Division1	**Number of Compliance Managers who report to the PREA Coordinator:**	120

Facility Information

Name of Facility: Metropolitan Correction Center (MCC) Chicago			
Physical Address: 71 W. Van Buren Street		**City, State, Zip:** Chicago, IL 60605	
Mailing Address (if different from above):		**City, State, Zip:**	
The Facility Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☒ Federal
Facility Type:	☒ Prison	☐ Jail	
Facility Website with PREA Information: https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp			
Has the facility been accredited within the past 3 years? ☐ Yes ☒ No			

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

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe:

☐ N/A

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

Warden/Jail Administrator/Sheriff/Director

Name: Susan Rudolph, Acting Warden	
Email: CCC-AW-Programs-S@bop.gov	**Telephone:** 312-322-0567

Facility PREA Compliance Manager

Name: Justin R. Leonowicz, Associate	
Email: **CCC-AW-Programs-S@bop.gov**	**Telephone:** **312-322-0567**

Facility Health Service Administrator ☐ N/A

Name: Laura Holubik	
Email: **CCC-AW-Programs-S@bop.gov**	**Telephone:** **312-322-0567**

Facility Characteristics

Designated Facility Capacity:	686
Current Population of Facility:	518

Average daily population for the past 12 months:	502
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☐ Females ☐ Males ☒ Both Females and Males
Age range of population:	18-85
Average length of stay or time under supervision:	155 Days
Facility security levels/inmate custody levels:	Administrative
Number of inmates admitted to facility during the past 12 months:	2331
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	2009
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	932
Does the facility hold youthful inmates?	☐ Yes ☒ No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	☒ 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)?	☒ Yes ☐ 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):	☒ Federal Bureau of Prisons ☒ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: ☐ N/A
Number of staff currently employed by the facility who may have contact with inmates:	190
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	16
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	5
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	5
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	22

Physical Plant	
Number of buildings: **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.**	1
Number of inmate housing units: **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.**	9
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	9
Number of open bay/dorm housing units:	2
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	22
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)	☐ Yes ☐ No ☒ N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☐ Yes ☒ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes ☒ 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: ☒ N/A

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

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: **2**
List of Standards Exceeded: 115.81, 115.82

Standards Met

Number of Standards Met: 43

Standards Not Met

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

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	December 16, 2025
2. End date of the onsite portion of the audit:	December 18, 2025
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Resilience of Chicago
Audited Facility Information	
4. Designated Facility Capacity:	686
5. Average daily population for the past 12 months:	502
6. Number of inmate/resident/detainee 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 residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	9
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees	
8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	516
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	2
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	23
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	2
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	126
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	0
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	1
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	2
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	59
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0

23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	LGBTI information is not tracked by the BOP and all statistical information in this category is through inmate self-reporting.
Staff, Volunteers, and Contractors *Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees*	
24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:	193
25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	5
26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	22
27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit. *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	The total number of Staff and Volunteers presented to the auditor on the first day of the audit was different from the information provided by the PAQ submitted.
Interviews	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other (describe) ☐ None (explain)
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	The Auditor requested to interview targeted inmates along with inmates from each housing unit that were of various ages, gender, race, ethnicity, classification level and security level.
31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	

32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	The Auditor requested to interview targeted inmates along with inmates from each housing unit that were of various ages, gender, race, ethnicity, classification level and security level.
Targeted Inmate/Resident/Detainee Interviews	
33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: *As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.* *For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.* *If a particular targeted population is not applicable in the audited facility, enter "0".*	14
34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	NA
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facilities demographics were reviewed and a tour of each inmate housing area.
35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2

a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	3
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	5
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported on the PAQ and preaudit information that no inmates were identified in this category.

42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility PAQ and preaudit data listed zero inmates in this category. The investigations reviewed list inmates that had been released or departed from the facility.
43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility PAQ and preaudit data listed zero inmates in this category. The investigations reviewed list inmates that had been released or departed from the facility. Investigations reviewed did not show the alleged victim being assigned to Special Housing during the completion of the investigation
45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	While not tracked, these inmates self-reported in the LGB category and were therefore interviewed using the LGB protocol.

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
46. Enter the total number of RANDOM STAFF who were interviewed:	12
47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (describe) ☐ None (explain)
48. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):	☐ Too many staff declined to participate in interviews ☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☐ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other (describe)
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:	
49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	Staff were selected for interviews based on their tenure, gender, and their assigned work areas.
Specialized Staff, Volunteers, and Contractor Interviews *Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.*	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	14
51. Were you able to interview the Agency Head?	☒ Yes ☐ No The Agency Head interview was provided to the auditor in written responses from the auditor who completed the Agency audit.
a. If no, explain why it was not possible to interview the Agency Head:	
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	

53. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No The PREA Coordinator interview was provided to the auditor in written responses from the auditor who completed the Agency audit
a. If no, explain why it was not possible to interview the PREA Coordinator:	
54. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	☒ Agency contract administrator ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☒ Medical staff ☒ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☒ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☒ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☒ Staff who perform screening for risk of victimization and abusiveness ☒ Staff who supervise inmates in segregated housing/residents in isolation ☒ Staff on the sexual abuse incident review team ☒ Designated staff member charged with monitoring retaliation ☒ First responders, both security and non-security staff ☒ Intake staff ☐ Other (describe)
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	☒ Education/programming ☐ Medical/dental ☐ Mental health/counseling

	☐ Religious ☐ Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	☐ Security/detention ☐ Education/programming ☒ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	The low number of reported sexual abuse incidents during the audit period resulted in few opportunities for first responders to gain practical experience or be observed in related interviews. However, random staff interviews indicated that personnel could clearly and confidently describe the steps they would take as first responders if an incident requiring such action were to occur.

Site Review and Documentation Sampling

Site Review

PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

59. Did you have access to all areas of the facility?	☒ Yes ☐ No
a. If no, explain what areas of the facility you were unable to access and why.	
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	☒ Yes ☐ No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	☒ Yes ☐ No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No

63. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No

64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	During the onsite audit inspection, the auditor examined and observed the facility's basic daily functions. This included the intake process, risk assessment screening, inmate employment areas, recreation, education, medical services, religious activities, food service, commissary, inmate housing in the main building, and administrative offices.

Documentation Sampling

Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.

65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	During the onsite inspection, the auditor conducted informal interviews with inmates and staff across various sections, including the main building jail area. Inmates reported overall satisfaction with the facility. They demonstrated an understanding of the procedures for reporting incidents of sexual abuse and harassment, utilizing methods such as written reports, verbal communication, or devices like telephones and tablets. Most inmates observed that the opposite gender staff respected privacy by announcing their presence in living quarters. They expressed satisfaction with the pat-down and visual searches conducted by staff and reported no concerns regarding inappropriate cross-gender searches. The staff members interviewed were cooperative and open about their roles in reporting responsibilities, acting as first responders, and utilizing employee assistance programs when necessary. Both male and female staff were aware of and followed protocols for announcing their presence when entering inmate housing areas.

Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.
Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations

Inmate-on-inmate sexual abuse	2	0	2	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	2	0	2	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	1 investigation is ongoing.

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	2	0	0	0
Total	2	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	These investigations did not raise to the level of allegation of PREA.

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

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

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

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.	The facility reported there were no criminal investigations into sexual abuse.

70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

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

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

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

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

71. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

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

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	The facility reported there were no criminal investigations of sexual harassment.

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

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

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.	The facility reported there were no administrative investigations of sexual harassment

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	1
a. If 0, explain why you were unable to review any sexual abuse investigation files:	
74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual harassment investigation files:	The facility reported there were no staff on inmate or inmate on inmate sexual harassment investigations completed in the past 12 months.
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	The facility reported there were no inmate-on-inmate sexual harassment investigations completed in the past 12 months
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other*	The facility reported there were no staff on inmate sexual harassment investigations completed in the past 12 months.

information that could compromise the confidentiality of any persons in the facility.	
Support Staff Information	
DOJ-certified PREA Auditors Support Staff	
90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? *Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.*	☐ Yes ☒ No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	
Non-certified Support Staff	
91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? *Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.*	☐ Yes ☒ No
a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	
Auditing Arrangements and Compensation	
92. Who paid you to conduct this audit?	☐ The audited facility or its parent agency ☐ My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option) ☒ A third-party auditing entity (e.g., accreditation body, consulting firm) ☐ Other

PREVENTION PLANNING

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

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

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No

- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No

- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents:
BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program
MCC Chicago Attachment C Sexually Abusive Behavior Prevention and Intervention: Information and How to Report
BOP Organizational Chart

Interviews conducted with:
Agency PREA Coordinator Written Response
Acting Warden
PREA Compliance Manager

Findings
115.11 a) – PS 5324.12, Sexually Abusive Behavior Prevention & Intervention Program directs the agency to have a written policy mandating a zero-tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. The intent of the policy is to ensure that staff and inmates are informed that this policy implements the Bureau's "zero tolerance" of sexually abusive behavior, and sexual harassment; that standard procedures are in place to detect and prevent sexually abusive behavior and sexual harassment at all Bureau facilities; that victims of sexually abusive behavior and sexual harassment receive timely and effective responses to their physical, psychological, and security needs; that allegations of sexually abusive behavior and sexual harassment receive timely intervention upon report, and that perpetrators of sexually abusive behavior and sexual harassment will be disciplined and, when appropriate, prosecuted in accordance with Bureau policy and Federal law. The auditor finds the facility compliant with this provision of the standard.

115.11 (b) PS 5324.12 Sexually Abusive Behavior Prevention & Intervention Program states the agency shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program states the National PREA Coordinator's responsibilities include developing, implementing, and overseeing the Bureau's compliance with PREA. The National PREA Coordinator provides oversight to all Regional PREA Coordinators. The National PREA Coordinator assists the Information Technology and Data Division (ITDD) in providing the required information to the U. S. Department of Justice, Bureau of Justice Statistics, through their collection agent (U.S. Census Bureau), of all incidents of sexually abusive behavior. The National PREA Coordinator also coordinates with the Privatization Management and Residential Reentry Branches to ensure contract facilities comply with this provision of the PREA standard 115.11. Additionally, the policy directs the Regional PREA Coordinator to ensure policy guidelines are addressed in institutions within each region. Given the sensitivity required when defining and reporting cases as substantiated, a background in investigations is preferred when selecting a Regional PREA Coordinator.

In a written interview with the National PREA Coordinator verified having sufficient time and authority in her position to accomplish PREA responsibilities for the Bureau. The National PREA Coordinator stated that she oversees and manages 120 PREA Compliance Managers, with one assigned to each institution. She conducts quarterly trainings and meetings to address identified trends and to reinforce PREA policy requirements and

distributes periodic best-practice guidance via email. Institutional PREA Compliance Managers have access to the National PREA Coordinator through telephone, email, and in-person meetings. The auditor finds the facility compliant with this provision of the standard.

115.11 (c) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program outline the requirements of this provision. The manual specifies that each facility must have a designated PREA Coordinator, the Associate Warden of Programs with adequate time and authority to oversee the facility's efforts to comply with the standards. The facility's PREA Compliance Manager was interviewed and confirmed having sufficient time to focus on ensuring PREA compliance at the facility. Based on PAQ data, the onsite facility inspection, and interviews with staff and inmates, the auditor determined that the facility is compliance with this standard provision.

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.

Based on the written interview provided by the Agency Contract Administrator, the Federal Bureau of Prisons (BOP) currently has no contracts for "other entity confinement of inmates," and no such contracts are anticipated in the foreseeable future.

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.

Documentation Review:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program.
Workforce Committee Quarterly Reports
Salary Workforce Utilization Committee Meeting Minutes
Staff Report 2023, 2024, 2025
Institutional Duty Officer (IDO) Unannounced Institutional Rounds Attachment G Form

Interviews:
Acting Warden
PREA Compliance Manager
Human Resource Management
Facility Unit Manager/Supervisor
Random Staff

Findings:
115.13 (a) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states that the PREA factors and safety must be considered when allocation of staffing resources. The facility provided the auditor with the Salary Workforce Utilization Committee Meeting Minutes which serves as the facility's staff plan. The meeting minutes discussed the (11) standard provisions, staffing including deviations, and upgrades to video surveillance. The meetings involved the Warden, Associate Wardens, Human Resource Management, Business Administrator/Contract Specialist, Captain, and Budget Analyst, and they are scheduled quarterly. Interviews with the Warden and his administrative team confirmed that staffing has been challenging, but all shifts are adequately covered with overtime, and no deviations from coverage have occurred. During the onsite inspection of the facility, the auditor observed sufficient staff in each inmate housing area, work area, programming areas, and recreational areas. There were no unstaffed areas observed where detainees were left unsupervised. The auditor finds this facility compliant with this provision of the standard.

115.13 (b) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states deviations are documented in the remarks section of the Salary/Workforce Utilization Committee Meeting Minutes. According to the facility's PAQ, there were no deviations noted from the staffing plan. The Acting Warden and administration explained that overtime is used to address any staffing shortages as needed. The auditor received copies of the facility's Staffing and Strength Report along with shift rosters, confirming that adequate coverage was maintained throughout the facility. The auditor finds this facility compliant with this provision of the standard.

115.13 (c) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states at a minimum, the most recent Salary/Workforce Utilization Committee Meeting Minutes (which include a review of the staffing plan) are annually compiled by the Regional PREA Coordinator by May 1 and submitted to the National PREA Coordinator by June 1. The auditor received the BOP PREA Coordinator's written response, confirming annual consultation on staffing plans for institutions, and the allocation of overall staffing resources by the Human

Resource Management and Administration Divisions. Additionally, the auditor was provided with the Salary Workforce Utilization Committee Meeting Minutes, which covered (11) standard provisions, staffing considerations including deviations, upgrades to video surveillance, and the use of overtime to address staffing shortages. These documents were signed by all parties involved, including Warden, Associate Warden (PCM), Human Resource Management, Business Administrator/Contract Specialist, Captain, and Budget Analyst. The auditor finds this facility compliant with this provision of the standard.

