

**Disclaimer:** This report, as required per 28 CFR §115.403, details the findings of an audit that was conducted by an outside contractor to determine the Federal Bureau of Prisons' (BOP) compliance with the Prison Rape Elimination Act (PREA). As the work product of independent auditors subcontracted by [PREA Auditors of America \(PAOA\)](#), the BOP is **not** responsible for grammatical or typographical errors. Additionally, any questions or comments regarding the discrepancies or inaccuracies found within this report should be directed to PAOA at [\(713\) 818-9098](tel:7138189098), or to the subcontracted independent auditor (name and email address can be found on page one of the report), for explanation and resolution.

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

Interim       Final

Date of Interim Audit Report:       N/A

Date of Final Audit Report: December 6, 2021

## Auditor Information

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Company Name: PREA Auditors of America	
Mailing Address: 14506 Lakeside View Way	City, State, Zip: Cypress, TX 77429
Telephone: 225-302-0766	Date of Facility Visit: October 19-21, 2021

## Agency Information

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

## Agency Chief Executive Officer

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

## Agency-Wide PREA Coordinator

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

## Facility Information

**Name of Facility:** Federal Medical Center (FMC) Devens

**Physical Address:** 42 Patton Road

**City, State, Zip:** Ayer, MA 01432

**Mailing Address (if different from above):**  
P.O. Box 880

**City, State, Zip:** Ayer, MA 01432

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

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

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

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

ACA

NCCHC

CALEA

Other (please name or describe: \_\_\_\_\_)

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
None Reported

### Warden/Jail Administrator/Sheriff/Director

**Name:** A. Boncher

**Email:** [DEV-PREAComplianceMgr-S@bop.gov](mailto:DEV-PREAComplianceMgr-S@bop.gov)

**Telephone:** 978-796-1100

### Facility PREA Compliance Manager

**Name:** K. Elraheb

**Email:** [DEV-PREAComplianceMgr-S@bop.gov](mailto:DEV-PREAComplianceMgr-S@bop.gov)

**Telephone:** 978-796-1100

### Facility Health Service Administrator N/A

**Name:** E. Eichel

**Email:** [DEV-PREAComplianceMgr-S@bop.gov](mailto:DEV-PREAComplianceMgr-S@bop.gov)

**Telephone:** 978-796-1100

### Facility Characteristics

**Designated Facility Capacity:**

1186

**Current Population of Facility:**

761

Average daily population for the past 12 months:	783	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	20 - 94	
Average length of stay or time under supervision:	874 days	
Facility security levels/inmate custody levels:	Administrative; Community/In/Maximum/Out	
Number of inmates admitted to facility during the past 12 months:	647	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	603	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	588	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g., a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agency)</p>	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input checked="" type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g., police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	467	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	25	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	8	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	75	

Number of volunteers who have contact with inmates, currently authorized to enter the facility:	45
<b>Physical Plant</b>	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	21
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	16
Number of single cell housing units:	2
Number of multiple occupancy cell housing units:	9
Number of open bay/dorm housing units:	5
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	72
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g., cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:
<b>Investigations</b>	
<b>Criminal Investigations</b>	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	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.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> 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)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input checked="" type="checkbox"/> N/A
<b>Administrative Investigations</b>	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	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	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> 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)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A

# Audit Findings

## Audit Narrative (including Audit Methodology)

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

The Federal Medical Center (FMC) in Devens, MA (DEV) is located at 42 Patton Road, Ayer, MA 01432. DEV is participating in the Prison Rape Elimination Act (PREA) audit conducted by a certified Department of Justice PREA auditor. The on-site portion of the audit was conducted at the address stated above during the period of October 19 – 21 2021. The Auditor is an independent sub-contractor, working for the primary contract holder from the Federal Bureau of Prisons. Following coordination preparatory work and collaboration with the assigned BOP Management Analyst (BOP-MA), some pre-audit work was completed prior to traveling to the facility for the on-site review portion of the Prison Rape Elimination Act (PREA) audit.

On the first day of the audit the inmate count was 761 with a designated capacity of 1,186.

### PRE-AUDIT PHASE

August 23, 2021, the auditor was introduced via email to the BOP-Management Analyst (BOP-MA).

August 10, 2021, through September 20, 2021, the PAQ, supporting documentation and photos of audit notices were uploaded to Google Drive. The photos of the posted audit notices, in English and Spanish reflected a date and timestamp of August 9, 2021, indicating the date they were taken with the posted upcoming audit information in their assigned position. The posting date was ten weeks prior to the audit. The posted notices were observed in the photographed locations, as well as numerous other locations, during the on-site audit tour.

September 1, 2021, the auditor signed a contract to complete the FMC Devens PREA audit.

September 1, 2021, the BOP-MA was provided information regarding specialized staff interviews and a listing of what inmate PREA education documentation would need to be available for review during the audit.

September 1, 2021, the BOP-MA was sent an email outlining the PREA investigation information that would need to be available for review during the on-site portion of the audit.

September 1, 2021, the BOP-MA was sent a request for the PREA hotline logs for the past 12-months.

September 1, 2021, the auditor initiated a paper audit with the PREA Resource Center for FMC Devens. Confirmation was received from the PREA Resource Center, that a new paper audit had had been created for FMC Devens the same date.

September 23, 2021, the auditor requested SANE contact information from the BOP-Management

Analyst (BOP-MA).

September 30, 2021, the SANE contact was interviewed.

October 15, 2021, the BOP-MA was sent a request for personnel information for DEV staff and new hires.

October 15, 2021, following a review by the Auditor of the PAQ and supporting documentation, a *PAQ Clarification Request* was created, identifying gaps or items that had not been included, or needed further clarification from the information received. This information was sent to the BOP-MA who was asked to have it ready the first day of the audit.

October 15, 2021, the Auditor received an email stating the first day of the audit, the auditor should report to FMC Devens on October 19, 2021, at 7:30am.

Pre-Audit Section of the Compliance Tool: On August 10, 2021, through September 20, 2021, the BOP-MA provided the completed pre-audit questionnaire, including supporting documentation, to the Auditor. Upon receipt, the Auditor completed the audit Section of the Auditor Compliance Tool (ACT) by transferring information from the pre-audit questionnaire and supporting documentation to the pre-audit section of the compliance tool.

The last PREA audit at DEV was March 26 - 28, 2019, and the final report was dated April 10, 2019.

There were no barriers in touring the facility. The staff accompanying the Auditor on the tour were helpful and accommodating. The Federal Bureau of Prisons (FBOP) as an agency, which includes DEV, chose to utilize the paper audit instrument, rather than the Online Audit System (OAS).

## **ON-SITE PHASE**

October 19, 2021, the auditor arrived at DEV and participated in an entrance meeting. The following people attended the entrance meeting: Warden, 3 Associate Wardens; AW Secretary; Captain's Secretary; Safety Administrator; Facility Manager; Case Management Coordinator and Acting Executive Assistant; Special Investigative Agent (SIA) and 2 ACA Auditors.

During the meeting, the agenda was discussed. Staff and inmate interviews, as well as document reviews and the facility tour were discussed. In addition, the audit process, timelines, and expectations were discussed, which included possible corrective action. The primary point of contact for the on-site audit was the PREA Compliance Manager.

Upon arrival at DEV the auditor received an alphabetized copy of the staff roster, including custody staff as well as those in management and specialized positions, designating the role and shift of each staff member. The auditor also received a copy of the current inmate roster, including identification numbers, housing assignments and which inmates were part of targeted populations as defined in the PREA Auditor Handbook.

Most DEV custody staff work eight-hour shifts, five days a week. Each staff roster was utilized to create a list of staff randomly selected for interviews. Five staff from each shift at the FMC Devens were interviewed and two staff from each shift at the Satellite Camp (SCP) were

interviewed. The only selection criteria used for staff were individuals working the days of the on-site audit. Otherwise, the staff selections were completely random with no pattern whatsoever. The interview list that was created did not specifically identify which staff were in which category for interviewing purposes, except specialized positions.

The Auditor had previously requested a listing of staff classified into the following categories:

- Complete alpha staff roster including position or rank
- Complete alpha roster of staff promoted over the past 12 months
- Complete alpha roster of new staff in past 12 months
- Complete list of investigative staff who conduct sexual abuse investigations, for internal and external investigations
- Complete list of contractors who have contact with inmates
- Complete list of volunteers who have contact with inmates

The first day on-site, an inmate roster was given to the Auditor, which showed the inmate's name and housing assignment. Beginning with a random selection, the auditor conducting interviews counted a set number of inmates before selecting another inmate. If the inmate selected was in a housing unit the facility could not be pulled for an interview (due to COVID-19 protocols or security lockdown) she went down the roster, inmate by inmate, until an inmate was found in a housing unit which could be pull for an interview.

The Auditor had previously requested a listing of inmates classified into the following categories:

- Disabled Inmates
- Limited English Proficient Inmates
- Inmates Identified as LGBTI
- Inmates in Segregated Housing
- Inmates who Reported Sexual Abuse
- Inmates who reported Sexual Victimization during Risk Screening

Note: DEV reported it does not house youthful inmates. This was confirmed on the first day of the audit by a review of the DEV inmate roster, as well as a visual inspection of the housing units and facility, and no youthful inmates were present.

In addition to the inmate and staff lists the Auditor requested and subsequently received the following listed items:

- All grievances made in the 12 months preceding the audit which claim allegations of sexual abuse, sexual harassment, or retaliation.
- All incident reports from the 12 months preceding the audit which are related to allegations of sexual abuse, sexual harassment, or retaliation.
- All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit, whether Substantiated, Unsubstantiated or Unfounded.
- All hotline calls made during the 12 months preceding the audit.

The PREA Compliance Manager (PCM) provided the information requested, and a review of all information was conducted by the Auditor. During the past 12 months there were zero grievances

for alleged sexual abuse and harassment.

Additional information received provided an overview of the Administrative and Criminal cases, including their status. At the time of the audit, the information received regarding the allegations of sexual abuse and sexual harassment indicated there were fourteen total sexual abuse and sexual harassment allegations received during the previous 12 months. The documentation included the report and the investigation. Six were sexual abuse and eight were sexual harassment. Twelve were inmate-on-inmate. Of those twelve, five were sexual abuse and seven were sexual harassment. The remaining two were staff-on-inmate sexual harassment and inmate-on-staff sexual abuse. Four inmate-on-inmate sexual abuse cases remain open, one inmate-on-staff sexual abuse; and one staff-on-inmate sexual harassment case remains open. Out of the remaining cases, after investigation, two were unfounded; three were unsubstantiated and three were substantiated. Ninety-day retaliation monitoring was implemented in all appropriate cases. All inmates were timely notified of the investigation determination. A sexual abuse incident review was conducted on all closed sexual abuse cases. In the past 12 months there were zero SAFE/SANE examinations. The inmate-on-staff sexual abuse was referred to the FBI for possible prosecution but ultimately prosecution was declined, and the case was sent back to the institution for administrative processing. All were handled administratively, and no criminal charges were filed.

The documentation review included the original complaint, the referral for investigation, referrals for mental health and/or medical, and all subsequent available paperwork, including administrative remedy forms and responses where applicable. The allegations were investigated appropriately and timely and a finding was made as indicated previously. In the eight closed cases, the inmate was given proper notice of the findings. Sexual abuse incident reviews were completed on all closed sexual abuse cases.

An extensive amount of internet research was conducted regarding DEV:

January 26, 2021, the US Attorney's Office for the District of Massachusetts, issued a press release stating, "Federal Inmate Pleads Guilty to Making Threats Against Federal Agents". This press release was regarding a FMC Devens inmate.

May 27, 2021, 6 News reported an inmate who is a former Assembly Speaker had been moved from one facility into FMC Devens to serve out the remainder of his sentence.

June 23, 2021, Commonwealth Medicine published an article "Commonwealth Medicine contract for medical services renewed at the Federal Medical Center Devens" revealing their contract had been renewed through 2026.

There were several other articles related to COVID-19 and its impact on DEV. However, there was no information discovered regarding sexual abuse or sexual harassment, or sexual violence. The agency website was reviewed for PREA information, which was found as required.

During the research to prepare for this audit, the Auditor learned Massachusetts law requires any person in Massachusetts to report knowledge or reasonable suspicion of abuse, neglect or exploitation of children, elders, adults with disabilities or any person in residential care or custody.

September 1, 2021, Just Detention International was emailed requesting information related to the sexual abuse or harassment reports from FMC Devens. A response was received the same date from Just Detention International stating, "A review of our data base indicates that we have not received any information from FMC Devens."