115.13 (d) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states that the Institutional Duty Officer will conduct unannounced rounds with the intent of identifying and deterring sexual abuse and sexual harassment are conducted every week, including all shifts and all areas. The IDO will document the rounds at the end of the tour week the is forwarded to the Institution PREA Compliance Manager for retention. The auditor received copies of the Institutional Duty Officer (IDO) Unannounced Institutional Rounds Attachment G forms, completed weekly by the IDO, documenting the departments and shifts visited. During onsite inspections, targeted supervisors confirmed that unannounced rounds are regularly conducted in every department and during at least one shift. Randomly interviewed staff members stated they are explicitly prohibited from informing others about unannounced rounds by supervisors. The auditor finds this facility compliant with this provision of the standard.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
  ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

This standard is not applicable this institution does not house Youthful Inmates.

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 ☒ NA

- 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 ☒ NA

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 ☒ NA

- 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 ☒ 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.

Documentation:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
PS 5521.06 Searches of Housing Units, Inmates, and Inmate Work Areas
Staff Training Curriculum and Training Logs
2025 Annual Training Agenda
Escort Procedures and Inmate Pat Searches 2025
Search and Restraints Procedures for Special Populations Annual Training 2024-2025
Memorandum for File-Inmate Searches
Inmate Orientation Handbook

Interviews:
Acting Warden
PREA Compliance Manager
Medical/Psychology Staff
Specialized and Random Staff
Targeted and Random Inmates

Onsite Observations:
Inmate Housing
Inmate Work Areas
Inmate Education
Health Services

Findings:
115.15 (a) PS 5521.06 Searches of Housing Units, Inmates, and Inmate Work Areas provides guidance for BOP staff to perform inmate searches. The policy states searches are to be conducted by same gender staff except during exigent circumstances are such that delay would mean the likely loss of contraband. When staff of the opposite gender conduct a visual search, the search is documented with the reasons for the search in the inmate's central file. The facility reported no instances of opposite gender strip searches or visual body cavity searches in the previous year. Specialized Staff interviewed during the onsite inspection affirmed that the opposite gender staff are not authorized to conduct strip or visual cavity searches of inmates without proper authorization. Although no pat, strip or visual searches were witnessed, staff in the intake/receiving area provided details on how strip searches are conducted to ensure inmate privacy while undressing. During interviews with both targeted and random inmates, it was confirmed that strip searches are conducted privately by the same gender staff, away from the presence of other inmates or opposite-gender staff. The auditor finds the facility compliant with this standard provision.

115.15 (b) Male staff at the institution do not perform cross-gender pat-downs, strip searches, or visual body cavity searches on female inmates. During the onsite inspection, female inmates confirmed they were only searched by female staff when necessary, and that female officers were always present in the women's housing

areas. Male correctional officers interviewed stated they are not permitted to search female inmates unless there is an exigent circumstance that justifies it. The auditor finds the facility compliant with this standard provision.

115.15 (c) PS 5521.06 Searches of Housing Units, Inmates, and Inmate Work Areas provide guidance for BOP staff to perform inmate searches. The policy states searches are to be conducted by same gender staff except during exigent circumstances are such that delay would mean the likely loss of contraband. When staff of the opposite gender conduct a visual search, the search is documented with the reasons for the search in the inmate's central file. The facility reported no instances of opposite gender strip searches or visual body cavity searches in the previous year. Staff interviewed during the onsite inspection affirmed that the opposite gender staff are not authorized to conduct strip or visual cavity searches of inmates without proper authorization. Although no pat, strip or visual searches were witnessed, staff in the intake/receiving area provided details on how strip searches are conducted to ensure inmate privacy while undressing. During interviews with both targeted and random inmates, it was confirmed that strip searches are conducted privately by the same gender staff, away from the presence of other inmates or opposite-gender staff. The auditor finds the facility compliant with this standard provision.

115.15 (d) *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* outlines various ways for notifying inmates of the presence of opposite-gender staff members entering an inmate housing area. Opposite gender staff must announce themselves when entering the inmate housing area; notices are posted on bulletin boards that opposite gender staff frequently work and visit inmate housing areas; opposite gender unit staff supervisors with offices in the inmate housing areas schedules are posted in the unit for inmate notification. During the onsite inspection of the facility, the auditor observed separate inmate shower and toilet stalls with doors allowing privacy that prevent staff and other inmates viewing an inmate while undressed. The auditor observed the opposite gender staff announcing themselves when entering inmate housing areas. There were signs on bulletin boards notifying inmates that opposite gender staff routinely work and visit the housing areas, allowing inmates to cover up in the presence of the opposite gender. Formal interviews with inmates revealed there were no issues with opposite gender staff announcing when entering the housing area. The facility requires that inmates remain dressed in housing areas, except in showers or restrooms. The auditor finds the facility compliant with this standard provision.

115.15 (e) This provision is no longer applicable to your compliance finding.

115.15 (f) This provision is no longer applicable to your compliance finding.

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

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

115.16 (a)

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

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

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

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

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

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

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

115.16 (b)

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

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
Admission & Orientation Inmate Information Handbook
Piedmont Global Language Solutions -Central Office Services
Sexually Abusive Behavior Prevention and Intervention -An Overview for Offenders

Interviews:
Agency Head Designee
PREA Compliance Manager
Administrative Investigators
Medical/Mental Health Staff
Targeted and Random Inmates

Onsite Facility Observations:
Housing Area PREA Postings English and Spanish
Inmate Education Materials

Findings:
115.16 (a) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program reiterates the PREA Standard language and requires the PCM reach out to local disabilities assistance offices, as a resource, to ensure the facility is providing effective communication accommodations when a need for such accommodation is known.

Additionally, requirements that staff take reasonable action to ensure that available methods of communication are provided to all inmates with disabilities for complete access to its efforts of preventing, detecting, and responding to sexual abuse and sexual harassment. During the onsite inspection, the auditor observed PREA postings, educational materials, and informational displays in both English and Spanish prominently displayed throughout the facility. Additionally, postings were noted in inmate housing areas providing contact information for National Consulates if needed. The auditor was provided with a Piedmont Global Language Solutions designed to assist non-English or Spanish speaking inmates. Inmate education documents, such as the Inmate Orientation Handbook, were reviewed by the auditor. These materials inform inmates about accessing local disability assistance and interpretation services during PREA education sessions. The handbook also outlines accommodations available for visually or hearing-impaired inmates, as well as those with Limited English Proficiency (LEP) during Admissions & Orientation. During onsite interviews with non-English-speaking inmates, staff were available to provide interpretation services for all but one inmate. That inmate spoke Mandarin, which required the auditor to utilize language services to conduct the interview. The inmate reported no concerns regarding the ability to report PREA issues. At the time of the visit, the facility was in the process of translating inmate educational materials for the inmate. The auditor recommended using Mandarin closed captions when showing the PREA video, as this may be helpful. The auditor finds the facility compliant with this standard provision.

115.16 (b) *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* reiterates the PREA Standard language and requires the PCM reach out to local disabilities assistance offices, as a resource, to ensure the facility is providing effective communication accommodation when a need for such accommodation is known. Additionally, requirements that staff take reasonable action to ensure that available methods of communication are provided to all inmates with disabilities for complete access to its efforts of preventing, detecting, and responding to sexual abuse and sexual harassment. During interviews with the Acting Warden and PREA Compliance Manager (PCM), it was confirmed that the facility has established processes to facilitate Limited English Proficiency (LEP) inmates' participation in PREA education. This education informs inmates about different reporting avenues and available emotional and support services. The Acting Warden, PREA Compliance Manager (PCM), and administrative investigator informed the auditor that inmate interpreters are not utilized during investigative procedures. Instead, staff interpreters or the language line is used to assist inmates during interviews. Medical and mental health staff stated that staff interpreters or the language line are utilized during medical assessments and examinations. During interviews, the auditor spoke with inmates representing various conditions: two inmates identified with physical disabilities, five Limited English Proficient (LEP) inmates, one blind or low vision, and three with a cognitive disability. Each inmate conveyed to the auditor that PREA education had been presented in a manner they could understand. They were all knowledgeable about the different ways to report potential PREA incidents, as well as the availability of medical, mental health services, and emotional support services. The auditor finds the facility compliant with this standard provision.

115.16 (c) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program reiterates the PREA Standard language. The facility PAQ reported the no inmate interpreters, readers, or other inmate assistants used during investigations. The Acting Warden, PREA Compliance Manager (PCM)and SIS investigators interviewed conveyed that inmate interpreters are not used for other inmates during sexual abuse or sexual harassment investigations. The auditor finds the facility compliant with this standard provision.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

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

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

115.17 (c)

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

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents:
BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program
PS 3293.01 Personnel Records and Files
PS 3300.02 Pre-Employment
PS 3300.03 Employment

Interviews:
Agency Human Resource Management
Facility Human Resource Management

Findings:
115.17 (a) – BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program states the agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor, who may have contact with inmates, who: 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); has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

115.17 (b) – BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program states the agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

115.17 (c) – BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program states before hiring new employees who may have contact with inmates, the agency shall perform a criminal background record check and consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

115.17 (d) – BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program states the agency shall also perform a criminal background record check before enlisting the services of any contractor who may have contact with inmates.

115.17 (e) – BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program states the agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.

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

The Auditor conducted an interview with a representative from the agency's Human Resource Management who confirmed the Bureau conducts the required criminal background checks prior to hiring a new employee, employees who are considered for promotions, or enlisting the services of a contractor or volunteer and at least once every five years. The HR Representative confirmed the Bureau of Prisons conducts 5-year background reinvestigations in compliance with 5CFR 731, which includes a criminal history check through the Civil Applicant Service (CAS).

Additionally, the HR Representative detailed the BOP's requirement imposed upon all applicants and employees to disclose any previous misconduct, on or off duty misconduct per the agency's Standards of Conduct for Employees, and the Bureau's requirement to provide information regarding a former employee upon request of another institution or Bureau.

Upon review of the policy, documentation, and upon completion of the interviews, the Federal Bureau of Prisons demonstrated practices that are consistent with policy and the requirements that complies with the provisions of the PREA standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents:
BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program

Interviews:
Acting Warden
PREA Compliance Manager

Findings:
115.18 (a) – BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program states when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.

115.18 (b) – BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program states when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse.

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

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

Upon review of the policy and upon completion of interviews, the Federal Bureau of Prisons demonstrated practices that are consistent with policy and the requirements that comply with the provisions of the PREA standard

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where 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.

Documentation:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
Memorandum of Understanding Between the Federal Bureau of Investigation and Federal Bureau of Prisons on Violations of Federal Criminal Statues
PREA Victim Advocacy Brochure

Guide for First Responders/Operations Lieutenant Guide
Memo: Inmate Reporting-Report Agreement Outside Entities
Medical Staff Training Records

Interviews:
PREA Compliance Manager
Random Staff
Health Services Staff
Special Investigative Services (SIS)

Findings:
115.21 (a) Memorandum of Understanding Between the Federal Bureau of Investigation and Federal Bureau of Prisons on Violations of Federal Criminal Statues states that upon occurrence of any incident involving a criminal act the BOP will immediately notify the appropriate designated FBI of the incident. When the FBI does not initiate a criminal investigation, the BOP will assume primary responsibility to conduct an administrative investigation. An additional MCC Chicago and FBI Memo requires that personnel follow a uniform evidence protocol for administrative and criminal investigations. The auditor finds the facility compliant with this standard provision.

115.21 (b) Memorandum of Understanding Between the Federal Bureau of Investigation and Federal Bureau of Prisons on Violations of Federal Criminal Statues requires evidence collection in accordance with the standards set forth in "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." The auditor finds the institution in compliance with this provision.

115.21 (c) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states that when a report of suspicion of inmate sexual abuse has occurred, the victim will be provided an opportunity for a forensic medical examination (FME) as soon as possible. Physical evidence may be collected from the suspected perpetrator(s). Interviews with PCM, Special Investigative Services (SIS) and the Chief Psychologist revealed that inmates receive a Forensic Medical Examination (FME) at a local hospital, Northwestern Hospital Emergency Room in Chicago where a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) is available. The auditor conducted a telephonic interview with a representative from the local rape crisis center, Resilience. The representative confirmed that the Northwestern Hospital in Chicago has established protocols ensuring that qualified medical personnel are trained to conduct forensic medical examinations (FMEs) in accordance with best practices and PREA standards. The representative further affirmed that advocacy staff from the center are available to provide emotional support services to any victim presenting at a hospital or emergency department. According to the Pre-Audit Questionnaire (PAQ), there were no incidents during the audit period that required an FME. The auditor finds the facility compliant with this standard provision.

115.21 (d & h) PS 5324.012 states that the agency shall attempt to make available to the victim advocate from a rape crisis center. MCC Chicago facility provided the auditor with a copy of a Memorandum of Understanding-Resilience rape crisis center. The Resilience of Chicago provides inmates with confidential and emotional support service related to sexual violence and victim advocates while at a local hospital. In a memo provided to the auditor, MCC Chicago outlines the procedures for inmates who request a victim advocate, the facility will provide a qualified staff member when needed. The facility provided copies of the background checks and qualification records for the victim advocates. The facility psychologist staff are also listed as qualified agency staff to represent an inmate during FME and initial emotional support services if needed. During the onsite audit, there were no reports of sexual abuse requiring a forensic medical examination. Medical and mental health staff interviewed conveyed the procedures that would be implemented when a SANE exam is required. The auditor finds the facility compliant with this standard provision.

115.21 (e) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states Victim advocates from the community used by the Bureau are preauthorized by the agreement established in section (d). The victim advocate serves as emotional and general support, navigating the inmate through the treatment and evidence collection process. The victim advocate has access to the inmate similar to that of medical staff at the facility. He/she is not authorized to make decisions regarding inmate care or interfere with escort procedures as outlined in the Program Statement Escorted Trips**.** The auditor finds the facility compliant with this standard provision.

115.21 (f) Memorandum of Understanding Between the Federal Bureau of Investigation and Federal Bureau of Prisons on Violations of Federal Criminal Statues requires evidence collection in accordance with the standards set forth in "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." The auditor finds the institution in compliance with this provision.

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

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Review:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
Memorandum of Understanding Between the Federal Bureau of Investigation and Federal Bureau of Prisons on Violations of Federal Criminal Statues
PS 1350.01 Criminal Matter Referrals
Federal Bureau of Prisons Agency Website

Interviews:
Acting Warden
PREA Compliance Manager
Captain
Special Investigative Services (SIS)

Findings:
115.22 (a) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states the Warden notifies the Regional Director and Office of Internal Affairs (OIA) and when appropriate FBI is alleged to have perpetrated sexually abusive behavior against another inmate or when staff member is alleged to have perpetrated sexually abusive behavior against an inmate. The PAQ lists three completed sexual harassment and sexual abuse incidents that were administratively investigated. The totals were revised during the onsite inspection to two. Of the two investigations, zero required a referral for criminal investigation. During the onsite visit of the facility the auditor reviewed the one investigative file, as one investigation was still ongoing. The auditor finds the facility compliant with this standard provision.

115.22 (b) Memorandum of Understanding Between the Federal Bureau of Investigation and Federal Bureau of Prisons on Violations of Federal Criminal Statues states that upon occurrence of any incident involving a criminal act the BOP will immediately notify the appropriate designated FBI of the incident. When the FBI does not initiate a criminal investigation, the BOP will assume primary responsibility to conduct an administrative investigation. An

additional MCC Chicago and FBI Memo require that personnel follow a uniform evidence protocol for administrative and criminal investigations. During the onsite facility inspection, the auditor reviewed postings in inmate housing with the Bureau of Prisons website listing the Sexual Abuse Prevention. The BOP agency website lists BOP's Zero Tolerance information allowing the public an opportunity to submit a notification of concern regarding an inmate. The auditor finds the facility compliant with this standard provision.

115.22 (c) The BOP agency policy website outlines the agency requirements to referral to the Federal Bureau of Investigation for all criminal matters. The information is posted on the BOP agency website for public access. The auditor finds the facility compliant with this standard provision.

115.22 (d) The MCC Chicago is not a State entity and exempt from this section.

115.22 (e) The BOP policy website outlines the agency requirements to referral to the Federal Bureau of Investigation for all criminal matters. The auditor finds the facility compliant with this standard provision.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

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

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Review:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
Sexually Abusive Behavior Prevention and Intervention Program Staff Training Curriculum
Staff Training Records

Interviews:
Training Supervisor
Specialized Staff
Random Staff

Findings:
115.31 (a) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program outlines the facilities training requirements for staff. The Annual Training modules discuss the 10 training requirement for staff who may have contact with inmates: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' right to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The modules meticulously detail each requirement with accompanying visuals. Random and Specialized staff interviewed during the onsite inspection demonstrated their understanding of the ten training elements they received. Additionally, staff were equipped with pocket cards containing pertinent information readily available for review as needed. The auditor finds the facility compliant with this standard provision.

115.31 (b) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states the annual refresher training takes the gender of the inmate population at each facility into account. The MCC Chicago staff received training for male and female inmates. Transferring staff members receive gender-appropriate training, as needed. The auditor finds the facility compliant with this standard provision.

115.31 (c) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states newly assigned employees will receive training during the Introduction of Correctional Techniques Phase I and Phase II training. All staff, including current employees, and volunteers and contractors, will receive annual information as part of their Annual Training. The training curriculum and attendance records for annual staff training were reviewed by the auditor for compliance for PREA Training requirements. Random and Specialized staff interviewed during the onsite inspection confirmed their attendance at both initial and yearly training sessions. The auditor finds the facility compliant with this standard provision.

115.31 (d) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states the staff will receive PREA training annually. The auditor examined the annual training curriculum, which included signatures or staff members' verification of their understanding of the training they received. The auditor finds the facility compliant with this standard provision.

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.

Documentation Review:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
Volunteer and Contractor Orientation and Refresher Training Curriculum
Training Logs

Interviews:
Acting Warden
PREA Compliance Manager
Contract Staff

Findings:
115.32 (a) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states that volunteers and contractors must verify understanding of training and seek additional direction from Bureau staff, if necessary. The Volunteer and Contractor Orientation and Refresher Training were evaluated and found to meet the standard requirements. The training modules and the verification of the 10 training requirements listed in 115.31(a) (1-10) were thoroughly examined. During the audit one contract staff member was interviewed. This individual affirmed having received the training and demonstrated a clear understanding of the procedure for reporting incidents of inmate sexual abuse and harassment to agency administration. The auditor determined that the facility is compliant with this provision of the standard.

115.32 (b) The auditor received the Sexually Abusive Behavior Prevention and Intervention Program Staff Training Curriculum and the Volunteer and Contractor Orientation and Refresher Training Curriculum from the facility. Both the Acting Warden and PREA Compliance Manager (PCM) confirmed that volunteers and contract staff receive identical training as security staff and are mandated to undergo annual training sessions. The auditor determined that the facility is compliant with this provision of the standard.

115.32 (c) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states volunteer and contract participation must be documented through volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received. At the conclusion of the training, volunteers and contractors are asked to seek additional directions from Bureau staff, if necessary, to ensure understanding of the training. Training documents submitted to the auditor included signatures from volunteers and contractors, acknowledging their understanding of the agency's zero tolerance policy regarding sexual abuse and sexual harassment against inmates. The auditor determined that the facility is compliant with this provision of the standard.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

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

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

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

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Review:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
Admission & Orientation Inmate Information Handbook
Piedmont Global Language Solutions -Central Office Services
Sexually Abusive Behavior Prevention and Intervention -An Overview for Offenders Pamphlets
PREA Posters English/Spanish
Inmate Education Packet

Interviews:
Agency Head Designee
PREA Compliance Manager
Administrative Investigator
Medical/Mental Health Staff
Targeted Inmates
Random Inmates

Onsite Facility Observations:
Housing Area/Job/Visitation/Health Services/Recreation
Administrative Office Postings
Inmate Education Materials

Findings:
115.33 (a) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states inmates are provided to the Bureau's Admission and Orientation (A&O) Pamphlet on Sexually Abusive Behavior Prevention and Intervention is provided to each inmate at intake screening. The pamphlet describes the key elements of the program and informs inmates of the Bureau's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of sexual abuse. Forty inmates interviewed during the onsite inspection verified the education materials provided during the A&O. The auditor finds the facility compliant with this provision of the standard.

115.33 (b) The PAQ lists 2,331 inmates provided PREA educational information during intake and 932 comprehensive education 30 days or more. The facility provided the auditor with inmate education records, and the auditor reviewed the education records of the 30 inmates interviewed during the onsite inspection. In interviews with these 30 randomly selected and targeted inmates, they all confirmed they had received and comprehended the agency's Zero Tolerance training. They also indicated they understood how to report incidents of sexual abuse and sexual harassment. The auditor finds the facility compliant with this provision of the standard.

115.33 (c) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards

and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility. See 115.33 (a) requirement that all inmates received are provided with The Bureau's Admission and Orientation (A&O) Pamphlet on Sexually Abusive Behavior Prevention and Intervention at intake. The auditor finds the facility compliant with this provision of the standard.

115.33 (d) MCC Chicago Admission & Orientation Inmate Information Handbook states the inmates will be provided with educational information in formats accessible to all inmates. Accommodations are available to ensure inmates who are visually impaired, and limited English proficient have access to methods of communication in order to understand information about Sexually Abusive Prevention and Intervention is provided during A&O and the pamphlets in English and Spanish are provided during intake screening. The MCC Chicago Memorandum further details the methods of communication; Non-English or Non-Spanish speaking inmates are given access to the Advanced Language Systems International for interpretation services, inmates who cannot read or have limited reading skills are presented the information verbally, inmates who are hearing impaired are given written materials and if necessary ASL services, inmates who are visually impaired are presented the information verbally. During interviews, the auditor spoke with inmates representing various conditions: five inmate with Limited English Proficient (LEP), and two identified as physical disability, one blind or low visions (visually impaired) and three cognitive or functional disability. Each inmate conveyed to the auditor that PREA education had been presented in a manner they could understand. They were all knowledgeable about the different ways to report potential PREA incidents, as well as the availability of medical, mental health services, and emotional support services. The auditor finds the facility compliant with this provision of the standard.

115.33 (e) During the onsite inspection of the MCC Chicago facility, the audit reviewed inmate Admission & Orientation records verifying inmates received PREA education and materials. The PCM provided the auditor with copies of electronic inmate A&O records for the verification. The auditor finds the facility compliant with this provision of the standard.

115.33 (f) During the onsite inspection of the MCC Chicago facility, the auditor observed PREA related posting throughout the facility. Posting for reporting, and emotional support services information was identified in inmate housing areas, intake, treatment, education/vocational, health services, work areas, visitation, chapel, and maintenance areas. Postings could be easily read by inmates and presented in English and Spanish. All inmate education materials were available to inmates via personal tablets. The auditor observed an inmate pull of external reporting entry via the computer. The target inmates interviewed who had blind, deaf, or hard of hearing, LEP and cognitive disability indicated they had no issues with understanding or access to PREA related information. The auditor finds the facility compliant with this provision of the standard.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Documentation Review:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
Training Curriculum Course Code NIC-5187-BXX (10/01/24-9/30/25)
Sexually Abusive Behavior Prevention and Intervention Program Staff Training Curriculum
Investigator Training Records

Interviews:
Special Investigative Services
PREA Compliance Manager (PCM)

Findings:
115.34(a & d) The PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states the Chief of Correctional Services ensures his/her Special Investigative Services /Special Investigative Agents are appropriately trained under this section. The Chief of the Office of Internal Affairs ensures his/her staff are appropriately trained as well. The auditor interviewed an investigator with the Special Investigative Services (SIS) during the onsite inspection of the audit. The investigator confirmed that he had completed the training provided to all employees as well as specialized investigations training provided through the National Institute of Corrections (NIC). The auditor was provided with training records for the facility investigative staff for verification. The auditor finds the facility is compliant with this provision of the standard.

115.34(b) The National Institute of Corrections Training Course Completion for Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting NIC-5187-BXX curriculum was not provided to the auditor. The NIC website indicates the purpose of this course is to assist agencies in meeting the requirements of Prison Rape Elimination Act (PREA) Section 115.34 Specialized Training for Investigators. At the end of this course, you will be able to explain the knowledge, components, and considerations that an investigator must use to perform a successful sexual abuse or sexual harassment investigation consistent with PREA standards. The auditor finds the facility is compliant with this provision of the standard.

115.34 (c) The Special Investigative Services (SIS) during the onsite inspection of the audit. The investigator confirmed he completed the specialized investigations training provided through the BOP. The auditor verified the investigators who received the training. The auditor reviewed the National Institute of Corrections Training Course Completion for Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting NIC-5187-BXX roster of MCC Chicago investigators training. The auditor interviewed an investigator with the Special Investigative Services during the onsite inspection of the audit. The investigator confirmed that he had completed the training provided to all employees as well as specialized investigator's training provided through the National Institute of Corrections (NIC). The auditor was provided with training records of all facility investigators for verification. The auditor finds the facility is compliant with this provision of the standard.

115.34 (d) The PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states the Chief of Correctional Services ensures his/her Special Investigative Services/Special Investigative Agents are appropriately trained under this section. The Chief of the Office of Internal Affairs ensures his/her staff are appropriately trained as well. The auditor was unable to interview Internal Affairs or the Office of the Inspector General staff during the onsite inspection. The auditor finds the facility is compliant with this provision of the standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

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

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

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Review:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
PREA for Medical and Mental Health Care-BOP (CPG-0233-BXX)
National Institute of Corrections Webpage

Interviews:
Chief Psychologist
Health Services Administrator

Findings:

115.35 (a) *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* states 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 National Institute of Corrections Training Course Completion for Prison Rape Elimination Act (PREA) for Medical and Mental Health Care-BOP (CPG-0233-BXX curriculum was not provided to the auditor. The NIC website states that this course aims to help agencies fulfill the mandates of Section 115.35 of the Prison Rape Elimination Act (PREA), specifically focusing on specialized training in medical and mental health care. The auditor finds the facility is compliant with this provision of the standard.

115.35 (b) This provision of the standard is not applicable. Forensic medical exams are not conducted at the MCC Chicago facility. Inmates are transported to Northwestern Hospital Emergency Room for forensic medical examinations. The auditor finds the facility is compliant with this provision of the standard.

115.35 (c) During the onsite inspection the auditor interviewed medical and psychology staff who received specialized training consistent with the requirements of this standard. Both staff indicated they knew and understood the four standard requirements for this standard. The auditor reviewed training records of the two medical and mental health staff interviewed. The National Institute of Corrections Training Course Completion for Prison Rape Elimination Act (PREA) for Medical and Mental Health Care-BOP (CPG-0233-BXX Training rosters for all MCC Chicago medical and mental staff were provided to the auditor. The auditor finds the facility is compliant with this provision of the standard.