On-site Review: During the on-site review, the Auditor conducted a thorough on-site tour of all areas of the facility. The complex consists of a Federal Medical Center (FMC) and a Minimum-Security Satellite Camp (SCP). It also has a staff training center, warehouses, and a garage.

During the on-site audit, the Auditor toured DEV which has cell housing and housing units consisting of dormitories with cubicles. SCP was also toured. SCP has housing units consisting of dormitories with cubicles.

Additional areas toured in each facility were the kitchen, inmate dining room, staff dining room, inmate commissary, administrative offices, staff officer stations, control center, libraries, classrooms, computer rooms, sewing room, medical area, dental area, intake processing area, groups therapy rooms, visiting area, indoor recreation, weight rooms, music rooms, programming areas, and storage closets. In addition to custody staff, the complex maintains a camera monitoring system, which covers all vital areas and is monitored by a staffed camera control center 24/7/365.

During the tour of the facility, the Auditor interacted informally and conversationally with staff and inmates, noted the placement and coverage of surveillance cameras, inspected bathrooms, showers and toilets to identify potential cross-gender viewing concerns, checked for blind spots, observed staff-to-inmate ratios, etc.

During the on-site tour, telephones from each inmate phone bank area were tested. Each telephone that was tested was in working order and could call out to the PREA hotline as well as the National Sexual Abuse Hotline. Both provided sufficient time to leave a detailed message to follow-up and never required personal identifying information. Additionally, DEV has a language line for interpreter services, which is used when a staff member is not available who is bilingual. The staff stated they would most often refer to Google translate if an interpreter was not available.

During the on-site tour, inmates were observed on computers. The computers can send a PREA related email through the Trust Fund Limited Inmate Computer System (TRULINCS). TRULINCS allows inmates to send and receive electronic messages, including PREA concerns, without having access to the Internet.

During the on-site tour inmates were observed in a classroom, multiple inmates were observed in the library, inmates were observed working in the laundry, an inmate was observed cleaning up the facility grounds and emptying trash receptacles, and food service workers were observed preparing lunch.

In all inmate areas, the Auditor assessed the level of staff supervision, by asking questions about who was assigned to a specific post or staff position, reviewing staffing rosters, and asking informal questions to determine whether inmates were in positions of supervision over other inmates. When opposite-gender staff were observed entering a housing unit, a staff member made an announcement. Prior to opposite-gender staff entering a bathing area, the

announcement was made more than once, with a significant pause before staff entered the area. In all cases if a response was made from within, no entrance was made until the inmate had completed their purpose. If no response was received after several announcements, enough time passed prior to entrance. During the interviews, many inmates indicated most of the female staff do not enter the bathing areas and will always defer that responsibility to a male staff member.

During the on-site audit, the staff explained the intake screening process, as well as the classification process, to the Auditor. The staff discussed each of the documents and assessments utilized. The staff provided the Auditor with a clear and thorough understanding of the overall intake and classification process.

Throughout the on-site review, the Auditor discussed what was being observed and reviewed, there were no discrepancies identified. When the Auditor would seek clarification, appropriate responses were always provided, or staff demonstrated proper procedures on hand.

PREA Management Interviews: During the audit period, the Auditor conducted interviews with the following members specialized staff members:

- Facility Head or designee - Warden
- PREA Compliance Manager (PCM)

Because of logistics, the Auditor was unable to conduct in-person interviews with the following members of the specialized staff:

- Agency Head (AH)
- National PREA Coordinator (NPC)
- Agency Contract Administrator
- SAFE/SANE Nursing Staff

These interviews were conducted telephonically or through written statements. Each of their remarks are documented and presented in this report. Each of these individuals were interviewed using the applicable interview protocols.

All in-person interviews occurred in a private space. The auditor conducted the following number of staff interviews:

Category of Staff	Numbers of Interviews Conducted
Random Staff (Total)	22
Specialized Staff (Total)	22
Total Interviewed	<b>44</b>
<b>Breakdown of Specialized Staff Interviews</b>	
• Agency Head (or designee)	1
• Agency PREA Coordinator	1
• Facility Head	1
• Agency Contract Administrator	1
• Facility PREA Compliance Manager	1

• Intermediate or Higher-Level Staff	1
• Non-Medical-Staff-Cross-Gender Strip/Visual Body Cavity Searches	1
• Intake Staff	1
• Classification Staff	1
• Medical Staff	1
• Mental Health Staff	1
• SAFE/SANE Nursing Staff	1
• Investigative Staff – Facility Level	1
• Staff who perform screening for risk of victimization and abusiveness	1
• Incident Review Team Member	1
• HR Staff	1
• Mailroom Staff	1
• Monitor(s) of Retaliation	1
• First Responder (Custody/Non-Custody)	1
• Staff Who Supervise Inmates in Segregation	1
• Contractor with Inmate Contact	1
• Volunteer with Inmate Contact	1

Note: in some instances, a single person was responsible for covering two separate protocols, i.e. First responder/Intermediate or higher staff, Intake staff/Monitor for retaliation, Intake staff/Screening for risk of victimization and abusiveness, etc. Twenty-two staff were interviewed, using twenty-two protocols.

Specialized Staff Interviews: Using the list of specialized staff received from the PCM, the Auditor was able to obtain interview responses from specialized staff. All questions were based on the line of questioning on the interview protocols. The Auditor provided clarification when requested, to guarantee the questions were understood, ensuring clear responses to enable accurate determinations of compliance with applicable standards.

During the interview process with specialized staff, the Auditor learned PREA investigations can be initiated in several ways: the computer TRULINCS system can be used to report PREA incidents electronically; “confidential” letters can be mailed out of the facility, through PREA hotline calls, third party reporting, or through notifying a staff member. Depending on whether the PREA complaint is administrative or criminal, determines who will investigate. In the event the complaint is categorized as inmate-on-inmate sexual harassment, it is assigned to the facility PCM for follow-up. If during the investigation it is determined, a criminal act has occurred, the administrative investigation stops, and the complaint is immediately turned over to the FBI or the Office of the Inspector General (OIG).

Random Staff Interviews: There are 467 total staff positions currently at DEV. Forty-four staff members were interviewed, twenty-two were random staff selected from all three shifts, and twenty-two were specialized staff. The random staff were selected by choosing staff members from each department or housing unit who were present the days of the audit.

The PCM was given a list of staff to be interviewed and he would arrange for them to come to

the private office provided for conducting interviews. The interviewer would introduce herself, communicate the introductory statement to the staff and proceed to ask the questions from the interview protocol for random staff, recording all answers by hand. The Auditor would provide clarification as needed, to guarantee the questions were understood, ensuring clear responses to enable accurate determinations of compliance with applicable standards.

Custody staff work three 8-hour shifts per day.

Day Watch - 8:00am to 4:00pm

Evening Watch - 4:00pm to 12:00am

Morning Watch - 12:00am to 8:00am.

Administrative staff work 8:00am to 5:00pm, Monday through Friday.

DEV generally offers the inmate population a variety of volunteer program services, ranging from Support Groups to numerous community religious organizations, with a list of forty-five volunteers. The schedule of volunteers varies upon whether their program is daily, weekly, semi-monthly, or monthly. Unfortunately, DEV has been forced to suspend all volunteer programming due to the COVID-19 pandemic protocols. One volunteer was interviewed through written responses to the appropriate protocol.

The only contractors who have any contact with the inmate population are directly associated with the medical, dental, and community security services provided for the facility. These seventy-five contract staff members are provided specific PREA training as it relates to their specific responsibilities and roles within the facility, in addition to the BOP specific PREA training. The Auditor conducted one interview with a contractor. The contractor was chosen because of availability.

The interviewer conducted the following number of inmate interviews:

Category of Inmates	Number of Interviews Conducted
Random Inmates (Total)	15
Targeted Inmates (Total)	15
Total Inmates Interviewed	<b>30</b>
<b>Breakdown of Targeted Inmate Interviews</b>	
• Inmates who reported sexual abuse	2
• Inmates who disclosed prior sexual victimization during risk screening	0
• Inmates who identify as Lesbian, Gay or Bisexual	0
• Inmates who identify as Transgender or Intersex	5
• Inmates in segregated housing for risk of sexual victimization	0

• Inmates with physical disability,	6
• Inmates with LEP	1
• Inmates with cognitive disability	1

Random Inmate Interviews: The institutional count the first day of the on-site audit was 761. The auditor asked the facility to run a roster and highlight every fifteenth name. Interview participants were chosen from these highlighted names. If the inmate selected was in a housing unit the facility could not pull for an interview (due to COVID-19 protocols or security lockdown), she went down the roster, inmate by inmate, until an inmate was found in a housing unit, which could be pulled for an interview. Twenty-two formal random inmate interviews were conducted with inmates in varying custody levels.

At the beginning of each formal interview the Auditor made clear to the inmate why she was at the facility, what her role was in the PREA process and explained why interviews were needed. She discussed the inmate’s participation as voluntary and while helpful, was not required or mandated in any way. She asked the inmate if he wanted to participate and if so, could she ask him a few questions. Once being given the inmate’s permission to proceed, she would ask the protocol questions. All random inmates willing participated in the interview process. All responses were recorded by hand.

During the on-site tour, the Auditor had several conversational encounters with inmates regarding PREA, including education, reporting, communication, responses, etc. This information was used to supplement the overall audit information gathering process.

Targeted Inmate Interviews: The Auditor conducted twenty-two interviews of those inmates who had been identified for interviews based upon specific PREA standards. Out of the eight categories, there were inmates who fell into five categories. There were five transgender inmates; one LEP inmate; six with physical disabilities; one with cognitive disabilities; and two who reported abuse.

DEV reported there were no inmates placed in segregated housing for risk of sexual victimization, identified as lesbian, gay, or bisexual, or who disclosed prior victimization during screening.

The Auditor selected inmates from the list received from the PCM. The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. Each inmate was escorted, by the PCM, to the area designated for interviews.

At the beginning of each interview, the Auditor made clear to the inmate why she was at the facility, what her role was in the PREA process and explained why interviews were needed. The Auditor also discussed the inmate’s participation as voluntary and while helpful, was not required or mandated in any way. The Auditor then asked the inmate if he wanted to participate and if so, could she ask him a few questions. The Auditor would then ask the random protocol questions followed by the specific targeted protocol questions. All responses were recorded by hand.

Due to the COVID-19 pandemic, all inmates and the Auditor were wearing cloth or paper masks. Six feet of separation was given between the Auditor and the interviewee as a

safety measure.

During the inmate interviews, no PREA issues were revealed, no other interview protocols were accessed. All inmates interviewed responded they were aware of the zero-tolerance policy, they knew how to report an incident, and knew they could report anonymously.

The Auditor did receive one letter because of the PREA audit announcement posting. The author of that letter was included in the interview list.

### Document Reviews:

A thorough review of the Federal Bureau of Prisons (FBOP), as well as the facility specific policies were included in all three phases of the audit: Pre-Audit, On-Site, and Post- Audit.

Prior to conducting the on-site visit to the facility, the Auditor requested the facility identify a comprehensive list of inmates, staff, volunteers, and contractors along with relevant facility records to determine the universe of information from which the Auditor would sample during the on-site portion of the PREA audit. From these lists, the auditor selected representative samples (i.e., inmates and staff) for interviews and document reviews during the on-site portion of the audit. The list requested by the Auditor in the pre-onsite audit phase is listed below:

1. Alpha listing of all inmates
2. Roster of Inmates with disabilities (i.e., physical disabilities, hard of hearing, deaf, blind, & cognitive disabilities)
3. Roster of inmates who are Limited English Proficient (LEP)
4. Roster of inmates in segregated housing
5. Roster of inmates who are or perceived to be Lesbian, Gay or Bisexual
6. Roster of inmates who are or perceived to be Intersex or Transgender
7. Roster of inmates who reported prior sexual victimization during risk screening
8. Roster of inmates who reported sexual abuse that occurred in DEV or a different facility
9. Complete alpha staff roster including position or rank
10. Complete alpha roster of staff promoted over the past 12 months
11. Complete alpha roster of new staff in past 12 months
12. Complete list of investigative staff who conduct sexual abuse investigations, for internal and external investigations
13. Complete list of contractors who have contact with inmates
14. Complete list of volunteers who have contact with inmates
15. Copies of all files of Sexual Abuse and Sexual Harassment Investigations conducted in the past 12 months
16. Copies of all grievances submitted over the past 12 months which claim allegations sexual abuse, sexual harassment, or retaliation, including:
  - Total number of allegations
  - Number determined to be Substantiated, unsubstantiated or unfounded
  - Number of cases in progress
  - Number of criminal cases investigated
  - Number of administrative cases investigated
  - Number of criminal cases referred to prosecution; number indicted; number

convicted; number acquitted

17. List of all hotline calls made in the 12 months preceding the audit
18. List of all 3<sup>rd</sup> party reports of inmate sexual abuse, sexual harassment, or retaliation
19. Copies of all incident review team cases conducted over the past 12 months
20. List of SAFE/SANE individuals to include name of facility, address, telephone number and email address
21. List of community-based advocacy organization(s) utilized by the facility

Upon arrival at the facility, the Auditor was provided the requested list of documents, files, and records. From this information, the Auditor selected and reviewed a variety of files, records and documents summarized in the following table and discussed in detail below:

Name of Record	Total Number of Records	Number Sampled and Reviewed
Personnel Records	467	50
Training Records	467	50
Inmate Records	761	50
Grievances	0	0
Incident Reports	14	14
Investigation Records (SA and SH)	14	14

### **Personnel and Training Files:**

There were fifty record reviews conducted, including staff hired or promoted within the last 12 months. All the files contained all the required documentation, i.e., initial criminal background check, administrative adjudication, initial PREA education with acknowledgment form signed, PREA annual training and five-year criminal background check, when applicable.

### **Inmate Records:**

There were fifty inmate records, chosen randomly from the master roster, with varying arrival dates. All fifty records had a signed acknowledgment sheet, had received an orientation booklet, PREA brochure and viewed the PREA video. All fifty inmates had received PREA information during intake and had their PREA screening within 72 hours of admission. Forty-nine were reassessed within 30 days of their 72 hour intake screening. The one reassessment that occurred later than 30 days was due to the inmate being in a local hospital for an extended period. His reassessment was completed upon his return to the institution. Fifty inmates received comprehensive PREA education within thirty days of arrival.

### **Grievances:**

On the PAQ, DEV indicated they had zero grievances for alleged sexual abuse and harassment in the past 12 months. Therefore, there was no documentation to review.

### **Incident Reports:**

At the time of the audit, the information received regarding the allegations of sexual abuse and sexual harassment indicated there were fourteen total sexual abuse and sexual

harassment allegations received during the previous 12 months. The documentation included the report and the investigation. Six were sexual abuse and eight were sexual harassment. Twelve were inmate-on-inmate. Of those twelve, five were sexual abuse and seven were sexual harassment. The remaining two were staff-on-inmate sexual harassment and inmate-on-staff sexual abuse. Four inmate-on-inmate sexual abuse cases remain open, one inmate-on-staff sexual abuse; and one staff-on-inmate sexual harassment case remains open. Out of the remaining cases, after investigation, two were unfounded; three were unsubstantiated and three were substantiated. Ninety-day retaliation monitoring was implemented in all appropriate cases. All inmates were timely notified of the investigation determination. A sexual abuse incident review was conducted on all closed sexual abuse cases. In the past 12 months there were zero SAFE/SANE examinations. The inmate-on-staff sexual abuse was referred to the FBI for consideration for prosecution but was ultimately prosecution was declined and the case was sent back to the institution for administrative processing. All were handled administratively, and no criminal charges were filed.

The documentation review included the original complaint, the referral for investigation, referrals for mental health and/or medical, and all subsequent available paperwork, including administrative remedy forms and responses where applicable.

These reports were reviewed using the PREA audit investigative records review tool to record the following information relative to each investigative report:

- Case# / ID
- Date of Allegation
- Date of Investigation
- Staff-or-Inmate-on-Inmate
- Sexual Abuse or Sexual Harassment
- Final Disposition
- Is Disposition Justified?
- Investigating Officers
- Notice Given to Inmate

The documentation confirmed the referral for investigation, referrals for mental health or medical, and all subsequent available paperwork. The allegations were investigated appropriately and timely and a finding was made as indicated previously. The inmate was given proper notice of the findings on all closed cases. Sexual abuse incident reviews were completed on all closed sexual abuse cases.

### **Investigation Files:**

Information received regarding the allegations of sexual abuse and sexual harassment indicated there were fourteen total sexual abuse and sexual harassment allegations received during the previous 12 months. The documentation included the report and the investigation. Out of the fourteen cases six were sexual abuse and eight were sexual harassment. Twelve were inmate-on-inmate. Of those twelve, five were sexual abuse and seven were sexual harassment. The remaining two were staff-on-inmate sexual harassment and inmate-on-staff sexual abuse. Four inmate-on-inmate sexual abuse cases remain open, one inmate-on-staff

sexual abuse; and one staff-on-inmate sexual harassment case remains open. Out of the remaining cases, after investigation, two were unfounded; three were unsubstantiated and three were substantiated. Ninety-day retaliation monitoring was implemented in all appropriate cases. All inmates were timely notified of the investigation determination. A sexual abuse incident review was conducted on all closed sexual abuse cases. In the past 12 months there were zero SAFE/SANE examinations. The inmate-on-staff sexual abuse was referred to the FBI for consideration for prosecution but was ultimately prosecution was declined and the case was sent back to the institution for administrative processing. All were handled administratively, and no criminal charges were filed.

The Auditor scheduled the exit briefing with the Warden and her executive staff, which was conducted the final day of the audit, October 21, 2021. During this exit briefing the executive staff members were provided with an overview of what had been observed and information about the interim or final report which is due no later than December 6, 2021.

## **POST-AUDIT PHASE**

Following the on-site portion of the audit, all items were reviewed (facility tour notes, interview notes, support documents, etc.) and utilized in the compilation of the completed report.

Per PREA procedure, effective August 20, 2016, which is the first day of the first year of the second 3-year audit cycle, it is expected if an Auditor determines a facility does not meet one or more of the standards, this report will be considered an “interim report,” triggering a 180-day corrective action point, and the Auditor will include in the report recommendation(s) for any required corrective action and shall jointly develop with the agency a corrective action plan to achieve compliance. The Auditor is required to “take necessary and appropriate steps to verify implementation of the corrective action such as reviewing updated policies and procedures or re-inspecting portions of the facility.” At the completion of the corrective action period, the Auditor has 30 days to issue a “final report” with final determinations. Section §115.404 (d) stated that “after the 180-day corrective action period ends, the Auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action.” The final report is a public document that the agency is required to post on its website or otherwise make publicly available, should include a summary of actions taken during the corrective action period to achieve compliance. If there is no corrective there will not be an interim report and the only report issued will be the FINAL report.

Audit Section of the Compliance Tool: The Auditor reviewed on-site documentation, notes, staff and inmate interview notes, and site notes and began the process of completing the audit section of the compliance tool. The Auditor used the audit section of the compliance tool as a guide to determine which questions in which interview guide(s), which on-site documentation and notes from the on-site audit should be reviewed to determine compliance for each standard. After checking the appropriate “yes” or “no” boxes on the compliance tool for each provision of each standard, the Auditor completed the “overall determination” section at the end of the standard indication whether the facility’s policies, procedures, and practices, exceeds, meets, or does not meet each specific standard.

## Facility Characteristics

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

The Federal Medical Center Devens (DEV) is an all-male administrative security federal medical center with an adjacent minimum security Satellite Camp (SCP). It was activated in November 1998 and houses approximately 1200 inmates, DEV is in Middlesex County, Ayer, Massachusetts. This institution is approximately 39 miles west of Boston and 22 miles north of Worcester. DEV is physically located in Devens, a planned business community located adjacent to the north central Massachusetts communities of Ayer, Harvard and Shirley.

DEV is one of seven Medical Centers in the Federal Bureau of Prisons, with the primary mission of housing federal offenders who require specialized or long-term medical and/or mental health care in a correctional environment. DEV also has a moderate number of low and medium security level inmates who do not require specialized medical or mental health care.

The physical plant at DEV consists of 21 buildings set on 222 acres just north of Route 2 in central Massachusetts. The buildings total 344,930 square feet of roof space. Of the 21 buildings located at DEV, 10 are located inside the 30-acre secure perimeter of two chain link fences topped with razor wire. The institution was designed to house 1067 males: primarily low level chronically ill, mental health and general population inmates, along with the minimum-security level inmates at the adjacent SCP. The average length of stay is 874 days. The average age of inmates is 20-94 years of age.

### Programs

DEV has a plethora of impressive programs for their inmate population. The General Education Development (GED) program, that is offered in English and Spanish. This program is available to all inmates. There is also a Adult Continuing Education (ACE) program, for inmates who already have a high school diploma or GED. ACE is also offered in English and Spanish. The ACE Program is designed to provide continuing educational in a wide variety of high interest subject areas. Academic subject matters which support existing education programs may be taught when needed. Courses taught are determined by residential surveys and by staff request. The Adult Continuing Education Program includes general interest courses designed to enrich the inmates' general knowledge in particular subjects. Classes are eight to twelve weeks in length and course completion is part of the student's transcripts.

DEV has two libraries, the law library and the leisure library. In the law library, typewriters are provided for general population inmates for typing legal documents only. Inmate law clerks are on duty to assist in locating legal references. The law library is for the benefit of the entire inmate population. Education staff visit the Special Housing Unit weekly to deliver legal requests. Each Special Housing Unit is equipped with an Electronic Law Library (ELL) for the inmates to use. Materials which are not on the ELL may be requested from the main law library. Only those items on the main law library inventory are available.

The Education Department maintains the leisure library. This library contains approximately 4,000 volumes of books comprised of fiction, non-fiction and reference materials. Multi-language reading materials including, but not limited to Spanish, are also available. Novels, fiction and nonfiction books, as well as magazines and reference materials are maintained in the library for all inmates. There is a Cooperative Library Loan Program designed to provide reading materials which are not available in the institution's library.

The Advanced Occupational Education Program (AOE) affords inmates an opportunity to further their education above the high school level. Soft Skill courses are available to inmates in general population. Also, correspondence courses which offer degrees can be obtained by inmates who wish to pay for the classes.

English as a Second Language class is mandatory for non-English speaking inmates, unless the inmate demonstrates proficiency at the 8.0 grade level on the Comprehensive Adult Student Assessment System (CASAS) Examination.

The Parenting Program helps build positive relationships between inmates, their spouses and children during and after incarceration. The program assists inmates in identifying and counteracting negative behavior which may result from a parent being incarcerated. Additionally, the program assists the inmate in his adjustment back into the community and home life. This course is conducted by a contracted agency.

The Satellite Camp (SCP) currently offers one GED and one ESL class. Other classes include ACE, Parenting, Keyboarding, CDL, Conversational Spanish, Business Development and Dogs for Life/National Education for Assistance Dog Services (NEADS) Program. Inmates at the Camp are also encouraged to participate in the Vocational Training (VT) Computer Applications and Apprenticeship Programs.

The Recreation Department provides Leisure and Wellness Programs to reduce inmate idle time. Some of the programs offered include Unit Activities; Sporting Leagues; classes in Guitar, Piano, Drum, Violin, Drawing, Painting, Card Making, Crocheting and Disease Prevention; an At-Risk Inmate Program; Presidential Award Program; N-Unit Coloring Book Program; NFPT (Personal Trainer); Anatomy; Sports Injury; Classic Cinema; and Yoga. On federal holidays, inmates are offered board game activities and Sports League Tournaments.

Camp inmates are afforded the same recreation opportunities as the DEV inmates.

DEV offers religious services. The mission of DEV is to accommodate the free exercise of religion by providing pastoral care to all federal inmates and facilitating the opportunity to pursue individual religious beliefs and practices in accordance with the law, Federal Regulations and Bureau of Prisons policy. When not on COVID-19 restrictions, local religious volunteers provide weekly ministries for the following faith groups: Protestant, Buddhist, Jehovah's Witnesses, Latter Day Saints, Episcopalian and Judaism.

The DEV Psychology Services Department is one of the three largest in the Bureau of Prisons. Psychology Services provides essential care to the mental health and chronic medical populations. Inmates in these areas receive specialized treatment and assessment services from psychology staff with the goal of enhancing insight, coping skills and overall function. In addition to these basic services,

the department is responsible for providing the following: Non-Residential Drug Abuse Program (NR-DAP), Sex Offender Management Program (SOMP), Residential Sex Offender Treatment Program and Forensic Studies.

DEV has a Non-Residential Drug Abuse Program (NR-DAP) through which inmates with a history of substance abuse receive treatment and education related to their substance use issues.