115.35 (d) *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* requires Medical and mental health staff to receive the same training as correctional employees at the MCC Chicago in accordance with standard 115.31. Medical staff receive the training mandated for employees during annual training. The auditor finds the facility is compliant with this provision of the standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☐ Yes ☐ No ☒ NA

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Review:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
PS 5321.09 Unit Management and Inmate Program Review
Attachment A: PREA Intake Objective Screening Instrument Form
Federal Bureau of Prisons: Inmate Intake Screening Form
Bureau of Prison Psychology Services Risk of Sexual Abusiveness Form

Interviews:
PREA Compliance Manager (PCM)
Psychology Services Staff
Health Services Staff

Intake Staff
Unit Managers
Targeted and Random Inmates

Findings:
115.41 (a) PS 5324.*12 Sexually Abusive Behavior Prevention and Intervention Program* states inmates are screened by Health Services, Psychology Services, and Unit Management staff for risk of sexual victimization and sexual abusiveness. During the onsite inspection, the auditor toured the Receiving and Discharge Area and held informal interviews with one R&D staff. Since there were no incoming inmate intakes during the inspection, the R&D staff detailed the intake process. The R&D supervisor and staff confirmed that the process is consistently completed for all inmates received at the facility. Additionally, a facility psychologist and counselors reported during the inspection that inmates are assessed within the required 72-hour timeframe. They explained that each department is responsible for completing a portion of the screening for sexual victimization and conducting any necessary reassessments based on additional information. Throughout the interview process, the auditor reviewed initial assessment and reassessment files of 30 targeted and random inmates. Most inmates affirmed being questioned about their previous experiences of sexual victimization and abuse, as well as their gender and vulnerability status. Additionally, inmates verified that the screening took place in a private setting where other inmates were not privy of the conversation. The auditor determined that the facility is compliant with this standard provision.

115.41. (b) PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states the inmate screening will take place within 72 hours of arrival at the facility. The Pre-Audit Questionnaire (PAQ) documented that 2,009 inmates were received at the facility in the 12 months preceding the audit, all of whom were assessed within 72 hours of arrival. Random and targeted inmates interviewed confirmed that assessments were typically finalized within one to three days of their admission. The auditor methodically examined the assessment dates of each inmate to verify compliance with the 72-hour requirement. The auditor determined that the facility is compliant with this standard provision.

115.41 (c)(h) PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states staff are required to follow the Program Statement Intake Screening protocols to take during the intake screening process. The *PREA Intake Objective Screening Instrument (Attachment A)* encompasses all criteria necessary to evaluate an inmate's risk of sexual victimization or abusiveness. The Unit Management is responsible for documenting and making referrals based on the information available and the inmate's responses on the *Intake Screening Form*. Referrals must include relevant comments regarding the inmate's likelihood of experiencing sexual victimization or being abusive. If no criteria are applicable, staff will indicate that no PREA criteria are met. When further assessment is necessary, staff will mark the inmate's file as "*At Risk*" until Psychology Services and Correctional Services make a determination. The assessment process requires screening staff to encourage inmates to disclose as much information as possible to ensure appropriate classification and protection. Inmates are not obligated to respond to assessment questions, and they will not face disciplinary action for choosing not to do so. The auditor finds the facility compliant with this standard provision.

115.41 (d) The auditor was provided with three documents utilized for inmate assessment screening: the *PREA Intake Objective Screening Instrument Form, the Federal Bureau of Prisons Inmate Intake Screening Form, and the Bureau of Prison Psychology Services Risk of Sexual Abusiveness Form*. These forms were reviewed by the auditor during interviews with 30 targeted and random inmates. The objective screening tool includes each of the PREA criteria for evaluating inmates' risk of sexual victimization. It also contains sections for counselors and psychologists to provide additional comments based on their observations of the inmates. Inmates are afforded the opportunity to identify as LGBTI and share their own perception of vulnerability. The auditor determined that the facility is compliant with this standard provision.

115.41 (e) PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states that during the intake screening process, when staff identify inmates with a history of sexual victimization within BOP custody by self-report or from review of available documents, such as judgment and commitment orders, criminal records, pre-sentence investigation reports, Inmate Central File data, etc., inmate must be referred to Psychology Services. If not previously documented on BOP records, staff must notify the Chief of Correctional Services of the inmate's report of victimization to ensure that appropriate steps (investigation, documentation, CIMS concerns, etc.) have been taken. The auditor reviewed files where inmates were referred to for the psychology department for additional assessment and/or counseling. A clinical assessment is made to determine whether the inmate has a Low Risk or Elevated Risk of abusiveness. Random and targeted inmate risk assessment files were reviewed to determine identified risks to assess risk levels and ensure appropriate measures were taken. The auditor finds the facility compliant with this standard provision.

115.41 (f) 5321.009 *Unit Management and Inmate Program Review* states that an inmate's risk of sexual victimization or abusiveness at the initial classification and program review. Using the PREA risk factors identified in the PREA Intake Objective Screening Instrument, available on the Correctional Programs intranet page or in the Program Statement Sexually Abusive Behavior Prevention and Intervention Program employees will reassess the inmate's risk of sexual victimization or abusiveness using the PREA risk factors. The reassessment will be documented on the Program Review Report, and if additional risk factors are identified, unit employees will notify Psychology Services. During the onsite inspection, the auditor conducted interviews with both targeted and randomly selected inmates, asking them if they had been questioned about concerns regarding victimization or abuse since arriving at the facility. Out of the 30 inmates interviewed, two reported that they could not remember being asked about these concerns. However, upon reviewing their assessment documents, the auditor found evidence indicating that these interviews had been completed 21 days later. The two inmates had been assigned to the facility for less than twelve months. The auditor finds the facility compliant with this standard provision.

115.41 (g) PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states Psychology Services staff reassess the inmate's risk level whenever warranted based upon receipt of additional relevant information (e.g., incident of sexual abuse, protective custody request, recent diagnosis of gender dysphoria, etc.). During the onsite inspection, the facility psychologist and counselor confirmed that inmates undergo assessment for all instances of sexual abuse and sexual harassment. They explained that each of them is tasked with completing a portion of the screening for sexual victimization, as well as conducting any necessary reassessments. These reassessments are prompted by additional information, referrals, requests, or incidents of sexual abuse, or if there's information suggesting an inmate is at risk of sexual victimization or abusiveness. The auditor reviewed assessments related to inmate-reported incidents of sexual abuse as part of the inspection process. The auditor finds the facility compliant with this standard provision.

115.41 (h) PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states that if an inmate refuses to respond or elects not to disclose information that only to questions about disabilities; Gay, Lesbian, Bisexual, Transgender, Intersex (GLBTI) status; gender nonconformance; previous sexual victimization; and the inmate's self-perception of vulnerability, he/she may not be disciplined. The assessment process mandates screening staff to encourage inmates to disclose as much information as possible to guarantee suitable classification and protection. However, inmates are not mandated to respond to assessment questions, and they will not face disciplinary action if they choose not to do so. During interviews with targeted and random inmates, it was reported that none were informed of potential disciplinary sanctions for not responding to assessment questions. Similarly, interviews with assessment staff (psychologists and counselors) revealed that inmates are not obliged to respond to assessment questions, and disciplinary sanctions are not enforced for non-cooperation. The auditor finds the facility compliant with this standard provision.

115.41 (i) PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states any information related to sexual victimization or abusiveness, including the information entered the comment section of the Intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment, security and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments. The Acting Warden, PCM, Chief Psychologist, and Counselor informed the auditor that inmate screening records are electronically stored, with access restricted to staff with a need-to-know basis. Specifically, access is granted to those responsible for counseling, treatment, security management, education, programming, work, and housing assignments. It was emphasized that not all staff members have access to inmate assessment information. The auditor finds the facility compliant with this standard provision.

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 ☒ NA

- 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 ☒ NA

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 ☒ NA

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 ☒ NA

115.42 (f)

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

115.42 (g)

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

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

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)

  ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents:
BOP Program Statement PS 5324.12, Sexually Abusive Behavior Prevention & Intervention Program

Interviews conducted with:
PREA Coordinator

Findings (By Provision):
115.42 (a) – BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program states the agency shall use information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

115.42 (b) – BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program states the agency shall make individualized determinations about how to ensure the safety of each inmate.

115.42 (c-g) These provisions are no longer applicable to the compliance finding.

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.

Documentation Review:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
BP-A1002 Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation

Interviews:
Acting Warden
Staff Who Supervise Inmates in Segregated Housing

Findings:
115.43 (a) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states inmates are placed in administrative detention in accordance with the Program Statement Special Housing Units. The auditor spoke with staff members responsible for supervising inmates in segregated housing about the requirements of this standard. They explained that inmate victims who report sexual abuse or harassment are generally not placed in the Special Housing Unit (SHU) unless they request protective custody. Inmates assigned to the SHU due to a risk of sexual abuse undergo reviews by the Segregation Review Official (SRO) at the three, seven, and thirty-day intervals. During these reviews, the BP-A1002 form is completed to document the available safeguarding options and assess the lack of alternative means of separating the inmate from potential abusers. The facility reported zero inmates were placed in the SHU within the last year. During the onsite inspection, there were no inmates currently assigned to the facility who had reported sexual abuse, and therefore none available for the auditor to interview regarding placement in segregated housing. The auditor finds the facility compliant with this standard provision.

115.43 (b) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states 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 for limitation. The Acting Warden stated during the onsite inspection that inmates that report sexual abuse are removed from the imminent threat but not placed in segregated housing unless the inmate requests protective custody (voluntary). Should the risk assessment deem the inmate need to be assigned to segregated housing the COC will follow the protocols of PS 5324 Sexually Abusive Behavior Prevention and Intervention Program. Investigations are reviewed weekly, and a

threat assessment is completed within 30 days. The auditor finds the facility compliant with this provision of the standard.

115.43 (c) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program state when determining an appropriate method of safeguarding the inmate assigned "at risk" for victimization, the Warden ensures all options are considered by completing, signing, and dating form BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation. The Warden should evaluate the least restrictive methods for separation of the alleged victim and alleged perpetrator. The completed BP-A1002 is stamped "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. If information gathered leads to an investigation, BP-A1002 becomes part of the investigative file. The completed form is e-mailed to BOP-RSD-PREACoordinator-S@bop.gov and filed with the investigative case. The PAQ lists zero instances of inmates that reported sexual abuse being placed in involuntary segregation. The auditor finds the facility compliant with this provision of the standard.

115.43 (d) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states the facility Warden will ensure all options are considered and evaluated to provide the least restrictive methods for separation of the alleged victim and perpetrator the information is documented on the BP—A1002 form and placed in the inmate's central file. When an investigation is initiated the BP-A1002 becomes a part of the investigative file and provided to the BOP-RSD-PREACoordinator-S@bop.gov and filed with the investigative case. Psychologists will provide ongoing crisis intervention, assessment, treatment needs and documenting the results, referrals, and additional treatment options related to inmate's risks. The auditor was provided with a sample of the BP-A1002 form for review. The auditor finds the facility compliant with this provision of the standard.

115.43 (e) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states the inmate's status is reviewed during weekly Special Housing Unit meetings. The Acting Warden reported that the risk assessment should deem the inmate need to be assigned to segregated housing. The COC will follow the protocols of PS 5324.12 Investigations are reviewed weekly, and a threat assessment is completed within 30 days. The auditor finds the facility compliant with this provision 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.

Documentation Review:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
MCC Chicago Admissions & Orientation Information Handbook
Federal Bureau of Prisons Sexually Abusive Behavior Prevention and Intervention Pamphlet

Program Statement Standards of Employee Conduct

Interviews:
Random and Targeted Inmates
Random Staff

Observations:
Housing Unit Postings
Facility Area Postings

Findings:
115.51 (a) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states the Bureau inmates are encouraged to report allegations to staff at all levels, including local, regional and Central Office. Inmates are currently offered various internal reporting avenues, including telephonic reporting to specific departments (such as the Special Investigative Lieutenant) or by mail to an external entity. Inmates are informed about these reporting mechanisms as outlined in section 115.33. During the onsite audit inspection, 16 random inmates were interviewed, and they reported being aware of different ways to report PREA-related incidents. Most stated that they would report to a unit supervisor, the Special Investigative Services (SIS) Lieutenant, and OIG as an option for anonymous reporting. Additionally, the auditor toured every inmate housing unit, and other areas of the facility, where flyers were posted listing multiple ways for inmates to report abuse and neglect. The auditor finds the facility compliant with this provision of the standard.

115.51 (b) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states Inmates are provided with contact information and access to the Office of the Inspector General to make such reports. During the audit inspection, the auditor noticed postings displaying the Office of the Inspector General (OIG) mailing address and hotline information, where inmates can make reports. In random interviews with inmates, it was found that all were aware of the option to report anonymously to the OIG through the hotline or in writing. This reporting information is readily available in inmate educational materials, such as the MCC Chicago Admissions & Orientation Information Handbook and the Federal Bureau of Prisons Sexually Abusive Behavior Prevention and Intervention Pamphlet, which are provided to inmates during intake. The auditor finds the facility compliant with this provision of the standard.

115.51 (c) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states for the purpose of this section, information received anonymously refers to “drop notes” or other written communication. Non-investigatory staff do not offer anonymity to inmates. During interviews with twelve randomly selected staff members, it was revealed that they are mandated to accept inmate reports of sexual abuse or harassment and promptly report them to a supervisor or a facility SIS investigator. Staff members clarified that they cannot accept inmates' verbal requests to remain anonymous, as all reports must be forwarded to a supervisor or SIS investigator. However, inmates have the option to report incidents anonymously to an SIS investigator, PCM, or OIG. The auditor finds the facility compliant with this provision of the standard.

115.51 (d) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states Staff reporting requirements are addressed in the Program Statement Standards of Employee Conduct. For the purposes of this section, staff may contact any supervisory staff at the local institution, regional staff, or Central Office staff, including the Regional PREA Coordinators and the National PREA Coordinator. Allegations involving staff members may also be reported to the Office of Internal Affairs or the Office of the Inspector General, as appropriate. The twelve randomly selected staff members indicated that they could privately report incidents of sexual abuse and harassment to a supervisor and choose to remain anonymous to OIA or OIG. The auditor finds the facility compliant with this provision of the standard

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

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

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an

inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

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

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
PS 1330.18 Administrative Remedy Program
Bureau of Prisons Admission & Orientation Handbook

Interviews:
Specialized staff
Targeted inmates

Findings:
115.52(a) The Federal Bureau of Prisons is not exempt from this standard. The agency has an inmate administrative grievance procedure. PS 1330.18 Administrative Remedy Program provides inmates the opportunity to seek a formal review of issues relating to any aspect of his or her confinement. The auditor finds the facility compliant with this standard provision.

115.52(b). PS 1330.18 Administrative Remedy Program states administrative remedies regarding allegations of sexual abuse may be filed at any time. Accordingly, administrative remedies regarding an allegation of sexual abuse shall not be rejected as untimely. When an inmate includes multiple unrelated issues on a single form, the portion of the administrative remedy regarding allegations of sexual abuse should be accepted and processed. The inmate shall be advised to use a separate form for each unrelated issue. Inmates are not required to attempt an informal resolution for sexual abuse incidents. During the onsite inspection the auditor conducted formal interviews with staff and inmates regarding inmate reporting through the administrative remedy procedure. Inmates were aware of the process and had no issues with using the program. Staff interviewed reported that they were aware the inmates could report sexual abuse incidents through the administrative remedy procedure. The administrative remedies were accessible to all inmates in all inmate housing areas. The auditor finds the facility compliant with this standard provision.

115.52(c) PS 1330.18 Administrative Remedy Program states a matter in which specific staff involvement is alleged may not be investigated either by staff alleged to be involved or by staff under their supervision. Allegations of physical abuse by staff shall be referred to the Office of Internal Affairs (OIA). The auditor finds the facility compliant with this standard provision.

115.52(d). PS 1330.18 Administrative Remedy Program states an administrative remedy response shall be made by the Warden or CCM withing 20 calendar days. The MCC Chicago reported there have been no administrative remedies filed in reference to sexual abuse over the previous 12 months prior to the audit. The auditor finds the facility compliant with this standard provision.

115.52(e) PS 1330.18 Administrative Remedy Program indicates the inmate must approve the remedy filed by a third party on his or her behalf. The approval is documented and included with the inmate's signature. When the inmate declines to have the remedy processed on his or her behalf, it will also be documented with the inmate's signature. The documentation will be retained in the Administrative Remedy File agency at the appropriate level and on Sentry. An inmate is required to personally file any subsequent appeal. However, the inmate may receive assistance in preparing the appeal. The MCC Chicago reported zero sexual abuse related administrative remedy incidents for the 12 months prior to the audit. The auditor finds the facility compliant with this standard provision.

115.52(f) PS 1330.18 Administrative Remedy Program states when a remedy meets both criteria, the remedy will receive expedited processing. The inmate must clearly mark "emergency" on the remedy and explain the reason for filing as an emergency remedy. An expedited response shall be provided within 48 hours and the remedy response within five calendar days. The MCC Chicago reported zero sexual abuse related administrative remedy incidents for the 12 months prior to the audit. The auditor finds the facility compliant with this standard provision.

115.52(g) PS 1330.18 Administrative Remedy Program states that the maintenance of an effective sexual abuse prevention policy, and general secure and orderly running of an institution, requires that inmates be held responsible for manipulative behavior and false allegations. Allegations of false reports will be considered by staff in accordance with the procedures and standards of the Inmate Discipline Program policy. The MCC Chicago reported zero sexual abuse related administrative remedy incidents for the 12 months prior to the audit. The auditor finds the facility compliant with this standard 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.

Documentation Reviewed:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
PREA Victim Advocacy Brochure
MCC Chicago Admissions & Orientation Information Handbook
Rape Victims Help Center (Resilience)-Email Solicitation Requests

Interviews:
PREA Compliance Manager
Psychology Staff
Random Inmate

Observation:
Inmate Housing Units

Findings:

115.53(a-b) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states "The Institution PREA Compliance Manager, with the assistance of Psychology Services staff, seeks to establish an agreement with community service providers who can provide confidential emotional support services as it relates to sexual abuse. When an agreement is approved, the attempts are documented. Staff will ensure the information if readily available and provided to inmates, to have access to the Bureau's efforts in preventing, detecting, and responding to sexual abuse and sexual harassment. Staff will also provide contact information and confidential communication services, as reasonably as possible. During an interview with targeted and random inmates revealed some were not fully unaware of the services available to them beyond reporting sexual abuse during their incarceration. The inmates were directed to the relevant information in the Inmate Admissions and Orientation Information Handbook. The auditor finds the facility compliant with this standard provision.

115.53(b) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states confidential communication is distinguished from privileged communications such as attorney-client relationships. The communications are monitored in a manner consistent with agency security practices and should be addressed in any memorandum of understanding with the outside victim advocacy organization. MCC Chicago provides Psychology Services to individuals who report a history of sexual assault and desire advocacy services outside those provided by the psychology staff at the MCC Chicago. During the onsite audit the MOU with Resilience of Chicago had not been approved but approved during the post audit period. Additionally, information for RAINN is available to all inmates through the TRULINCS Bulletin and on the individual housing units. The auditor finds the facility compliant with this standard provision.

115.53(c) During the post audit at MCC Chicago, officials provided the auditor with a copy of a Memorandum of Understanding (MOU) with the Resilience of Chicago, outlining a Gratuitous Service Agreement (GSA). This agreement ensures inmates receive confidential emotional support services related to sexual violence and access to a victim advocate while at a local hospital. The auditor finds the facility compliant with this standard provision.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Documentation Review:
Third-Party Reporting Flyers
Bureau of Prisons MCC Chicago Website

Observations:
Inmate Housing
Inmate Visitation Areas

Findings:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states the Bureau posts publicly, and maintains, the third-party reporting avenue on its public website. The auditor reviewed the Bureau of Prisons website Sexual Abuse Prevention-Inmates have the right to be safe from sexually abusive behavior. The website provides information about the Agency's Zero Tolerance for Sexual Abuse policy and instructions on how family members can report concerns regarding an inmate. This ensures transparency and accountability, emphasizing the agency's commitment to the safety and well-being of inmates. During the onsite inspection of the facility the auditor noted posting regarding how to report throughout the facility in inmate housing areas and visitation areas. Zero Tolerance postings were in all inmate housing areas. The postings list various ways to report by email or writing, with details of the agency website that allow staff, friends, families of adults in custody and general public to submit complaints. The auditor finds the facility compliant with this standard provision.

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

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
PS 5324.12 Sexually Abusive Behavior and Intervention Program

Specialized and Random Staff Training Curriculum

Interviews:
Acting Warden
PREA Compliance Manager (PCM)
Specialized staff

Findings:
115.61(a) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program requires that all staff members report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the Operations Lieutenant in accordance with the Program Statement Standards of Employee Conduct. The Operations Lieutenant is then required to notify the PCM. During onsite inspection of the facility the twelve random staff interviewed conveyed the procedures for reporting incidents of inmate sexual abuse and sexual harassment immediately to a supervisor or the Operations Lieutenant. The auditor finds the facility compliant with this provision of the standard.

115.61 (b) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program requires the information concerning the identity of the alleged inmate victim and the specific facts of the case are limited to staff who need to know because of their involvement with the inmate's welfare and the investigation of the incident. The auditor interviewed random staff during the onsite inspection each staff clearly understood the requirements of maintaining confidentiality of sexual assault and sexual harassment investigations and any further discussion would occur with the investigating officer. The auditor finds the facility compliant with this provision of the standard.

115.61(c) Medical and mental health staff interviewed during the audit reported the requirement to immediately report incidents of sexual abuse of inmates. Staff did confirm that they would inform the inmate of their duty to report and limits to the confidentiality of information learned from the inmate. The auditor finds the facility compliant with this provision of the standard.

115.61(d) The BOP Program Statement requires that the agency notify designated State or local services agencies if the alleged sexual abuse victim is under the age of 18. MCC Chicago does not house inmates under the age of 18 but have disabled and elderly inmates that can be considered vulnerable. Medical and mental health staff interviewed during the audit reported the requirement to immediately report incidents of sexual abuse of inmates. The auditor finds the facility compliant with this provision of the standard.

115.61(e) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states that staff must report and respond to all allegations of sexually abusive behavior, regardless of the source of the report. The PCM is to refer to the incident for investigation to the appropriate office and review the incident for any further response. The Acting Warden and PCM confirmed that the institution investigates all allegations of sexual abuse and sexual harassment, regardless of the how the allegation is received. All allegations are forwarded to the investigators for review and investigation. The auditor finds the facility compliant with this provision of the standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Documentation Review:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program

Interview:
Acting Warden
Agency Head Designee Written Interview
PREA Compliance Manager
Investigation Staff

Findings:
115.62 PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states when an inmate alleges that another inmate or staff member is the perpetrator of sexual abuse, the Operations Lieutenant is immediately notified. Depending on the severity of the alleged behavior, immediate safeguards are implemented for the inmate. These measures may include monitoring the situation, changing housing or work assignments, or placing both the alleged victim and perpetrator in Special Housing, among other actions. The decisions regarding safeguarding the inmate must consider the impact on staff members, as outlined in the Master Agreement. Removal from the facility is considered an extreme measure, with alternatives such as reassignment to another unit or post, or other effective measures to separate staff from inmates being explored. Simultaneously, the Operations Lieutenant promptly refers all inmates who are reported or suspected victims of sexual abuse to Psychology Services for assessment of vulnerability and treatment needs. Additionally, the Institution PREA Compliance Manager is notified of the situation by the Operations Lieutenant.

During the onsite inspection, the Acting Warden was interviewed regarding the agency's protection protocols. She emphasized that immediate steps would be taken to remove the inmate from any perceived threat, initiating an investigation promptly thereafter. A comprehensive risk assessment would be conducted to evaluate the seriousness of the situation. Various measures are available to ensure the inmate's safety without resorting to restrictive housing. The Agency Head Designee, in an interview provided to the auditor, affirmed that the agency acts swiftly to protect alleged victims by separating them from potential harm. Responses vary based on the

severity of the threat: if the threat involves another inmate, options include changing housing or work assignments or placing the inmate in the Special Housing Unit if necessary. When the threat involves a staff member, additional measures such as reassigning the staff member or temporarily removing them from the facility during the investigation are considered. The audit finds the facility compliant with this standard provision.

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.

Documentation Review:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program

Interview:
Acting Warden

Agency Head Designee Written Interview
PREA Compliance Manager

Findings:
115.63(a) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states in cases where there is an allegation that sexually abusive behavior occurred at another Bureau facility, the Warden (or his/her designee) of the victim's current facility reports the allegation to the Warden of the identified institution. In cases alleging sexual abuse by staff at another institution, the Warden of the inmate's current facility refers the matter directly to the Office of Internal Affairs. For non-Bureau secure privatized facilities, jails, juvenile facilities, and Residential Reentry Centers, the Warden will contact the appropriate office of the facility and notify the Privatization Management or the Residential Reentry Management Branches, as appropriate. For non-Bureau facilities, the Warden (or his/her designee) contacts the appropriate office of that correctional agency. The MCC Chicago facility reported sixteen reports of an inmate allegation that occurred at another facility 12 months prior to the audit. The auditor reviewed sample notifications submitted by the reporting facility. One incident reported had previously been reported and did not warrant an investigation. The auditor finds the facility compliant with this provision of the standard.

115.63(b)PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program reiterates the PREA standard language that notification be provided as soon as possible, but no later than 72 hours after receiving the allegation. The MCC Chicago PAQ reported sixteen reports of inmate allegations that occurred at another facility and one reported allegation from another facility that occurred at MCC Chicago during the 12 months prior to the audit. The notification reviewed was reported within the 72-hour timeframe as required by the standard. The auditor finds the facility compliant with this provision of the standard.

115.63(c) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program reiterates the PREA standard language that the agency shall document that it has provided such notification. MCC Chicago PAQ reported 16 reports of inmate allegations that occurred at another facility and one reported allegation from another facility that occurred at MCC Chicago during the 12 months prior to the audit. The auditor reviewed one email notification of an allegation that originated at another correctional facility and pertained to an inmate who was no longer housed at this location. The email response demonstrated that the MCC Chicago appropriately documented receipt of the allegation, notified the necessary authorities, and followed established investigative protocols to ensure compliance with PREA Standards. Although the incident occurred elsewhere, the documentation confirmed that the facility cooperated with the investigative process and maintained required records. The auditor finds the facility compliant with this provision of the standard.

115.63(d) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program reiterates the PREA standard language that the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. According to a written response from the BOP Agency Head Designee, when other agencies make referrals directly to the institution, particularly to the Warden. In cases where agencies are uncertain about contacting the institution directly, they may reach out to the Bureau of Prisons National PREA Coordinator. The National PREA Coordinator then forwards the referral to the Warden of the institution. If initial notifications bypass the Warden, staff receiving them promptly forward them to ensure allegations are properly investigated. Warden determines if the allegations can be handled locally or require referral to the Office of Internal Affairs (OIA).