DEV is home to the BOP's original Sex Offender Management Program (SOMP) which began operation in 2004. The SOTP/SOMP is designed to help sex offenders manage their behavior to reduce re-offending. The program seeks to evaluate the treatment and supervision needs of all eligible inmates and offer and/or recommend specialized sex offender management and treatment services in accordance with those needs. In September 2007, DEV activated the second Residential Sex Offender Treatment Program (SOTP-R) in the Federal Bureau of Prisons. The Residential Sex Offender Treatment Program is a high intensity program designed for high-risk sex offenders (ordinarily, inmates with multiple sex offenses or a history of contact sex offenses). The SOTP-R is a unit-based program with a cognitive-behavioral emphasis. The co-housing of SOTP-R participants permits the implementation of a modified therapeutic community. One hundred and twelve beds are designated to the program and the program is designed to be 12 to 18 months in duration.

DEV is a forensic study site for the federal courts and receives referrals from all parts of the United States to perform evaluations concerning insanity, trial competency, risk of dangerousness, and sentencing issues. Inmates who are committed because of mental illness and dangerousness are assessed by the Psychology Services Department to determine appropriateness for release. Another critical piece of the DEV Psychology Services Department is the predoctoral internship program. Interns from graduate programs throughout the country receive high quality training in several areas related to Correctional Psychology. The program was accredited by the American Psychological Association (APA) in 2003. Additionally, the training program features two postdoctoral fellowship positions in sex offender management and treatment.

DEV is a Care Level 4 institution with multiple medical missions that have varying effects on the Health Services Department. On-site medical coverage is provided 24 hours a day, 7 days a week. The main medical mission includes long-term care, rehabilitation services, mental health care, comfort care, dialysis and transplants. The long-term care unit is a 12 bed in-patient, skilled nursing unit. DEV underwent a successful Joint Commission Reaccreditation Survey in December 2017, for Ambulatory Care, Long Term Care and Behavioral Health Care.

The Health Services Department is staffed with a Health Services Administrator, Clinical Director, Staff Physicians, Dentists, Pharmacists, mid-level Practitioners, Emergency Medical Technicians, X-ray/Laboratory Technicians, Assistant Administrator and an Infectious Disease Coordinator. Contract Medical Services supplement existing Health Services staff and the Department uses "911" emergency medical services for all life-threatening emergencies. The Department processes approximately 295 "clinical encounters" weekly and maintains a chronic care clinic which comprises almost 40 percent of the inmate population.

There is a moderately complex laboratory on-site, along with radiologic services, to include ultrasound. There is a fully functioning physical therapy department which also provides wound care. Staffing is supplemented by contract RNs, LPNs, dialysis technicians, a respiratory therapist, a dental assistant,

an x-ray technician and an administrative assistant. These contractors provide in-house services 30-40 hours per week. Medical also provides dialysis for the inmates.

DEV provides continuous quality hemodialysis (dialysis) care to inmates. The dialysis unit is open six days a week, 14 hours a day. Nephrology clinics are held each week by a contracted physician, along with a monthly CQI (Continuous Quality Improvement) meeting to review all inmate labs, medications, renal diets and overall medical care.

The Facilities Department employs approximately 85 inmate workers that are taught the fundamentals associated with the building and trades discipline. Inmate work includes laying block, painting, plumbing, electrical, auto mechanics, welding and HVAC.

Additional areas on the grounds include a kitchen, inmate dining room, staff dining room, inmate commissary, administrative offices, staff officer stations, laundry, classrooms, computer areas, medical (including in-patient area), intake processing, visiting, group therapy rooms, inside and outside recreation, hobby craft rooms, music rooms, and storage closets. In addition to custody staff, the facility maintains a camera monitoring system which covers all vital areas of the facility and is monitored by a staffed camera monitoring station that operates 24/7/365. The camera locations are such that the facility is widely covered, yet inmates have a level of privacy during searches, stages of undress, toilet, and shower use. DEV also uses security mirrors to eliminate blind spots that the camera does not satisfactorily cover. All areas of the facility were clean and in good repair.

The facility grounds are well maintained and offer ample green space for inmates to spread out and enjoy fresh air. The Auditor observed the area at both day and night. At night, with the lights on, it is amply lit for the safety of staff and inmates.

## 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:** 3

**List of Standards Exceeded:** 115.15; 115.65; 115.86

### Standards Met

**Number of Standards Met:** 42

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** 0

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DEV *Admission and Orientation Handbook*, dated August 2021
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 13-14
- FBOP Program Statement (PS) 3420.11, *Standards of Employee Conduct*, dated 12/6/2013, pp. 6-7
- U.S. Department of Justice, Federal Bureau of Prisons, *Sexually Abusive Behavior Prevention and Intervention Program, An Overview for Offenders*, dated July 2018, p. 2
- DEV Institution Supplement DEV 5324.12A (2), *Sexually Abusive Behavior Prevention and Intervention Program*, March 1, 2021

Interviews with the following:

- National PREA Coordinator (NPC)
- PREA Compliance Manager (PCM)

Provision (a)

The Pre-Audit Questionnaire (PAQ) indicates DEV has zero tolerance as it relates to all forms of sexual abuse or sexual harassment in the institution, as well as any contracts over which it has control. The PAQ states the policy outlines how the facility will implement prevention, detection and response to sexual abuse and sexual harassment. It further asserts the policy includes clear definitions of prohibited behaviors and approved sanctions for participation in those behaviors.

The U.S. Department of Justice, Federal Bureau of Prisons, *Sexually Abusive Behavior Prevention and Intervention Program, An Overview for Offenders*, dated July 2018, p. 2, specifically asserts the zero-tolerance policy. DEV Institution Supplement DEV 5324.12A (2), *Sexually Abusive Behavior Prevention and Intervention Program*, March 1, 2021, p. 1, outlines the zero-tolerance policy against sexual abuse and sexual harassment.

DEV *Admission and Orientation Handbook* dated August 2021, p. 74 addresses the FBOP zero-tolerance policy against sexual abuse and harassment. The handbook specifies that staff shall provide comprehensive education to inmates either in person or through video, regarding their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents, and regarding agency policies and incidents.

FBOP Program Statement (PS) 3420.11, *Standards of Employee Conduct*, dated 12/6/2013,

pp. 6-7, indicates a zero-tolerance policy against sexual abuse, harassment, and sexual misconduct. Any sexual conduct, whether inmate-on-inmate or staff-on-inmate, whether consensual or coerced, is strictly prohibited. The policy is consistent with the PREA standards.

#### Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 13-14, section 115.11(b), specifically addresses the requirements of this provision. Additionally, it identifies the roles and responsibilities of the National PREA Coordinator (NPC), Regional PREA Coordinator (RPC) and Institutional PREA Compliance Manager (PCM) and relates directly to the implementation, management, and monitoring of the FBOP's compliance with PREA Standards, including collaboration with the various levels of management. The reviewed policy is consistent with the PREA Standards.

The NPC is classified at the Executive level as confirmed through a review of the agency organization chart. The NPC has regular contact with all FBOP facilities throughout the nation; as well as coordinates with the Privatization Management and Residential Reentry Management Branches to ensure contract facilities adhere to PREA standards. According to the FBOP Organizational Chart, the NPC reports to the Assistant Director, Reentry Services Division.

The interview notes of the NPC indicate the NPC is a full-time position dedicated solely to PREA compliance. The NPC feels she has sufficient time to manage her PREA related responsibilities. Each facility has one PREA Compliance Manager (PCM), per 122 institutions throughout the agency.

The NPC provides training to all new Associate Wardens (AW) as they are ordinarily the PCM for the institution. She is a resource for the PCM and interacts with them via email, telephone, and in-person, when she visits their facilities. In 2019, a thorough four (4) hour training was developed. The NPC has provided and continues to provide this training at FBOP facilities.

#### Provision (c)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 14, section 115.11(b), establishes, identifies, and outlines the roles and responsibilities of the DEV PCM, which includes the collaboration with various levels of institutional management. Further, it establishes and identifies the responsibilities and procedures for the PCM to coordinate the institutions' efforts to comply with PREA standards. Each of the reviewed policies is consistent with PREA standards outlines the agency's approach to detection, deterring and reporting sexual abuse and harassment.

DEV has one PCM. He is an Associate Warden who reports directly to the Warden, which was confirmed by a review of the institutional organizational chart. Through interviews with the

agency NPC and the institution PCM, it was confirmed the PCM has the responsibility to ensure the complex's compliance with the PREA standards and have the authority to address all PREA issues.

During interviews with the PCM, he indicated he has sufficient time to complete his responsibilities. It is evident that he is knowledgeable of the expectations and responsibilities of the position and is competent to fulfill them.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the DEV meets the standard, which addresses zero-tolerance of sexual abuse and sexual harassment. No recommendations or corrective action is required.

## **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.*

### Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.

### Interviews with the following:

- PREA Compliance Manager (PCM)
- Agency Contract Administrator

### Provision (a)

DEV Pre-Audit Questionnaire (PAQ) revealed the FBOP requires all entities who contract with them for the confinement of inmates to adopt and adhere to PREA standards. All agency contracts for confinement of inmates contain PREA specific language, expectations, and requirements. DEV does not individually contract for the confinement of inmates.

The interview notes of the Agency Contract Administrator indicate all contracts for confinement of inmates were modified in February 2013 to include PREA specific language. Further, the notes indicate the FBOP is responsible for monitoring the compliance of all entities with which they contract to ensure PREA compliance. The PAQ indicates the FBOP has entered eight contracts with private providers since the last PREA audit.

According to the Agency Contract Administrator, all contracts for the confinement of inmates contain the following language: "The contractor shall develop policy and procedures for the establishment of a sexual abuse/assault program and comply with the Prison Rape Elimination Act of 2003 and the national standards to prevent, detect, and respond to prison rape as contained in 28 CFR Part 115, National Standards to Prevent, Detect, and Respond to Prison Rape; Final Rule dated June 20, 2012."

### Provision (b)

According to the Agency Contract Administrator, the policies and procedures of each contractor are reviewed by FBOP who ensure appropriate adherence to the national standards. Each entity is contractually required to notify the FBOP of any PREA allegation; as well as forward a copy of the allegation, investigation, and findings to FBOP oversight staff for review. FBOP oversight staff review any PREA allegation to ensure compliance with the PREA requirements. These reviews are documented in monitoring reports. Finally, FBOP

quality assurance conducts annual reviews of each contractor's PREA allegations to determine contract compliance.

All contractors are required to obtain national PREA certification, with subsequent recertification every three years. Proof of this certification and recertification are submitted to the FBOP to ensure compliance.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the DEV meets the standard, which addresses contracting with other entities for the confinement of inmates. No recommendations or corrective action is required.

## 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 Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- DEV Institution Supplement DEV 5324.12A (2), *Sexually Abusive Behavior Prevention and Intervention Program, March 1, 2021*
- FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 15
- DEV *Institution Duty Officer Unannounced Institution Rounds Form*
- FBOP Program Statement 3000.03, Human Resource Management Manual, Chapter 3, pp. 8-12
- DEV Second Quarter FY21 Institution Salary Workforce Minutes from March 23, 2021
- DEV Third Quarter FY21 Institution Salary Workforce Minutes from June 30, 2021
- DEV Fourth Quarter FY20 Institution Salary Workforce Minutes from September 23, 2020.
- DEV FY21 *Annual Salary Workforce Minutes* from October 27, 2020
- DEV QR 02 Quarterly WPC Meeting Minutes, dated 01/12/2021
- DEV QR 02 Quarterly WPC Meeting Minutes, dated 04/13/2021
- DEV QR 02 Quarterly WPC Meeting Minutes, dated 07/08/2021
- PREA Compliance Manager *Assurance Memo Standard 115.13 (a) 1* dated August 13, 2021
- DEV 2020 Annual PREA Staffing Reviews
- DEV Staffing Plan
- DEV 2020 Staffing Reports

#### Interviews with the following:

- Facility Head – Warden
- PREA Compliance Manager (PCM)

- National PREA Coordinator (NPC)
- Intermediate-or-Higher Level Facility Staff

### Provision (a)

On the PAQ, DEV indicated they have a staffing plan, and it addresses each of the thirteen (13) items listed in Provision (a).

FBOP Program Statement 5324.12, p. 15, indicates the Warden will assist in the development and will make his/her best effort to comply with the staffing plan. The plan will provide for adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse. This section also requires that the PCM meet with the Warden at least annually to discuss the need for any adjustments that need to be made to the staffing plan, video monitoring systems or other monitoring techniques.

In addition, the DEV Staffing Plan indicates it is the policy of the facility to ensure that all relieved posts are staffed at the times specified.

FBOP Program Statement 5324.12, p.16, dictates that 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 (RPC) by May 1 and submitted to the NPC by June 1.

FBOP Program Statement 3000.03, Human Resource Management Manual, Chapter 3, pp. 8-12, specifies the Warden will assist in the development and implementation of the facility-staffing plan based on PREA requirements and will make best efforts to comply with the staffing pattern. The policy requires the plan provide adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse. Additional language in the policy requires the staffing analysis to include:

- Generally accepted detention and correctional practices
- Consideration of any judicial findings of inadequacy
- Any findings of inadequacy from any Federal investigative agency
- Any findings of inadequacy from internal or external oversight bodies
- All components of the facility's physical plant, including potential blind spots
- The composition of the inmate population
- The number and placement of supervisory staff
- Institutional programming and options for supervision of inmates
- Any applicable state or local laws, regulations, or standards; and
- The prevalence of substantiated or unsubstantiated incidents of sexual abuse and sexual harassment.

In addition, the Auditor reviewed copies of the 2020 annual PREA staffing report. The report was comprehensive and addressed each of the bullet items required according to Provision (a). Annually quality assurance audits are conducted to ensure compliance with the

established staffing model. The staffing plan is predicated upon an average daily inmate population of 1,186, the average daily number of inmates during the time of the audit was 761.

Interviews with the PCM and other executive staff indicated random reviews of the staffing levels, how they affect the inmate programming, various classification counts, as well as any changes or modification to the video monitoring system are consistently conducted. Reviews of other concerns, such as the physical plant configuration, internal or external oversight bodies, inmate population configuration, and placement of supervisory staff, line-staff needs and any prevalence of substantiated or unsubstantiated incidents of sexual abuse are also consistently conducted. Additionally, each confirmed that during the quarterly Salary Workforce meetings, staffing plan compliance and any deviations from the staffing plan is a consistent and routine agenda item. The Auditor confirmed this when reviewing Salary Workforce meeting minutes.

#### Provision (b)

DEV has established a minimum staffing requirement. In the event a mandatory post is vacant, the post is filled with overtime staff or staff redirected from non-mandatory posts. It is the Operations Lieutenant's responsibility to document all deviations from the staffing plan. On the Pre-Audit Questionnaire (PAQ), DEV reported there had been no deviations from the staffing plan in the past 12 months.

Staffing plan deviations are not problematic at DEV. They report they are adequately staffed; staff morale is above average and no one who is assigned to a 24/7 post is allowed to leave that post until relieved by another staff member. In reviewing documentation, the Auditor did not find an occurrence of staffing plan deviation in the past 12 months.

#### Provision (c)

Policy requires the staffing plan review to be completed in consultation with the PCM and other executive staff at least annually. The Auditor was provided a copy of the Salary Workforce minutes where the staffing plan was reviewed. This review discussed the staffing plan, video monitoring and the resources needed to adhere to the staffing pattern.

Policy requires an annual internal audit of the staffing plan. This assessment is an extensive review of all areas of the facility to ensure adequate staffing levels exist where inmates may be present. The Salary Workforce annually addresses justification for the need for additional staff or modifications to the facility, to include the deployment of video monitoring equipment. The annual review of the staffing plan includes facility and department management level staff, which include the PCM, the Warden, Human Resource staff, as well as other institutional management staff. The Auditor reviewed different shift rosters and was able to verify that an assigned staff member covered each mandatory post.

DEV has a comprehensive camera system, with a fully staffed monitoring control room. The camera system has been well thought out, and strategically designed to optimize oversight of all aspects of the facility. There are 35 exterior cameras and 235 interior cameras. Camera

footage is retained 14 to 18 days. Specially trained staff, who are assigned specifically to the monitoring control room, monitor camera and video surveillance. In addition to the camera and video system, DEV also uses security mirrors throughout the institution to enhance the level of safety and security for staff and inmates.

#### Provision (d)

Policy mandates that intermediate level or higher-level supervisors conduct and document unannounced rounds on all shifts. These rounds are completed by the supervisory staff and documented on *Institution Duty Officer Unannounced Institution Rounds* form. The Auditor reviewed the *Institution Duty Officer Unannounced Institution Rounds* forms for 2020 and confirmed these unannounced rounds are being completed as required by this standard. In talking with the PCM, he stated, while not documented, he as well as other supervisors, tour the units and areas regularly throughout the three shifts, talk to staff at all levels as well as inmates. During the three days, the Auditor was on-site; numerous supervisors were observed walking and working in various capacities throughout the facility. When interviewing inmates, it was confirmed the Operations Lieutenant, PCM, and other supervisory staff routinely walk around and through the institution and are visible and available to all inmates.

Additional unannounced rounds are conducted when the weekly fire/safety walk through is conducted. While these rounds are not meant to count as unannounced rounds, they are unannounced and are completed by intermediate or higher-level staff. These rounds are documented on the *Weekly Fire/Safety Inspection* form.

There was one interview with intermediate or higher-level staff. This interview affirmed that staff are making unannounced rounds to all areas of the facility, with no warning to staff. During random informal interviews and discussions with staff, it was confirmed that supervisors, the PCM, as well as the Operations Lieutenant, conduct unannounced tours of the facility and that warning staff is expressly prohibited.

DEV Institution Supplement DEV 5324.12A (2), *Sexually Abusive Behavior Prevention and Intervention Program, March 1, 2021*, indicates unannounced rounds by supervisory staff are conducted with the intent of identifying and deterring sexual abuse and sexual harassment will be conducted every week, including all shifts and all areas.

#### Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the DEV meets the standard regarding Supervision and Monitoring, ensuring that the safety of staff and inmates is a priority. No recommendations or corrective action is required.

## **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.*

#### Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 16.

Observations during on-site review

Interviews with the following:

- Facility Head – Warden
- PREA Compliance Manager (PCM)

Provision (a)

On the PAQ, DEV reported they do not house youthful inmates. In interviews with the Warden and the PCM, it was confirmed DEV does not house youthful inmates.

During the on-site tour, the Auditor did not observe any youthful inmates.

Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 16, specifies the guidelines of how youthful inmates would be managed if they were in the facility.

Provision (b)

N/A

Provision (c)

N/A

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding youthful inmates. No recommendations or corrective action is required.

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

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

**115.15 (a)**

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

**115.15 (b)**

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

#### 115.15 (c)

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

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner

possible, consistent with security needs?  Yes  No

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015, pp. 17 - 19
- FBOP Program Statement 5521.06 *Searches of Housing Units, Inmates, and Inmate Work Areas*, dated June 4, 2015, pp. 2-5
- *Sexually Abusive Behavior Prevention and Intervention Program 2021 Annual, ICT Training*

#### Observations made during on-site review

#### Interviews with the following:

- Random Staff
- Random Inmates

#### Provision (a)

FBOP Program Statement 5521.06 *Searches of Housing Units, Inmates, and Inmate Work Areas*, dated June 4, 2015, p. 5, and FBOP Program Statement 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015, p.17, both address this standard. FBOP Program Statement 5521.06 *Searches of Housing Units, Inmates, and*

*Inmate Work Areas*, dated June 4, 2015, p. 3, expresses a staff member of the same sex as the inmate shall make the search, except where circumstances are such that delay would constitute an immediate threat to the inmate, staff, others, or institution security. Cross-gender searches of inmates are only allowed in exigent circumstances. FBOP Program Statement 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015, p.17, asserts the facility shall not conduct cross-gender strip searches or visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by a medical practitioner. The facility shall document all exigent circumstance cross-gender strip or visual body cavity searches. Each of the reviewed policies are consistent with the PREA standard and outlines the agency's approach to sexual abuse prevention and protection.

There were twenty-two random staff questioned about cross-gender search practices. All staff interviewed recalled having the training specific to this and reported that cross-gender strip searches or cross-gender body cavity searches do not occur at this facility.

#### Provision (b)

Thirty inmate interviews were conducted. Each of the inmates interviewed confirmed they had never been part of a cross-gender search.

There were twenty-two random staff questioned about cross-gender search practices. When asked how the female staff would proceed if a male staff member was not available, each indicated there is always a male staff member on duty, who can be directed to the area to conduct the search. All staff recalled receiving training on opposite gender searches; however, each of them articulated that in all instances cross-gender searches are not conducted at the facility. All staff (both male and female) reported cross-gender strip searches or cross-gender body cavity searches do not occur at this facility.

#### Provision (c)

On the PAQ, DEV reported there had not been any cross-gender searches of any kind, i.e., strip, visual or pat conducted in the past 12 months.

FBOP Program Statement 5521.06 *Searches of Housing Units, Inmates, and Inmate Work Areas*, dated June 4, 2015, pp. 4-5, indicates all cross-gender strip searches as well as all cross-gender body cavity searches must be documented. The reviewed policy is consistent with the PREA standard.

During the interviews with random staff, the interviewer asked under what circumstance would cross-gender searches occur. All staff questioned indicated that there were sufficient male staff members available to conduct any searches that needed to occur, and that male staff would be diverted to address this issue if needed.

#### Provision (d)

On the PAQ, DEV indicated they allowed inmates to shower, perform bodily functions and change clothes without staff of the opposite gender viewing their breasts, buttocks, or

genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks. Further, the PAQ indicated opposite gender staff are required to announce their presence when entering an inmate-housing unit.

Five transgender inmates were interviewed. All reported they were provided an opportunity to shower privately.

When staff were specifically asked would transgender or intersex inmates be able to shower privately, the answer was affirmative. When asked how this would be arranged, staff reported all showers throughout the complex are individual shower stalls and provide privacy to each inmate.

Each staff member further stated the transgender or intersex inmate would have the opportunity for input into the decision-making process of alternative shower times and the inmate's input would carry great weight in the decision-making process.

During the facility tour, when opposite-gender staff were observed entering a housing unit, a staff member made an announcement. The Auditor was also announced by DEV staff when entering inmate housing and restroom areas as she was of opposite gender.

In response to the question of whether opposite gender announcements are made on housing units, out of the thirty inmates interviewed, twenty-four report female staff announce their presence when entering the housing unit. All thirty inmates affirmed opposite gender staff announce their presence before entering the bathroom.

DEV is primarily cell-type housing units. Each cell has a sink and a toilet. These cell housing units have single stall showers located outside the cell for inmate usage. All showers have curtains that protect against opposite gender viewing. DEV also has some dormitory, cubicle housing units. SCP is solely dormitory, cubicle housing units. Each dormitory has one large bathroom separate from the sleeping area. In these bathrooms, each toilet and shower is partitioned off for privacy. The toilets are separated by pony walls with a door. Each shower is a separate single stall with a shower curtain. The shower curtains are clear on the top to provide visual access to the shoulders and head of the occupant. The middle is not transparent providing privacy for the occupant. The bottom of the shower curtain allows the feet of the occupant to be seen.

#### Provision (e)

FBOP Program Statement 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015, p.17, states that no staff member shall search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The reviewed policy is consistent with PREA standards.

Thirty inmate interviews were conducted. Each of the inmates interviewed confirmed they had never been part of a cross-gender search.

Twenty-two random staff were questioned about transgender and intersex inmate search

practices. Each staff member specifically stated that no searches would ever be permitted for the sole purpose of identifying an inmate's genital status. There were five transgender inmates interviewed. They confirmed they had never been searched for the sole purpose of determining his genital status.

#### Provision (f)

The Auditor reviewed the most recent PREA training documentation for DEV staff. Training topics included appropriate search techniques, specifically cross-gender pat searches and searches of transgender and intersex inmates. The Auditor verified the list of staff receiving the training correlated to the existing DEV staff listed on the staff roster. Participants signed an acknowledgment of training materials. Additional training documents provided direction to staff on proper documentation practices if cross-gender searches were conducted.

When female staff were asked how they would proceed if a male staff member were not available, each indicated there was never an instance when a male staff is not on duty who would be directed to the area to conduct the search to ensure cross-gender searches are not performed. All staff interviewed recalled receiving training on opposite gender searches; however, each of them articulated that in all instances female staff do not conduct cross-gender searches and will always defer to a male staff member to complete the search. During the facility tour, opposite gender staff were observed entering the housing units and announcements of their presence were made. DEV staff when entering the inmate housing and restroom areas announced the opposite gender Auditor.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV exceeds the standard regarding the limits to cross-gender viewing and searches.

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

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

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

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

equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No

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

#### 115.16 (b)

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

#### 115.16 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 19-20, 26.
- Acquisitions Memorandum, *Blanket Purchase Agreement – DJJ17-F-2742, LanguageLine Solutions*, dated October 23, 2019
- Staff attendance record for PREA Annual Training

Observations of PREA poster locations during on-site tour of facility

Interviews with the following:

- Facility Head - Warden
- Random Staff
- Inmates with disabilities or LEP

#### Provision (a)

On the PAQ, DEV reported the FBOP has established procedures to provide disabled inmates and limited English proficient inmates with equal opportunity to participate in and

benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and sexual harassment.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 19-20, states the PCM shall reach out to local disabilities assistance offices to provide all inmates accessible education formats if an inmate has special needs (i.e., language barriers, visually impaired, deaf, limited reading skills or otherwise disabled), and not rely on inmate for this service.