Each institution tracks referrals from other facilities or agencies. If the agency receives a referral, a facility will collaborate with the sending facility to conduct a thorough investigation, which includes interviews, statements, and gathering evidence. All pertinent information and evidence are then provided to the designated facility responsible for completing the investigation. The auditor reviewed the email notification indicating that MCC

Chicago received an allegation from another facility and investigated in accordance with these standards. The auditor finds the facility compliant with this provision of the standard.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Review:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
Sexually Abusive Behavior Prevention and Intervention Program Staff Training Curriculum

Interviews:
Specialized Staff
Random Staff
Non-Security First Responder
Targeted & Random Inmates

Findings:
115.64(a) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program reiterates the PREA standard language and states the staff first responder must preserve the crime scene. The Special Investigative Services Lieutenant are responsible for collecting information/evidence. The investigation, in coordination with the agency to which the case may be referred, must follow the guidance given in agency policies and practices concerning evidence gathering and processing procedures. During the onsite inspection, twelve randomly selected staff members were able to provide detailed descriptions of their first responder duties. The Special Investigative Services (SIS) Lieutenant informed the auditor that the investigative team are tasked with collecting physical evidence and ensuring it is stored appropriately for access by OIG. The auditor verified the first responder duties listed in the Sexually Abusive Behavior Prevention and Intervention Program Staff Training Curriculum listing the (4) PREA standard requirements. The auditor finds the facility compliant with the provision of this standard.

115.64(b) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program reiterates the standard language requiring a non-security staff member first responder to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff. The PAQ documented zero instances where non-security staff acted as first responders. During the onsite audit, the auditor interviewed a non-security staff member regarding how to respond to an incident of sexual abuse. The medical staff member explained to the auditor the appropriate procedures for handling such incidents as a first responder. She stated that she would promptly remove the alleged victim from the area to separate them from the assailant, request that both inmates do anything that would destroy evidence (brushing teeth, using the restroom, bathing or changing clothing, and immediately informing a security supervisor. The auditor finds the facility compliant with the provision of this standard.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Documentation Review:
CCC 5324.12(c) Sexually Abusive Behavior Prevention and Intervention Program Institutional Supplement

Interviews:
Acting Warden
PREA Compliance Manager
Specialized Staff
Random Staff

Findings:
115.65(a) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program The program statement contains the coordinated response plan for the Bureau. The Plan provided a detailed protocol for handling incidents of sexual abuse within a prison. Overall, this protocol outlines a comprehensive approach to handling incidents of sexual abuse within the prison, ensuring that victims receive appropriate medical, psychological, and investigative support while addressing security concerns. The purpose of the plan is to establish procedures aimed at preventing sexually assaultive behavior. It included provisions for medical and psychological support, ensuring safety, and addressing incidents involving assailants through appropriate control, discipline, and consideration for prosecution.

During the onsite inspection the auditor interviewed twelve random staff regarding the actions taken upon receiving, observing, or hearing a sexual abuse or sexual harassment. Many staff had pocket cards with information regarding their first responder duties. Interviews with the Acting Warden and the administrative (Associate Warden, Executive Assistant/Admin, Captain, Chief of Psychology) were all able to describe their roles and responsibility within the coordinated response plan. The auditor finds the facility compliant with the provisions of this standard.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents:
BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program
Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees Master Agreement

Interviews:
Agency Head Designee Written Interview
Agency Human Resource Management

Findings:
115.66 (a) – BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program states neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Federal Bureau of Prisons has entered or renewed a collective bargaining agreement as indicated by documentation provided titled, Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees Master Agreement.

The auditor reviewed the Agency Head's written response, which indicated that prior to the termination of the collective bargaining agreement (Master Agreement) in September 2025, a collective bargaining agreement was in place between the BOP and the Council of Prison Locals (CPL-33). The agreement was executed in 2014, renewed annually from 2017 through 2020, and amended in 2021.

The Agency Head Designee further explained that Article 30(g) of the Master Agreement authorizes 4263 agencies to remove an employee from an institution when an allegation adversely impacts the Agency's confidence in the employee or institutional security. Employees may be removed from the institutional setting pending investigation and resolution, in accordance with applicable laws, rules, and regulations. The auditor finds the facility compliant with this standard 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.

Documentation Review:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
Sexual Abuse Investigation Files

Interviews:
Agency Head Designee Written Interview
Acting Warden
PREA Compliance Manager (PCM)
Specialized Staff
Targeted Inmates

Findings:
115.67 (a) PS 5324.*12 Sexually Abusive Behavior Prevention and Intervention Program* states The Institution PREA Compliance Manager monitors staff and inmates who have reported sexual abuse allegations to protect them from retaliation for 90 days. However, if the initial monitoring indicates a continuing need, periodic status checks occur. During the onsite inspection, the PCM and Special Investigative Services (SIS) Lieutenant noted that inmates who reported sexual abuse and witnesses concerned about retaliation are monitored for 90 days after the report. The auditor examined one sexual abuse investigative file. The one investigation was deemed unsubstantiated, necessitating a 90-day monitoring period afterward. The PCM or SIS Lieutenant conducted periodic checks as per protocol. The auditor concluded that the investigation was meticulously documented, meeting all necessary requirements. The auditor determined that the facility is compliant with this standard provision.

115.67 (b) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states the PCM monitors staff and inmates who have reported sexual abuse allegations to protect them from retaliation for 90 days. However, if the initial monitoring indicates a continuing need, periodic status checks occur. The auditor reviewed the Agency Head Designee interview with written responses regarding the inmate and staff protections against retaliation. The responses indicate the PCM monitors inmates and staff to ensure there is no retaliation for alleging or reporting sexually abusive behavior. For inmates, this monitoring includes housing and cell assignments, work assignments, programming changes, and disciplinary action. For staff, the monitoring includes reassignment of work, posts, performance evaluations, and shift changes. In addition, the person being monitored will be offered psychology services to ensure their mental and emotional wellbeing is cared for. The Acting Warden emphasized the implementation of necessary measures to safeguard inmate victims and cooperating witnesses from retaliation by staff or other inmates. These measures encompass referral for emotional support via psychology services for inmates and access to the Employee Assistance Program (EAP) for staff. Notably, there not an inmate victim assigned to the SHU or restrictive housing unit due to reporting sexual abuse. Additionally, there were no instances of retaliation identified with the one inmate-on-inmate investigative file that necessitated additional monitoring. The auditor determined that the facility is compliant with this standard provision.

115.67 (c) PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states the PCM monitors staff and inmates who have reported sexual abuse allegations to protect them from retaliation for 90 days. However, if the initial monitoring indicates a continuing need, periodic status checks occur. During the onsite inspection of the facility, the auditor examined one sexual abuse investigative file. This file contained periodic checks carried out by the PCM or SIS Lieutenant, which involved evaluations of negative performance reviews and

housing arrangements possibly signaling retaliation. No incidents demanding additional monitoring due to evidence of retaliation were found. Furthermore, there were no staff witnesses who warranted monitoring in the 12 months leading up to the audit. The auditor finds the facility compliant with this standard provision.

115.67 (d) PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states the PCM monitors staff and inmates who have reported sexual abuse allegations to protect them from retaliation for 90 days. However, if the initial monitoring indicates a continuing need, periodic status checks occur. During the onsite inspection of the facility, the auditor examined one sexual abuse investigative file. The file contained periodic checks carried out by the PCM or SIS Lieutenant, which involved evaluations of negative performance reviews and housing arrangements possibly signaling retaliation. No incidents demanding additional monitoring due to evidence of retaliation were found. Furthermore, there were no inmate witnesses who warranted monitoring in the 12 months leading up to the audit. The auditor finds the facility compliant with this standard provision.

115.67 (e) *Sexually Abusive Behavior Prevention and Intervention Program* states the PCM monitors staff and inmates who have reported sexual abuse allegations to protect them from retaliation for 90 days. However, if the initial monitoring indicates a continuing need, periodic status checks occur. The auditor concluded that the standard language "any other individual" would encompass all individuals under the jurisdiction of the agency. The Acting Warden assured that identical measures would be implemented to safeguard all individuals against retaliation. The auditor finds the facility compliant with this standard provision.

115.67 (f) The auditor is not required to audit this provision.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Documents:

PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
BOP Form BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse/ Assault Allegation.

Interviews:
Specialized staff
Targeted Inmates

Findings:
115.68 (a) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states that the agency follows the Program Statement from Standard 115.43 and utilizes BOP Form BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse/ Assault Allegation. The PCM states inmates are placed in administrative detention in accordance with the Program Statement Special Housing Units. The auditor spoke with staff members responsible for supervising inmates in segregated housing about the requirements of this standard. They explained that inmate victims who report sexual abuse or harassment are generally not placed in the Special Housing Unit (SHU) unless they request protective custody. Inmates assigned to the SHU due to a risk of sexual abuse undergo reviews by the Segregation Review Official (SRO) at the three, seven, and thirty-day intervals. During these reviews, the BP-A1002 form is completed to document the available safeguarding options and assess the lack of alternative means of separating the inmate from potential abusers. The facility reported no inmates were placed in the SHU within the last year. The auditor also reviewed the BP-A1002 Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form, which is used when a sexual abuse victim is placed in segregated housing. The auditor finds the facility compliant with this standard 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

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Documents:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
Investigation files

Interviews:
PREA Compliance Manager
Specialized staff

Findings:
115.71(a) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states upon activating the full Response Protocol, the investigation phase is initiated and required notifications must be made. Required notification must be made. When an inmate is alleged to have perpetrated sexually abusive behavior against another inmate, the Special Investigative Agent (or SIS) is notified immediately. When staff is alleged to have perpetrated sexually abusive behavior against an inmate, the Warden is notified immediately. The Warden notifies the Regional Director and the Office of Internal Affairs (OIA), who in turn notify the Office of the Inspector General (OIG), and, when appropriate, the Federal Bureau of Investigation (FBI). When an inmate alleged to have

perpetrated sexually abusive behavior against a staff member, the SIA/SIS must be contacted immediately, with follow-up notification to the Warden. The Warden refers to these matters for criminal investigation and possible prosecution in accordance with the Program Statement Criminal Matter Referrals. SIS staff shall immediately respond and start the investigation process. Anonymous allegations will be investigated, however, there will be certain steps taken to ensure the inmate's anonymity. Third party allegations will be investigated by interviewing the victim before an investigation is initiated. The victim may decline an investigation when requested by a third party. During the onsite inspection, the auditor examined one PREA-related investigation. The auditor found that the investigation was conducted promptly and with great thoroughness and detail. The auditor finds the facility compliant with standard provision.

115.71(b) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program requires that sexual abuse investigators must have received special training pursuant to standard 115.34. The training was verified by the auditor under 115.34 *Specialized training: Investigations review*. The auditor finds the facility compliant with standard provision.

115.71(c) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program provides investigators with guidelines for performing their investigations. The guidelines include the initial steps of gathering and preserving evidence and interviewing alleged victims, suspected perpetrators, and witnesses. The SIS staff described the measures taken to preserve evidence, ensuring compliance with all provisions of the standard. They explained that when an inmate undergoes a forensic medical exam at the local hospital, they or their staff may be required to collect the evidence kit and hold it until retrieval by the Office of the Inspector General (OIG). During the onsite inspection, the auditor reviewed one PREA-related investigation and determined that each was thorough and compliant with investigative standards. The case file documented all required elements, including detailed descriptions of evidence collected, written statements from involved parties, and credibility assessments for each allegation. The investigations demonstrated that staff adhered to facility and agency protocols for handling sexual abuse allegations, consistent with PREA Standards 115.71 (Criminal and Administrative Agency Investigations) and 115.72 (Evidentiary Standard for Administrative Investigations). The auditor finds the facility compliant with standard provision.

115.71(d). The auditor reviewed the agency's procedures for handling investigations involving staff and confirmed they align with PREA Standard 115.71. The Special Investigative Services (SIS) described the coordination between facility investigative staff and the Office of Internal Affairs when staff misconduct is alleged. The agency's practice of suspending administrative investigations during ongoing criminal investigations was determined to be reasonable and appropriate to avoid compromising the criminal process. Additionally, the policy of postponing compelled staff interviews until the conclusion of the criminal investigation is consistent with established investigative protocol and PREA requirements. These measures ensure that investigations remain objective, thorough, and compliant with evidentiary standards. The auditor finds the facility compliant with standard provision.

115.71(e) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program requires that the credibility of the victim not be determined by the person's status as an inmate or staff member. The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination as a condition for proceeding with the investigation of such an allegation. The auditor asked how the agency handles investigations regarding allegations of sexual abuse involving inmates. The SIS investigator emphasized that truth-telling methods, such as polygraph examinations, are strictly prohibited in these cases. Additionally, he assured the auditor that the investigation's outcome is solely determined by the evidence gathered, unaffected by the victim's inmate status. During the onsite inspection, the auditor was unable to interview any inmates who had reported sexual abuse, as all individuals with such allegations had either been released or transferred to other facilities prior to the audit. The auditor finds the facility compliant with standard provision.

115.71(f) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states that administrative investigations should also consider information on whether other factors such as physical layouts, staffing patterns, institution operations, etc., contributed to the abuse. The program statement also requires that the investigative report include all supporting documentation of the review, evidence reviewed and the findings of the investigation. The auditor interviewed an SIS investigator regarding the process for reviewing allegations against agency staff members. This process involves examining potential violations of both policy and law. The investigator emphasized the requirement to compile a comprehensive report at the conclusion of each investigation, detailing the allegation, evidence collected, interview summaries, and the rationale behind the final determination. Notably, all substantiated allegations are forwarded for potential criminal prosecution. Upon reviewing ten sexual abuse/sexual harassment investigations conducted within the past year, the auditor found that each investigation had a thorough final report containing all necessary components as per the standard. The auditor finds the facility compliant with standard provision.

115.71(g) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program an investigator is required to complete a report of investigation at the completion of all criminal investigations. The report is to contain a description of the allegation, a summary of the information received through interviews with inmates and staff members, a listing of the evidence collected, and a description of the credibility assessment and final determination. SIS staff reported to the auditor that criminal investigations are conducted by the Office of Internal Affairs, the Office of the Inspector General or the Federal Bureau of Investigation. The auditor did not have an opportunity to interview OIG or OIA investigators. The auditor finds the facility compliant with standard provision.

115.71(h) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program includes a provision that all sexual assault and sexual abuse cases that are found to be substantiated are to be referred for prosecution. During the onsite inspection of the facility, SIS Investigator reported the administrative investigations that reveal conduct of a criminal nature, reported to OIG or OIA for referrals to prosecution. The auditor finds the facility compliant with standard provision.

115.71(i) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention confirmed the requirement to maintain the sexual abuse records for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The facility SIS Investigator reiterated this agency policy requirement. The auditor finds the facility compliant with standard provision.

115.71(j). PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program requires agency investigators to complete sexual abuse investigations even if the alleged abuser or victim is no longer housed within the institution or under the employment of the BOP. The SIS investigator reported that sexual abuse investigation will be completed regardless of if the inmate or staff member is no longer assigned to the facility. The auditor reviewed one investigation involving an allegation that originated at another BOP facility and pertained to an inmate who was no longer housed at this location. The case file demonstrated that the facility appropriately documented receipt of the allegation, notified the necessary authorities, and followed established investigative protocols to ensure compliance with PREA Standards. Although the incident occurred elsewhere, the documentation confirmed that the facility cooperated with the investigative process and maintained required records. The auditor finds the facility compliant with standard provision.

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

115.71(l) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program reiterates the standard language that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The auditor was

provided with a written response from the facility regarding this standard. The Agency PREA Coordinator provided the following response: When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The auditor finds the facility compliant with standard provision.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
Investigative Files

Interviews:
Specialized Staff

Findings:
115.72(a) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states the Bureau applies this section in accordance with its disciplinary/adverse action process and collective bargaining agreement, and applicable laws, rules, and regulations. In an interview with the Special Investigative Services (SIS) Lieutenant, the auditor learned that the institution employs the preponderance of evidence standard for all sexual abuse and sexual harassment investigations. Upon reviewing investigations onsite, it was observed that the outcomes aligned with the preponderance of evidence guidelines. The auditor finds the facility compliant with this standard 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

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

Documents:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program

Investigative Files

Interviews:
Specialized Staff
Targeted and Random Inmates

Findings:
115.73 (a) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states The Special Investigative Lieutenant provides all notifications to inmates required under this section. During the review of an investigation file during the onsite inspection the auditor was able to determine that the investigation had the appropriate outcome. The SIS Investigator or designee provides all notifications to inmates required under this section. The investigation into one incident of inmate sexual abuse was determined unsubstantiated. The SIS investigator informed the auditor that investigative outcomes are provided for all inmate sexual abuse and sexual harassment investigations, and inmates are duly notified of these outcomes. During the onsite inspection the auditor did not interview any inmates that reported sexual abuse during the previous 12 months due the either being released or assigned to another facility. The auditor conducted a comprehensive review of one investigation

file, containing documented notification acknowledged by the inmate signature, confirming receipt of investigation outcomes. This assessment demonstrates that the facility consistently maintains thorough documentation of notifications issued to inmates regarding the results of investigations. The auditor finds the facility compliant with standard provision.

115.73(b) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program requires that if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the inmate. The MCC Chicago facility conducts all administrative investigations of sexual abuse and sexual harassment inmate allegations. The SIS Investigator will request investigative outcome information from OIA, OIG, and FBI regarding criminal outcomes in order to provide to inmates. During the onsite inspection the auditor did not review any investigations that require a referral for criminal investigation. The auditor finds the facility compliant with standard provision.

115.73(c) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program outlines the required notifications to an inmate related to the staff member alleged to have committed sexual abuse against the inmate. Inmates are notified only if there is a nexus between the listed actions in this section and an incident of sexual abuse. The timing of such notifications should not interfere with any pending criminal or administrative investigations. All notifications are made in accordance with the Freedom of Information Act/Privacy Act. During the onsite inspection the auditor did not interview any inmates that reported sexual abuse during the previous 12 months due the either being released or assigned to another facility. The auditor conducted a comprehensive review of one investigation file, containing documented notification acknowledged by the inmate signature, confirming receipt of investigation outcomes. This assessment demonstrates that the facility consistently maintains thorough documentation of notifications issued to inmates regarding the results of investigations. The auditor finds the facility compliant with standard provision.

115.73(d) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program outlines the required notifications to an inmate related to the inmate alleged to have committed sexual abuse against the inmate. The notifications in the policy meet the requirements of the standard. During the onsite inspection, the auditor was unable to interview any inmates who reported sexual abuse within the previous 12 months, as those individuals had either been released or transferred to another facility. The auditor conducted a comprehensive review of one investigation file, which included documented notification acknowledged by the inmate's signature, confirming receipt of the investigation outcome. At the time of the onsite inspection, there were no investigations with outcomes involving an abuser convicted of a sexual abuse–related charge that would have required notification to the alleged victim. This assessment demonstrates that the facility consistently maintains thorough and appropriate documentation of notifications provided to inmates regarding investigation results. The auditor finds the facility compliant with standard provision.

115.73(e) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program requires that all notifications to inmates in this standard be documented in the investigation file. The auditor reviewed the inmate notifications in the investigation files during the onsite inspection of the facility. During the onsite inspection, the auditor was unable to interview any inmates who reported sexual abuse within the previous 12 months, as those individuals had either been released or transferred to another facility. The auditor conducted a comprehensive review of one investigation file, which included documented notification acknowledged by the inmate's signature, confirming receipt of the investigation outcome. At the time of the onsite inspection, there were no investigations with outcomes involving an abuser convicted of a sexual abuse–related charge that would have required notification to the alleged victim. This assessment demonstrates that the facility consistently maintains thorough and appropriate documentation of notifications provided to inmates regarding investigation results. The auditor finds the facility compliant with standard provision.

115.73(f) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program. States the Bureau's obligation to report terminates if the inmate victim is released from the agency's custody. The auditor finds the facility compliant with standard provision.

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.

Documentation Review:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
PS 3420.11 Standards of Employee Conduct

Interviews:
PREA Compliance Manager
Specialized Staff

Findings:
115.76(a) PS 3420.11 *Standards of Employee Conduct* states Title 18, U.S. Code Chapter 109A provides the regulations stipulate penalties of up to life imprisonment for instances of sexual abuse of inmates involving the use or threat of force. All allegations of sexual abuse will undergo thorough investigation and, when warranted, will be referred to authorities for prosecution. Employees are liable to face administrative actions, which may include removal, for any inappropriate contact, sexual behavior, or relationships with inmates, regardless of whether such actions constitute prosecutable crimes. Sanctions for misconduct of a sexual nature can be imposed without requiring physical contact. During the onsite inspection, interviews with the PCM and Special Investigative Services (SIS) Lieutenant revealed that all investigations related to staff sexual abuse are reported to Warden. The Warden then notifies the Regional Director and the Office of Internal Affairs (OIA), who subsequently inform the Office of the Inspector General (OIG) and, if necessary, the Federal Bureau of Investigation (FBI). This process is outlined in PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program. The PAQ for the facility listed no staff violations involving sexual abuse or harassment. The view of investigative files did not list any Substantiated incidents that would warrant disciplinary sanctions against staff. The auditor finds the facility compliant with this standard provision.

115.76(b). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states if evidence supports that a staff member engaged in sexual abuse, the matter will first be referred to for criminal prosecution. *PS 3420.11 The Standards of Employee Conduct* emphasize that penetration is not a prerequisite for convicting sexual contact cases, and all allegations of sexual abuse will undergo comprehensive investigation and, if deemed necessary, will be referred to authorities for prosecution. According to the Pre-Audit Questionnaire (PAQ), and investigative staff there were no staff reported as violating agency sexual abuse and sexual harassment policies. The auditor finds the facility compliant with this standard provision.

115.76(c) *Standards of Employee Conduct* under Penalty #31 in the Standards of Employee Conduct addresses improper relationships with inmates, former inmates, their families, or associates. The severity of the penalty depends largely on the degree of involvement. For the first offense, penalties vary from a 15-day suspension to removal; for the second offense, penalties range from a 30-day suspension to removal; removal is compulsory for the third offense, and a two-year reckoning period is imposed. The auditor finds the facility compliant with this standard provision.

115.76(d) PS 3420.11 *Standards of Employee Conduct* states Title 18, U.S. Code Chapter 109A provides the regulations stipulate penalties of up to life imprisonment for instances of sexual abuse of inmates involving the use or threat of force. All allegations of sexual abuse will undergo thorough investigation and, when warranted,

will be referred to authorities for prosecution. Employees are liable to face administrative actions, which may include removal, for any inappropriate contact, sexual behavior, or relationships with inmates, regardless of whether such actions constitute prosecutable crimes. Sanctions for misconduct of a sexual nature can be imposed without requiring physical contact. During the onsite inspection, discussions with the PCM and SIS Lieutenant indicated that all investigations concerning staff sexual abuse are reported directly to the Warden. Subsequently, the Warden notifies the Regional Director and the Office of Internal Affairs (OIA). These entities then inform the Office of the Inspector General (OIG) and, if warranted, involve the Federal Bureau of Investigation (FBI) as per the guidelines detailed in PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program. The auditor finds the facility compliant with this standard provision.

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.

Documentation Review:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
PS 3420.11 Standards of Employee Conduct

Interviews:
PREA Compliance Manager
Specialized Staff

Findings:
115.77(a) PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* reiterates the standard language that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. This procedure is typically followed in cases where criminal prosecution may be pursued. According to the Pre-Audit Questionnaire (PAQ), there were no contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates during the 12 months preceding the audit. The auditor finds the facility compliant with this standard provision.

115.77(b) PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* reiterates the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. This procedure is typically followed in cases where criminal prosecution may be pursued. In an interview, the Acting Warden affirmed that if a contractor or volunteer is found to engage in sexual abuse with an inmate, they would be promptly removed from the facility and not allow inmate contact unit the completion of the investigation. The auditor finds the facility compliant with this standard provision.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
Investigation Files
Bureau of Prisons Admission & Orientation Handbook

Interviews:
Acting Warden
PREA Compliance Manager
Investigative Staff

Findings:
115.78(a) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. The Bureau of Prisons Admissions & Orientation Handbook lists sexual acts that are prohibited acts that would warrant disciplinary sanctions for administrative or criminal acts. The auditor finds the facility compliant with this standard provision.

115.78(b) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program requires that sanctions for inmates be proportionate with the nature and circumstance of the abuses committed, the inmate's disciplinary history, and the sanctions imposed for the comparable offenses by other inmates with similar histories. The PAQ listed no inmate disciplinary sanctions due to a sexual abuse incident there. The auditor was unable to determine if an inmate's disciplinary sanctions were appropriately reviewed and comparable offenses by other inmates with similar histories. The auditor finds the facility compliant with this standard provision.

115.78(c) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program includes a provision to consider whether the inmate's mental disabilities or mental illness contributed to the sexual abuse behavior. The PAQ listed no inmate disciplinary sanctions due to a sexual abuse incident there. The auditor was unable to determine if an inmate was appropriately review for mental disabilities or mental illness contributed to the sexual behavior. The auditor finds the facility compliant with this standard provision.

115.78(d) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program includes a provision to offer therapy, counseling, or other interventions to address and correct underlying reasons or motivations for the abuse. that individuals involved in sexual abuse incidents had been referred to the program for additional treatment During the onsite inspection, a facility psychologist was interviewed, who mentioned BOP operates several a Sex Offender Management Program (SOMP), where inmates can be assigned to participate in the therapeutic program. However, no records were provided during the audit indicating that an inmate has been referred to or needed the program. The auditor finds the facility compliant with this standard provision.

115.78(e) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states Sexual abuse and sexual harassment of staff members should be addressed through other existing statutes, policies, and procedures, such as using the inmate discipline system and referral to criminal prosecutions as appropriate. There are no reported incidents of non-consent inmates on staff sexual abuse investigation that warranted an inmate disciplinary 12 months prior to the audit. The auditor finds the facility compliant with this standard provision.

115.78(f) PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The BOP policy states that the maintenance of an effective sexual abuse prevention policy, and general secure and orderly running of an institution, requires that inmates be held responsible for manipulative behavior and intentionally making false allegations. The ten investigations reviewed by the audit did not have any incidents of inmate discipline due to false reports. The auditor finds the facility compliant with this standard provision.

115.78(g) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program prohibits all sexual activity between inmates. Any sexual activity is subject to discipline. The Bureau of Prisons Admissions & Orientation Handbook lists sexual behavior as a prohibited act. The auditor finds the facility compliant with this standard provision.