During the tour, the Auditor also observed the PREA posters were prominently displayed in each housing unit, work area, hallways, as well as numerous other areas throughout the facility in both English and Spanish. The Auditor was provided written documents, training materials, as well as PREA brochures, which are provided in both English and Spanish to the inmate population.

During the interview with the Warden, she shared that DEV has established procedures to provide inmates with disabilities or inmates who are Limited English Proficient (LEP), the opportunity to participate in PREA reporting process through several avenues such as, LanguageLine, staff interpreters, written correspondence, etc.

DEV utilizes the LanguageLine Solutions. LanguageLine Solutions is an on-demand, over-the-phone language interpretation service. This service is available 7:00am to 10:00pm ET, seven (7) days a week, excluding government holidays. LanguageLine Solutions supports 32 different languages. Anytime a translation service is needed, and the LanguageLine Solutions is not available, the staff can use Google Translate. Google translate can be accessed via a computer with an attached microphone to address any translation needs for the inmates of the facility. Now, Google Translate supports 103 different languages, and is available 24 hours a day, 7 days a week.

The Auditor interviewed eight inmates with disabilities. Six were physically disabled, one was cognitively disabled, and one inmate was Limited English Proficient (LEP). The LEP inmate reported he was given PREA information and facility rules in Spanish. No inmate reported feeling vulnerable due to their disability. All eight inmates were asked does the facility provide information about sexual abuse and sexual harassment that you can understand, and they answered affirmatively. When each of the eight inmates were asked, do you understand your rights related to sexual abuse and how to report sexual abuse or harassment, they all responded in the affirmative.

#### Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 26, denotes numerous items relative to ensuring each inmate is given information in verbal and written form, and that all information regarding FBOP's PREA policy is understood by the inmate. Additionally, it dictates inmate PREA education information will include Prevention of sexual abuse and harassment, self-protection, methods of reporting, and treatment and counseling availability.

### Provision (c)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 20, addresses the prohibition of using other inmates for translation services.

FBOP requires that only professional interpreters or translation services, including sign language, are available to assist inmates in understanding PREA policy, how to report allegations, and/or participate in investigations of sexual misconduct. The policy states inmates are not authorized to use interpretation/translation services from other inmates, family members or friends for these purposes. The limited exception is when a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of the first responder duties under §115.64 or the investigation of the inmate's allegations.

Of the twenty-two random staff interviewed, all recalled the process of how to utilize LanguageLine Solutions for interpretation services. Many indicated in the event translation is required, they would try to find another staff member to provide translation and then contact the Operations Lieutenant before using LanguageLine Solutions.

### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding inmates with disabilities and inmates who are limited English proficient. No recommendations or corrective action is required.

## **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.*

#### Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 20-21
- Personnel record reviews

#### Interviews with the following:

- Human Resource (HR) Staff

- Random Inmates

#### Provision (a)

On the PAQ, DEV reported to have 467 total staff with twenty-five new hires in the past twelve months. Further, they reported seventy-five contractors who have contact with inmates and forty-five volunteers.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 20, declares that FBOP agency policy prohibits the hiring or promotion of an employee or contractor who may have contact with inmates who:

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

The Auditor reviewed fifty staff records, some of whom had been hired or promoted within the past 12 months. The Auditor was able to verify all records reviewed contained all items required by the standard, including PREA documentation and verification of the completed criminal background checks.

#### Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 20, states the agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist service of any contract, who may have contact with inmates.

The Auditor interviewed the Human Resource (HR) staff concerning the hiring practices of the DEV. HR staff indicated that the potential hire is required to fill out the personnel documents, which require the disclosure of the standard required items. The HR staff stated the FBOP takes a very proactive position with the PREA standards and have developed a comprehensive tracking system to ensure all required criminal background checks are completed for pre-hires, promotions, and five-year reviews. The Auditor conducted a review of the fifty personnel records and verified that all the records reviewed contained the items required by the standard, including the PREA documentation and verification of the completed criminal background checks. The three questions listed under Provision (a) are on documents stored in Grand Prairie, TX.

#### Provision (c)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 21, indicates before hiring a new employee or contractor, the FBOP shall: 1) conduct a criminal background record check, 2) make its best

efforts to contact all prior institutional employers in regard to substantiated allegations of sexual abuse or any resignation during a period of sexual abuse investigation; 3) ask potential employees and contractors about previous misconduct described in Paragraph V, A, 4, a of this regulation; 4) Apprise potential employees and contractors that false information or material omissions regarding such misconduct shall be grounds for termination and that they have a continuing duty to disclose such conduct.

The Auditor interviewed the HR staff concerning hiring practices of DEV. HR staff stated the FBOP requires background checks on all new hires and promotions at the time of the hire or promotion. As well as existing staff every five years.

In the preceding 12 months there were twenty-five persons hired who may have contact with inmates who had a criminal background check completed. The Auditor conducted a review of fifty personnel records and verified all the records contained the items required by the standard, including the PREA documentation and verification of the completed criminal background checks.

#### Provision (d)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 21, indicates that before hiring a new employee or contractor, the FBOP shall conduct a criminal background records check.

On the PAQ, DEV reported there are seventy-five contractors who might have contact with inmates. Additionally, in the PAQ, DEV reported criminal background record checks were conducted and current on all seventy-five staff covered in the contracts. DEV provided documentation for review indicating these seventy-five criminal background checks are current for this reporting cycle.

#### Provision (e)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 21, requires the FBOP to conduct a criminal background records check every five years on all current employees and contractors.

The Auditor interviewed the HR staff who stated the agency has a centralized database, located in Grand Prairie, TX, that tracks the completion of all criminal background checks, and tracks the due dates of the five-year criminal background check.

#### Provision (f)

During the interview process with HR staff, it was indicated all applicants and employees who may have contact with inmates are directly asked about previous misconduct described in paragraph (a) of this section in written applications and self-evaluations or interviews for hiring or promotions.

During the interview process, HR staff indicated that a condition of staff employment is that any arrest activity must be reported through the respective employees reporting structure.

Additionally, any information on substantiated allegations of sexual abuse or sexual harassment involving a former employee must be provided upon request.

#### Provision (g)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 21, g, states that material omissions regarding such misconduct (as stated in this provision) shall be ground for termination and that they have a continuing duty to disclose such conduct.

#### Provision (h)

During the interview, HR staff confirmed that unless prohibited by law, all information would be provided on substantiated allegations of sexual abuse or sexual harassment involving a former employee would be shared upon request from an institutional employer for whom such employee has applied for work.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding hiring and promotion decisions. No corrective action is required.

The Auditor would recommend documentation of staff, contractors, and volunteers' responses to the questions in provision (a) of this standard be maintained at the facility, in addition to Grand Prairie, Texas, to facilitate future reviews. The questions are:

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

Pursuant to provision (f) of this standard, these questions should be asked and answered of applicants during interviews, prior to employment or promotion of staff members, prior to placement of contractors and volunteers. Likewise, they should be asked and answered during evaluations.

## **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.*

#### Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 21-22

#### Observations during on-site review

#### Interviews with the following:

- Facility Head - Warden
- PREA Compliance Manager (PCM)

### Provision (a)

On the PAQ, DEV reported they have not acquired any new facilities or made substantial expansions or modifications of the existing facility since the last PREA audit. Per the PAQ, DEV has not installed or updated the video monitoring system, electronic surveillance system or other technology since the last PREA audit.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 21, specifies that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facility, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.

The Auditor conducted a comprehensive tour of DEV. Since the last audit, there has not been any substantial expansions or additions to the facility.

The Warden reported any construction, renovation or modification would be done with PREA standards in mind. She further reported there would be meetings held regarding any building or construction considerations and that safety and cameras, or other technologies would be discussed and considered at such meetings. During these meetings DEV executive staff would meet with all key supervisors and managers to discuss any pertinent issues, such as Data/Reporting issues, Grievances, Disciplinary Reviews, Video Summary Reviews, Use of Force Incidents, Incidents of Sexual Abuse, as well as the analysis of key data such as overtime, leave time, morale, etc.

### Provision (b)

During the interview process, the Warden indicated there is no plan at this time to expand their current camera coverage.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 22, indicates when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how much technology may enhance the agency's ability to protect inmates from sexual abuse.

DEV camera coverage is monitored in a central control room. This central control room is staffed twenty-four hours a day, seven days a week. The control room has the capability of selecting any area and reviewing footage as needed.

DEV cameras are positioned normally within the dormitories with front, middle and rear coverage. A camera monitoring capability or a security mirror covers every area accessible by an inmate. The positions allow for privacy in and around areas of showers and restrooms.

The Warden expressed that DEV is committed to the camera monitoring program and indicated that having the cameras in place has created a sense of security for, staff and inmates, knowing that should an incident occur, an independent observation can be reviewed using the stored video.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding upgrades to facility and technology. No recommendations or corrective action is required.

## 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 Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 22-24, 43
- DEV Institution Supplement DEV 5324.12A (2), *Sexually Abusive Behavior Prevention and Intervention Program*, March 1, 2021
- Staff Training Attendance Documentation, *Forensic Medical Exams: An Overview for Victim Advocates (CPG-0234-BXX)*
- Lesson Plan, *Forensic Medical Exams: An Overview for Victim Advocates*
- ONE Source First Responder Reference Guide, Sexual Assault Crisis Intervention
- DOJ/OIG PREA Series 1811 Criminal Investigators Special Training for Investigators (Special Agents, Assistant Special Agents in Charge, Special Agents in Charge)

#### Interviews with the following:

- Random Staff
- SAFE/SANE Staff
- PREA Compliance Manager (PCM)

#### Provision (a)

On the PAQ, DEV reported the facility is responsible for conducting administrative investigations. The Federal Bureau of Investigation (FBI) and Office of the Inspector General (OIG) are responsible for conducting criminal investigations, including inmate-on-inmate sexual abuse and staff sexual misconduct. The PCM provides investigative assistance for those inmate-on-inmate sexual harassment administrative cases.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 22, states to the extent the agency is responsible for investigating allegation of sexual abuse, the agency shall follow a uniform evidence

protocol that maximize the potential for obtaining usable physical evidence for administrative proceeding and criminal prosecutions.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 43, states the policy of the FBOP is to conduct all investigations in a fair and impartial manner, maintain confidentiality in all investigations, and protect the constitutional rights of all individuals subjected to investigation.

The Auditor interviewed twenty-two random staff about the rules of evidence, and their understanding of the process should an inmate report alleged sexual abuse. All staff interviewed were able to articulate the basic preservation of evidence component of both victim and abuser. They were also able to explain their responsibilities up to the point when they transfer responsibility to either investigative or medical staff.

#### Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 22, indicates the protocol shall be developmentally appropriate for youth where applicable, and as appropriate shall be adapted from or otherwise based on the most recent edition of the US 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.

DEV does not house youthful inmates.

#### Provision (c)

On the PAQ, DEV reported all treatment services are provided to the victim without financial cost.

DEV Institution Supplement DEV 5324.12A (2), *Sexually Abusive Behavior Prevention and Intervention Program, March 1, 2021*, indicates physical exams and the collection of evidence will be performed by certified contract personnel at the contracted hospital.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 22, indicated treatment services shall be provided to the victim without financial cost and regardless of if the victim names the abuser or cooperates with

During the interview with the PCM, he reported in the past twelve months there have been zero inmates transported for SAFE/SANE services.

All forensic medical exams are conducted by UMass Memorial Campus which is a Massachusetts Department of Public Health designated Sexual Assault Nurse Examiner (SANE) site hospital. Through the interview process it was revealed the SANE exam includes a forensic exam, prophylaxis for pregnancy and sexually transmitted diseases, photographic documentation, referrals for appropriate medical

and psychological follow-up, as well as support and participation in legal proceedings. An advocate is provided for medical accompaniment for all SANE examinations. SANE personnel confirmed the forensic exams are free to the inmate. All DEV inmates are transported to the hospital for forensic exams.

#### Provision (d)

As stated in Provision (c), a victim advocate is provided during the forensic medical examination.

During the interview with the PCM, he indicated victim advocacy services are offered through contract and are built into the forensic exam process. During the examination, the inmate meets the victim advocate and arrangements are made to provide any necessary and/or requested counseling services. Follow-up counseling is coordinated through the advocate, in collaboration with mental health services.

At the time of the audit, the information received regarding the allegations of sexual abuse and sexual harassment indicated there were fourteen total sexual abuse and sexual harassment allegations received during the previous 12 months. The documentation included the report and the investigation. Six were sexual abuse and eight were sexual harassment. Twelve were inmate-on-inmate. Of those twelve, five were sexual abuse and seven were sexual harassment. The remaining two were staff-on-inmate sexual harassment and inmate-on-staff sexual abuse. Four inmate-on-inmate sexual abuse cases remain open, one inmate-on-staff sexual abuse; and one staff-on-inmate sexual harassment case remains open. Out of the remaining cases, after investigation, two were deemed unfounded; three were unsubstantiated and three were substantiated. Ninety-day retaliation monitoring was implemented in all appropriate cases. All inmates were timely notified of the investigation determination. A sexual abuse incident review was conducted on all closed sexual abuse cases. In the past 12 months there were zero SAFE/SANE examinations. The inmate-on-staff sexual abuse was referred to the FBI for consideration for prosecution but was ultimately prosecution was declined and the case was sent back to the institution for administrative processing. All were handled administratively, and no criminal charges were filed.

#### Provision (e)

As stated in Provision (d) during the examination, the inmate meets the victim advocate. The victim advocate provides emotional support, crisis intervention, information, and referrals as necessary and/or requested.

#### Provision (f)

As reported in Provision (a) the facility is responsible for conducting administrative investigations. The Federal Bureau of Investigation (FBI) and Office of the Inspector General (OIG) are responsible for conducting criminal investigations, including inmate-on-inmate sexual abuse and staff sexual misconduct.

#### Provision (g)

Auditor is not required to audit this provision.

#### Provision (h)

As reported in Provision (d) victim advocacy services are offered through contract and are built into the forensic exam process.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined DEV meets the standard regarding evidence protocol and forensic medical examinations. No recommendations or corrective action is required.

### **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 Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP), Program Statement 5508.02, *Hostage Situations or Criminal Actions Requiring FBI Presence*, dated December 12, 1996
- FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 24-25, 45
- FBOP Program Statement (PS) 1350.01, *Criminal Matter Referrals*, dated 1/11/96

#### Interviews with:

- Random Staff
- Investigative Staff

#### Provision (a)

The agency and facility refer all criminal investigations to the Federal Bureau of Investigation (FBI) or the Office of the Inspector General (OIG). The DOJ/OIG PREA Series 1811 Criminal Investigators Special Training for Investigators (Special Agents, Assistant Special Agents in Charge, Special Agents in Charge) confirms the investigators have been provided special training per PREA guidelines.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 25, states the FBOP shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.

FBOP Program Statement (PS) 1350.01, *Criminal Matter Referrals*, dated 1/11/96, p.1,

states all criminal matters that occur in an institution or on institution grounds, or that involve Bureau of Prisons staff, will be documented, and tracked. Additionally, each criminal matter will be formally considered for referral to an appropriate law enforcement agency, which in the case of PREA is the FBI.

FBOP Program Statement (PS) 1350.01, *Criminal Matter Referrals*, dated 1/11/96, p. 2, states the Special Investigative Services (SIS) shall present each criminal matter to the Warden to determine whether it is to be referred to the appropriate Federal, state, or local law enforcement agency. The SIS or the Warden may consult with the institution legal staff regarding the criminal matter prior to the referral.

The Auditor reviewed documentation that indicated there were fourteen total sexual abuse and sexual harassment allegations received during the previous 12 months. The documentation included the report and the investigation. Six were sexual abuse and eight were sexual harassment. Twelve were inmate-on-inmate. Of those twelve, five were sexual abuse and seven were sexual harassment. The remaining two were staff-on-inmate sexual harassment and inmate-on-staff sexual abuse. Four inmate-on-inmate sexual abuse cases remain open, one inmate-on-staff sexual abuse; and one staff-on-inmate sexual harassment case remains open. Out of the remaining cases, after investigation, two were unfounded; three were unsubstantiated and three were substantiated. Ninety-day retaliation monitoring was implemented in all appropriate cases. All inmates were timely notified of the investigation determination. A sexual abuse incident review was conducted on all closed sexual abuse cases. In the past 12 months there were zero SAFE/SANE examinations. The inmate-on-staff sexual abuse was referred to the FBI for consideration for prosecution but was ultimately prosecution was declined and the case was sent back to the institution for administrative processing. All were handled administratively, and no criminal charges were filed.

All staff interviewed knew their responsibility to report any suspicion, or knowledge of an allegation of sexual abuse and sexual harassment. Each reported they were required to make such a report immediately after becoming aware of it. They further stated they are to report to SIS, who in turn decides if the allegation is administrative or criminal.

#### Provision (b)

The policies regarding the FBOP and DEV's obligation to thoroughly investigate all matters relative to Sexual Abuse and Sexual Harassment are provided in Provision (a).

FBOP Program Statement 5508.02, *Hostage Situations or Criminal Actions Requiring FBI Presence*, dated December 12, 1996, indicates FBI has investigative responsibilities at FBOP facilities under T18, U.S.C., Sections 1791 and 1792 (Irregularities in Federal Penal Institutions).

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 45, h, states substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 45-46, states following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. All notifications to inmates are made by the Special Investigative Services Lieutenant.

DEV ensures all allegations are either followed up through the administrative or criminal investigation process. The policy and processes are published on the agency website, as were verified by the Auditor.

During the interviews, staff indicated all allegations are investigated. Administrative allegations are investigated by the Special Investigative Services (SIS). The ones which are criminal in nature are investigated by FBI and/or OIG, then referred to the United States Attorney's Office in the appropriate jurisdiction for prosecution.

#### Provision (c)

As stated in Provision (a) the agency and facility refer all administrative investigations to SIS and all criminal investigations to the FBI and/or OIG.

As stated previously, FBOP Program Statement (PS) 1350.01, *Criminal Matter Referrals*, dated 1/11/96, outlines how to refer criminal matters, as well as the responsibilities of those investigating the allegations.

#### Provision (d)

Auditor is not required to audit this provision.

#### Provision (e)

Auditor is not required to audit this provision.

#### Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the DEV meets the standard, which addresses policies to ensure referral of allegations for investigations. No recommendations or corrective action is required.

## 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 Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 24-26.
- Training Curricula, *Sexually Abusive Behavior Prevention and Intervention Program*, 2020
- PREA Training Acknowledgements, 2020

#### Observations during on-site review

#### Interviews with the following:

- Random Staff

### Provision (a)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 24-25, specifies that all employees will be trained in a minimum of:

1. Zero-tolerance policy
2. How to fulfill responsibilities for sexual abuse and sexual harassment prevention, detection, reporting and response
3. Inmate's 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. Common reactions of sexual abuse and sexual harassment victims
7. How to detect and respond to signs of threatened or actual sexual abuse
8. How to avoid inappropriate relationships with inmates
9. How to communicate effectively with LGBTI and gender non-conforming inmates
10. How to comply with relevant mandatory reporting laws.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 25, indicates all employees will be trained annually with a refresher course every two years. New employees will be trained prior to having contact with inmates.

Through the interview process, it was determined the PREA Coordinator organizes PREA training for new and current employees. Training will occur in *Introduction to Correctional Techniques (ICT) and Annual Training (AT)*. All non-specialized staff shall receive training to include, but not limited to, the prevention, detection, response, and reporting of allegations of inmate sexual abuse, sexual harassment, and custodial sexual misconduct. Such training shall encompass all required areas employees need-to-know to ensure compliance with PREA standard requirements. Employee instruction shall be accomplished during initial training, annual in-service training, specialized training, and additional training as needed. Employee training shall be documented to denote employee understanding of material and verified through employee signature and refresher trainings shall be accomplished at least every two years.

DEV's curriculum and training materials were reviewed by the Auditor. The core training materials contain all ten of the elements required by this provision and outlined in Provision (a). Each of the elements is covered in detail in the training and have incorporated numbered training elements to facilitate retention of the required elements. The level or complexity of the training will depend on the employee's classification with some specialized training curriculum depending on the employee's job responsibilities.

The Auditor reviewed a total of 467 staff training documentations, conducted on seasoned staff, as well as staff who were hired within the past 12 months. Each reviewed record contained all relevant documentation to reflect the staff had met their initial PREA requirements. In addition, the Auditor also reviewed the sign-in sheets for PREA training for the past twelve months which confirmed by staff signatures, each of the employees at

DEV had acknowledged receiving the PREA training.

Each of the random staff interviewed recalled attending the initial PREA training when they were hired or when PREA went into effect. All staff interviewed confirmed they receive annual PREA training, as well as additional in-service training.

Provision (b)

The policy regarding the FBOP's and DEV's responsibility to provide training and education regarding sexual abuse and sexual harassment are provided in Provision (a).

The training provided by the FBOP, addresses both male and female issues. However, the DEV training has been tailored specifically to the male inmate population. The Auditor reviewed the training materials utilized for the staff at DEV. The training materials are consistent with this PREA standard. If an employee is reassigned from a facility that houses a different population composition, that employee is retrained or provided refresher training for the population make-up of the new facility prior to being placed in contact with the inmate population.

As stated in Provision (a), the Auditor reviewed the sign-in sheets for the training that occurred at DEV, verifying attendance of DEV staff.

Provision (c)

Of the 467 staff presently assigned to DEV, the Auditor reviewed documentation that reflected all 467 or 100% of the staff have received the PREA training in the past twelve months. DEV also provides additional PREA training annually, as well as shift trainings, staff meetings and posters. DEV staff also receive refresher training every two years.

Provision (d)

PREA training requirements mandate attendance at all PREA required training to be documented through employee signature, acknowledging the training they have received. In some instances, employees are required to complete an Acknowledgement of Receipt of Training upon completion of the training. A copy of these receipts were observed in every record reviewed by the Auditor. The receipts contained various dates which reflected separate training sessions.

In instances where a receipt of training material was not required, staff would sign-in on a training sheet, verifying their attendance at the required training. The Auditor received copies of each training session for the past twelve months, reflecting training completed by DEV staff.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the DEV meets the standard which addresses policies regarding

employee training. No recommendations or corrective action is required.

## 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 Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 26

- Training Curriculum for Volunteers and Contractors

Interviews with the following:

- Volunteers and contractors who have contact with inmates

#### Provision (a)

DEV's curriculum and training materials were reviewed by the Auditor. The core training materials contain all ten of the elements required for this provision. Each of the elements is covered in detail in the training and have incorporated numbered training elements to facilitate retention of the required elements. The level or complexity of the training will depend on the responsibilities and role of the contractor or volunteer.

The Auditor reviewed documentation indicating that seventy-five contractors or 100%, have received PREA training in the past twelve months. Not all volunteers have been trained in the past year; however, volunteer programming has been suspended since March 2020 due to the COVID-19 pandemic protocols. When asked, the Warden confirmed all volunteers would participate in training before being allowed to return to the volunteer program.

The Auditor conducted one interview with contract staff. The contractor recalled having PREA training and recalled the level of training was specific to specific roles or responsibilities in the facility. When the Auditor questioned about knowledge of PREA, it was easily verbalized what PREA was and more importantly, what their role or responsibility was in the event they are confronted with a situation of sexual abuse or sexual harassment. Volunteer programs have been suspended due to COVID-19 protocols. Therefore, there was one volunteer interviewed.

#### Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 26, indicates the FBOP will ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies. The level and type of training will be based on the services they provide and level of contact with the inmates. However, all volunteers and contractors shall at a minimum be trained in the following:

1. Zero-tolerance policy
2. How to report sexual abuse or sexual harassment

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 26, further states verification of all training provided and the individuals understanding of that training shall be documented by signature and maintained in each respective individual's record.

The Auditor conducted one interview with a contractor. During the interview, the contractors verbally demonstrated to the Auditor a comprehensive and complete understanding of the agency's zero-tolerance policy and how to address any instance when an inmate reports a PREA specific issue.

#### Provision (c)

As indicated in Provision (b) copies of the acknowledgment page from the PREA training is retained in each volunteer and contractor's file. The Auditor reviewed the sign-in sheets from the PREA training sessions for the past twelve months. Each sign-in sheet reflected acknowledgment signatures from contractors and volunteers for the PREA training they received.

#### Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the DEV meets the standard which addresses policies regarding volunteer and contractor training. No recommendations or corrective action is required.