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

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

Documents:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
Investigation files

Interviews:
Medical and Mental Health Staff
PCM

Findings:
115.81 (a-b) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states follow-up meetings are conducted by Psychology Services. Psychology Services consults with Health Services if necessary. The Program Statement reiterates the standard provision that if the screening according to 115.41 indicates that a prison inmate has previously experienced sexual victimization, whether within an institutional or community setting, staff must ensure that the inmate is provided with a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Staff members interviewed regarding the screening for victimization risk reported that inmates are questioned about prior experiences of sexual abuse and any tendencies towards abusive behavior. Following the screening, inmates are given the opportunity to meet with mental health professionals. Of the two targeted inmates who disclosed previous sexual victimization during screening interviewed, one did not remember receiving medical and mental health care following their initial assessment. The inmates' assessment records revealed all were received medical and mental health treatment within the 14-day required time frame. The auditor finds the facility compliant with the provisions of this standard.

115.81(c) The MCC Chicago is a prison. This provision does not apply.

115.81 (d) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states it is appropriate under this section to provide staff information on an inmate's history of being a sexual abuser; for example, placing the inmate in the posted picture file, to maintain the safe, secure, and orderly running of the institution. The Acting Warden, PCM, Chief Psychologist, and Counselor informed the auditor that inmate screening records are stored electronically, with access restricted to staff who require it for counseling, treatment, security management, education, programming, work assignments, and housing assignments. They emphasized that not all staff members have access to inmate assessment information. The auditor finds the facility compliant with this standard provision.

115.81(e) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program reiterates the standard language that Medical and mental health practitioners shall obtain informed consent from inmates before

reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. Health and psychology services staff interviewed stated that informed consent would be obtained from an inmate who reports prior sexual abuse that occurred outside the institution. The auditor finds the facility compliant with this standard provision.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
Investigation files

Interviews:
Medical and Mental Health Staff

Findings:
115.82 (a) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states medical staff are responsible for examination, documentation, and treatment of inmate injuries arising from sexually abusive behaviors, including testing when appropriate for pregnancy and sexually transmissible infections (STIs), including HIV. When an inmate self-reports, or is referred to Health Services, medical staff notify Psychology Services and Correctional Services prior to conducting an injury assessment. The injury assessment, and the inmate's subjective/objective findings, are documented fully in the electronic health record. Health Services staff perform the injury assessment without compromising forensic evidence. Interviews with health service and psychology staff state forensic medical examinations are conducted at a local hospital Northwestern Memorial Hospital Emergency Room. During the onsite inspection there were no inmates currently assigned to the facility that reported sexual abuse for interviews. The auditor finds the facility compliant with this standard provision.

115.82 (b) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states the Operations Lieutenant promptly refers to all inmates reported or suspected of being the victim of sexually abusive behavior to the Health Services Unit for physical assessment and documentation of injuries. Health service and psychology staff confirmed in interviews that inmates reporting sexual abuse receive immediate medical attention. During the onsite inspection there were no inmates currently assigned to the facility that reported sexual abuse for interviews. Investigative records reviewed showed that inmates were examined by medical staff and received referrals to mental health services. The auditor finds the facility compliant with this standard provision.

115.82 (c) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states institution providers render follow-up care, including screening for infectious disease (HIV, viral hepatitis, or other sexually transmissible infections), pregnancy testing for female victims, and administration of prophylactic medication (if exposure to bloodborne pathogens is suspected). During interviews, medical and mental health staff stated that services would be provided as needed. During the onsite inspection there were no inmates currently assigned to the facility that reported sexual abuse for interviews. The auditor finds the facility compliant with this standard provision.

115.82 (d) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states Bureau policies concerning inmate co-pays for medical treatment shall not be applied to victims of sexual abuse. Medical and mental health staff interview reported that inmates are not charged co-pays for any sexual abuse or sexual harassment treatment. During the onsite inspection there were no inmates currently assigned to the facility that reported sexual abuse for interviews. The auditor finds the facility compliant with this standard provision.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program

Interviews:
Medical and Mental Health Staff
PCM

Findings:
115.83 (a) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program reiterates the standard language that the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. During the onsite inspection there were no inmates currently assigned to the facility that reported sexual abuse for interviews. Interviews with a health services provider and psychologist indicate that the services are provided with services regardless of what type of confinement facility the incident occurred. The auditor finds the facility compliant with this standard provision.

115.83 (b) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program reiterates the standard language that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. During the onsite inspection there were no inmates currently assigned to the facility that reported sexual abuse for interviews. Investigative documents reviewed indicated inmates were provided medical and mental health care following reports of sexual abuse and sexual harassment. The auditor finds the facility compliant with this standard provision.

115.83 (c) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program reiterates the standard language that the facility shall provide such victims with medical and mental health services consistent with the

community level of care. Interviews with a health services provider and a psychologist indicated that the services offered are comparable to those provided in the community. All medical staff are required to hold the same licenses as community healthcare providers and are expected to deliver the same standard of care. The auditor finds the facility compliant with this standard provision.

115.83 (d) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program reiterates the standard language that inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. Interviews with the medical staff indicated that inmates would receive adequate medical care, including pregnancy tests when necessary. There were no reports of sexual abuse that require a pregnancy test during the audit period. The auditor finds the facility compliant with this standard provision.

115.83 (e) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program reiterates the standard language that if pregnancy results from a pregnancy test, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Medical staff stated that inmates would receive adequate medical care, including pregnancy tests and information about lawful pregnancy-related services when needed. There were no reports of sexual abuse that require a pregnancy test during the audit period. The auditor finds the facility compliant with this standard provision.

115.83 (f) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program reiterates the standard language that Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. During the onsite inspection there were no inmates currently assigned to the facility that reported sexual abuse for interviews. Interviews with the medical staff indicated that inmates would receive adequate medical care, including sexually transmitted disease tests when necessary. The auditor finds the facility compliant with this standard provision.

115.83 (g) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program reiterates the standard language that Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. During the onsite inspection there were no inmates currently assigned to the facility that reported sexual abuse for interviews. Interviews with the medical staff indicated that inmates would receive adequate medical care, regardless of if the alleged perpetrator(s) is named or non cooperations from the inmate victim. The auditor finds the facility compliant with this standard provision.

115.83 (h) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program reiterates the standard language that all prisons shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. A facility psychologist was interviewed during the onsite inspection. He conveyed that the facility would offer mental health treatment for inmate abusers as needed. The auditor finds the facility compliant with this standard provision.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents:
PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
Investigation Files

Interview:
Specialized staff
Acting Warden

Findings:
115.86 (a) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states in cases of unsubstantiated or substantiated investigations the Institution Executive Staff review the incident to assess the facility's response to the allegations. The auditor finds the facility compliant with this provision of the standard.
115.86 (b) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program reiterates the standard language that incident reviews are completed within 30 days of the conclusion of the investigation. One sexual abuse investigative file reviewed during the onsite inspection revealed the incident review was completed within 30 days. The auditor finds the facility compliant with this provision of the standard.

115.86 (c) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program reiterates the standard language requiring the review team to include upper-level management officials, with input from lines supervisors, investigators, and medical or mental health practitioners. During the onsite inspection of the facility, the auditor interviewed five staff representatives (Acting Warden, Associate Warden, SIS, Chief Psychologist, Captain and Unit Manager) who represent the Incident Review Team. Each team member described their specific roles during the review and was able to provide the auditor with a description of the review process. The auditor finds the facility compliant with this provision of the standard.

115.86 (d) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states all factors noted within PREA Standard 115.86 (d) noted below are considered during the incident review. The Institution PREA Compliance Manager documents the review in a report, including recommendations for improvements, if any. If the unsubstantiated allegation involves a staff member, the report under this section must not include the staff member's personally identifiable information. The report is submitted to Warden, who ensures implementation of the recommendations or documents for the reason of not following them. In cases of substantiated sexual abuse, Institution Executive Staff review the incident to assess the facility's response. All factors noted within PREA Standard 115.86 (d) noted below are considered. The Institution PREA Compliance Manager documents the review in a report, including recommendations for improvements, if any. The report is submitted to Warden, who ensures implementation of the recommendations or documents for the reason of not following them. A copy of this report is forwarded to the Regional Director through the Regional PREA Coordinator. Consideration for staff affected by the incident is necessary. Efforts to mitigate potential stress associated with these events should be offered to affected staff, such as offering Employee Assistance Program information. Specialized Staff (5) interviewed regarding the incident review process state that the team reviews all six elements required by this

standard. If any of the six elements have an impact on the incident, a report is prepared and submitted to the Warden for review and approval of any recommendations. During the onsite inspection, the auditor reviewed one sexual abuse investigation file and determined that the investigation was conducted appropriately. The file was complete and resulted in an unsubstantiated finding, with no recommendations issued by the Incident Review Team. The auditor finds the facility compliant with this provision of the standard.

115.86 (e) PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program states the institution will comply with collective bargaining agreements in implementing changes or programs. The Acting Warden reported to the auditor that when recommendations are not approved or require BOP Central Office approval the response is documented. The were no investigations requiring recommendations for improvement during the 12 months prior to the audit. The auditor finds the facility compliant with this provision of the standard.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents:
BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program
Federal Bureau of Prisons Annual PREA Report (2024)

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

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

115.87 (c) – BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program states the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The Information, Policy, and Public Affairs Division collects reports on the data used in the Bureau of Justice Statistics Survey of Sexual Violence.

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

The Auditor reviewed the Federal Bureau of Prisons Annual PREA Report (2024), which contained annual aggregation of incident-based sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews.

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.

The following information was obtained from the Agency Audit Report:

Documents:
BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program
Federal Bureau of Prisons Annual PREA Report (2024)

Interviews conducted with:
PREA Coordinator
Agency Head Designee

Findings (By Provision):
115.88 (a) – BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program states the agency shall review data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:

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

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

The Auditor reviewed the Federal Bureau of Prisons Annual PREA Report (2024), which contained annual aggregation of incident-based sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews. BOP publishes the current annual report on the agency website.

The Auditor conducted an interview with the National PREA Coordinator and inquired how data is collected pursuant to PREA Standard §115.87. The National PREA Coordinator acknowledged that the data collected is securely retained and the agency takes corrective action on an ongoing basis or as needed, based on the collected data. The National PREA Coordinator confirmed the agency completes an annual report, which is made public on the agency website. The National PREA Coordinator confirmed the agency complies with the Freedom of Information Act (FOIA) and all other applicable laws, rules, and regulations. No information that identifies victims or perpetrators is included in the report, nor is any information that could potentially threaten the security of the institution. If information needs to be redacted, the nature of the redacted material would be indicated.
The Auditor conducted an interview with the Agency Head Designee and inquired how the Bureau uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response polices, practices, and training. The Agency Head Designee explained how the agency tracks and tabulates data from substantiated and unsubstantiated PREA allegations, and if the incident-based sexual abuse data shows patterns, or a considerable number of assaults occurring in a particular area of an institution, then our policies, procedures,

or training may be modified. The agency continues to emphasize inmate education of the zero-tolerance policy and to report incidents of sexually abusive behavior to staff. The Auditor inquired as to who is responsible for approving annual reports written pursuant to §115.88. The Agency Head Designee confirmed to the Auditor, the Federal Bureau of Prisons Director, is responsible for reviewing and approving the annual PREA report prior to being placed on the public website.

Upon review of the policy, Annual Reports, and upon completion of interviews, the Federal Bureau of Prisons demonstrated practices that are consistent with policy and the requirements that complies with the provisions of the PREA standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following information was obtained from the Agency Audit Report:

Documents:
BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program
Federal Bureau of Prisons Annual PREA Report (2024)

Interviews conducted with:
PREA Coordinator

Findings (By Provision):
115.89 (a, b) – BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program states the agency shall ensure that data collected pursuant to §115.87 are securely retained. The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website, or through other means.

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

115.89 (d) – BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program states the agency shall 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.

The Auditor reviewed the Federal Bureau of Prison Annual PREA Report, (2024), which contained annual aggregation of incident-based sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews. BOP publishes the current annual report on the agency website.

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

Upon review of the policy and upon completion of interviews, the Federal Bureau of Prisons demonstrated practices that are consistent with policy and the requirements that complies with the provisions of the PREA standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☒ Yes ☐ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following information was obtained from the Agency Audit Report:

Documentation Review:
Agency Policies and Procedures
PREA Audit Tracking Log
Inmate Records

Interviews:
PREA Compliance Manager
Acting Warden
Specialized Staff
Random Staff
Medical/Mental Health Staff
Targeted/Random Inmates

Findings:
115.401 (a) – During the prior three-year audit period, the agency ensured that each facility operated was audited once.

115.401 (b) – This the first year of the agency's current audit cycle. (Cycle 5 Year 1)

115.401 (h) During the onsite inspection, the auditor was allowed to inspect all sections of the facility. The auditor was able to conduct informal and formal interviews with inmates, agency staff, as well as volunteer and contract staff. The auditor finds the facility compliant with this standard provision.

115.401 (i) During the onsite inspection, the auditor was provided with the necessary documents requested for review to determine the appropriateness of PREA Standard compliance. The auditor finds the facility compliant with this standard provision.

115.401 (m) During the onsite inspection, the auditor requested 30 inmates to formally interview. A private area was provided to conduct individual interviews with inmates without interruption. The auditor finds the facility compliant with this standard provision.

115.401 (n) The facility posted the required audit notice and provided photos of various sections to the auditor prior to the audit. The audit notices were observed during the onsite inspection, in various high traffic areas throughout the facility. There was no inmate letters received prior to the audit. The auditor finds the facility compliant with this standard provision.

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.

Finding:
115.403 (f) – Federal Bureau of Prisons publishes PREA Audit Reports for all facilities within the BOP on the agency website.

Upon review of documentation and the agency website, the Federal Bureau of Prisons demonstrated practices that are consistent with policy and the requirements that comply with the provisions of the PREA standard.

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.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Cassandra McGilbra January 29, 2026

Auditor Signature **Date**

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

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.