### **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 Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5290.14, *Admission and Orientation Program*, dated 4/3/2003, p. 10, g
- FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 26 - 27
- BP-A0518 CDFRM, *Institution A&O Program Checklist*
- BP-A0597 CDFRM, *Unit A&O Program Checklist*
- Acquisitions Memorandum, *Blanket Purchase Agreement – DJJ17-F-2742, LanguageLine Solutions*, dated October 23, 2019
- PREA Posters
- Miscellaneous Training Materials

#### Observations during on-site review

#### Interviews with the following:

- Intake Staff
- Random Inmates

#### Provision (a)

FBOP Program Statement (PS) 5290.14, *Admission and Orientation Program*, dated 4/3/2003, p. 10, g, indicates staff must document the inmate has received a copy of the institution's inmate handouts and has completed the institution's Admission & Orientation (A&O) program. Staff will have the inmate sign and date a copy of this document and the original will be placed in the Inmate's Central File. Completion of the A&O programming will be documented on both the *Institution A&O Program Checklist Form* (BP-A0518) and the *Unit A&O Program Checklist Form* (BP-A0597). Additionally, documentation that the inmate received orientation information during the Intake Screening process will be noted on the Intake Screening Form.

The DEV orientation material, as well as the PREA Posters were observed during the on-site tour of the facility by the Auditor. The Auditor reviewed written materials in both English and Spanish.

The Auditor was provided a copy of BP-A0518 CDFRM, *Institution A&O Program Checklist*, which is completed with each inmate up on arrival. Number 10 on the checklist is Sexual Abuse/Assault Prevention and Intervention. Beside that is a place for staff initials of who went over the topic with the inmate and the date it was discussed.

At the bottom of the form is a line that states "I have attended all classes of the A&O Program as listed above. Signature of Inmate." The inmate signs and dates this form upon completion of the A&O Program. This signed form is maintained in the Inmate Central File. Of the fifty inmate records reviewed, signed, and dated documentation of PREA education through A&O was retained in each one.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 26, indicates during the intake process inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

During interviews with intake staff, it was confirmed inmates are provided an A&O Handbook upon arrival at DEV. The inmate signs the acknowledgment form which is retained in the inmate file.

Each housing unit has multiple telephones designated for inmate use. Using any of these telephones, an inmate can call a PREA hotline to report an incident of sexual abuse or sexual harassment. The call is free of charge and confidential. This was confirmed by the Auditor on the on-site tour.

Each housing unit has multiple computers designated for inmate use. Using any of these computers, an inmate can file an electronic report of incident of sexual abuse or sexual harassment. Usage of the computers is free of charge and confidential. This was confirmed by the Auditor on the on-site tour.

During the interviews with thirty inmates, all reported receiving written PREA materials, an A&O Handbook and information about the facility's zero-tolerance policy and ways to report.

A review of fifty inmate records was conducted and the signed PREA acknowledgment document was in each one.

#### Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 27, specifies within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and incidents.

Per the PAQ, DEV reported during the past twelve months there were 2,201 inmates whose length of stay at the facility was more than thirty days. The PAQ also reflected all these inmates were provided the PREA information which included their right to be free from sexual abuse, as well as the policies and procedures for reporting. DEV reported 100% of the inmates admitted to their facility in the past twelve months received the mandated information.

Through the interview process, intake staff indicated inmates receive their PREA training immediately upon arrival, prior to their unit assignment. They reported the inmates are not allowed to leave the intake area until they have completed their PREA orientation and submitted to a urinalysis test. Once these two things are completed the inmate will be assigned a housing unit and bed and escorted to their assigned area.

During interviews with inmates, each were asked to briefly outline what they learned during PREA training. Each inmate responded with similar answers. The answers were generally: zero-tolerance for sexual abuse or harassment, to dial the PREA Hotline or use the computer to make a report and call the number on the posters around the facility.

#### Provision (c)

As indicated in Provision (b) 100% of inmates who entered the facility during the past 12-month period received the required PREA training. At the time of PREA implementation, all inmates incarcerated at PAQ were required to attend PREA training. Inmates arriving after implementation received their training at intake. This training, at intake, is facilitated through staff going over material and answering any questions the inmate may have. Upon arrival, the inmate is also provided an Admission and Orientation Handbook and goes through the A&O process. At the end of the A&O process is a question-and-answer period to reinforce retention of the information presented.

The information was documented with verification of the training retained in the Inmate Central File. A copy of this documented verification was reviewed by the Auditor.

As indicated in Provision (b) the intake staff provide the PREA information immediately upon arrival into the facility. Interviews with intake staff revealed that upon arrival at the facility inmates are given orientation materials, including PREA related materials, before being assigned to a housing unit. This is a requirement for all inmates, whether they are a new intake or a transfer from another facility.

#### Provision (d)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 27, requires the agency to provide all inmates accessible educational formats if an inmate has special needs (language barriers, visually impaired, deaf, limited reading skills, or otherwise disabled), not relying on inmates for this service.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 28, indicates that in addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, handbooks, or other written formats.

The various training elements provided to the inmate population range from PREA documents in both English and Spanish, PREA posters in both English and Spanish, to staff members who are fluent in Spanish. The facility also uses the LanguageLine

Solutions when an interpreter is not available.

LanguageLine Solutions is an on-demand, over-the-phone language interpretation service. This service is available 7:00am to 10:00pm ET, seven days a week, excluding government holidays. The LanguageLine Solutions supports 32 different languages. Anytime a translation service is needed, and the LanguageLine Solutions is not available, the staff can use Google Translate. Google translate can be accessed via a computer with an attached microphone to address any translation needs for the inmates of the facility. At the present time, Google Translate supports 103 different languages, and is available 24 hours a day, 7 days a week.

During the interview with the PCM, he was asked the process if an inmate had a disability not covered under the training elements established by the facility. He indicated he would work with the Local Disability Assistance Office to ensure each inmate is able to understand and retain the PREA materials to a comfort level of comprehension.

#### Provision (e)

As stated in previous provisions, all inmates are required to sign the *Institution Admission and Orientation Program Checklist Form*, once they have completed A&O. A copy of this acknowledgment is retained in the Inmate Central File as documentation.

As stated in provision (a), a review of fifty inmate records was conducted and the signed acknowledgment document was in every file.

#### Provision (f)

Using varying formats, the inmate population receives important information in user friendly, comprehensible ways. The *Inmate Admission and Orientation Handbook* is an excellent tool which specifically lays out the prevention of sexual violence, zero-tolerance policy and includes multiple methods inmates can seek assistance regarding sexual violence.

DEV has a variety of PREA posters, in both English and Spanish. These posters are different throughout the facility as not to become easy to overlook. During the on-site, the Auditor observed these posters in every room throughout the facility.

In interviews with inmates, many reported the PCM checked with them formally and informally about PREA issues and practices. Focusing on their welfare and adjustment.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standards for inmate education. No recommendations or correction action is required.

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

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

**115.34 (a)**

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

**115.34 (b)**

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

**115.34 (c)**

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

**115.34 (d)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 28-29
- DOJ/OIG PREA Series 1811 Criminal Investigators Special Training for Investigators (Special Agents, Assistant Special Agents in Charge, Special Agents in Charge)
- Training records, *Investigative Intelligence – BOP (CSV-0600-BXX)*
- SIS/PREA National Video Conference Agenda
- SIS/SIA PREA Instructor Guide

### Interviews with the following:

- Investigative Staff

### Provision (a)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 28, indicates that additional training related to investigators roles includes, but is not limited to:

- Interviewing Sexual Abuse Victims
- Proper Use of Miranda and Garrity Warnings
- Conducting Sexual Abuse Investigations, including the collection of evidence in a confinement setting
- Criteria and evidence required to substantiate a case for administrative action
- Criteria and evidence required to substantiate a case for prosecutorial referral

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 28, further dictates that all training must be documented and verified through employee signature and must be retained by the agency.

The DOJ/OIG PREA Series 1811 Criminal Investigators Special Training for Investigators (Special Agents, Assistant Special Agents in Charge, Special Agents in Charge) confirms the investigators have been provided special training per PREA guidelines.

### Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 28, mandates investigators and other FBOP employees with PREA related responsibilities to receive additional training related to their roles to include, but not limited to:

- Interviewing Sexual Abuse Victims
- Proper Use of Miranda and Garrity Warnings
- Conducting Sexual Abuse Investigations, including the collection of evidence in a confinement setting
- Criteria and evidence required to substantiate a case for administrative action
- Criteria and evidence required to substantiate a case for prosecutorial referral

The Auditor was allowed to view the US Department of Justice, Bureau of Prisons, NIC training entitled “Sexual Abuse and the Initial Responder.” There are currently five chapters provided in this training course:

- Course Introduction
- PREA Investigations
- Working with Victims
- Interviewing Techniques
- Institutional Culture and Investigations

Through a review of training records and an interview with the DEV investigator, the Auditor was able to confirm that all training requirements have been met.

### Provision (c)

As outlined previously in Provision (a) & (b) FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 28-29, address this provision.

The FBOP currently works with the FBI to conduct criminal investigation nationwide. DEV has four investigators who conduct administrative investigations on the complex. The Auditor reviewed completed training records for each of the four DEV SIS/SIA Investigators.

### Provision (d)

The Auditor is not required to audit this provision.

### Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the DEV meets the standard which addresses policies regarding specialized training: investigations. No recommendations or corrective action is required.

## 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 Reviewed:**

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 28-29
- Staff Course Completion Documentation, *PREA for Medical and Mental Health Care - BOP (CPG-0233-BXX)*

#### **Observations during on-site review**

#### **Interviews with the following:**

- Medical and Mental Health Staff

#### **Provision (a)**

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 28, dictates that all Medical and Mental Health employees, shall receive additional training to include, but is not limited to:

- a. How to detect and assess signs of sexual abuse and harassment.
- b. How to preserve physical evidence of sexual abuse.

- c. How to respond effectively and professionally to victims of sexual abuse and harassment.
- d. How and to whom to report allegations or suspicions of sexual abuse and harassment

A review of the provided lesson plan/training materials demonstrate compliance with this training requirement.

Currently there are one-hundred, twenty-nine medical and mental health staff assigned to the facility. Through staff interview and review of training documents by the Auditor, it was confirmed each of the assigned staff members have attended the required training and meet all training requirements.

Provision (b)

N/A - All medical staff at DEV are prohibited by procedure from performing forensic examination on sexual abuse victims.

Provision (c)

As indicated in Provision (a), through staff interview and a review of the training documents by the Auditor, each of the assigned staff members have attended the required training and meet all training requirements. All training documentation is retained in the employee file, as required.

Provision (d)

The Auditor reviewed sign-in sheets and training materials that reflect the general PREA training that is mandated for FBOP employees, contractors and volunteers outlined in policy and PREA standards. The sign-in sheets confirm, in addition to specialized training, the contracted and direct hire medical staff received the general PREA training mandated for all FBOP employees.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the DEV meets the standard, which addresses policies regarding specialized training: medical and mental health care. No recommendations or corrective action is required.

<b>SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS</b>
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**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 nonconforming or otherwise may be perceived to be LGBTI)?  Yes  No

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

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs

(d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 29-35, 49
- FBOP Program Statement 5290.15, *Intake Screening*, dated March 30, 2009, pp. 2-4, section 7
- FBOP *Intake Screening Form*
- FBOP Psychology Services *Risk of Sexual Abusiveness* Form, Attachment A: PREA Intake Objective Screening Instrument

#### Interview with the following:

- Mental Health Staff
- Staff Responsible for Risk Screening
- PREA Compliance Manager (PCM)

#### Provision (a)

FBOP Program Statement 5290.15, *Intake Screening*, dated March 30, 2009, pp. 2-4, section 7, requires all FBOP facilities to the following intake procedures when

processing all inmates into the facility: Upon arrival see all inmates for a social interview, medical review, and assessment for risk of victimization or abusiveness prior to release to general population. Further, all inmates, at initial intake and upon transfer to another facility, shall be screened for potential risk of sexual vulnerability, potential risk of sexual aggression and self-injurious behavior and/or suicidal ideation within 72 hours of arrival. Inmates who surpass the threshold on the screening form are referred to Psychology Services for an additional assessment regarding their level of risk, environmental considerations, and treatment needs.

Of the thirty inmates interviewed relative to this provision; all recalled being asked questions relative to their concern about sexual abuse and if they felt like they were going to harm themselves. A review of inmate records revealed all thirty inmates had been asked the questions on the day they arrived.

During the on-site audit, the Auditor discussed processes with classification staff. The staff was able to guide the Auditor through the intake screening process, by explaining the process each inmate is required to participate in during the initial screening and ongoing classification processes. The classification staff member described each of the documents and assessments utilized as we proceeded through the processes. The classification staff also clarified each of the questions, providing the Auditor with a clear and thorough understanding of the overall intake and classification process.

#### Provision (b)

As stated in (a), according to the listed policies all inmates must be screened within 72 hours of arrival.

The Auditor reviewed the PAQ which indicated in the past 12 months, 100% or 603 inmates were screened for the risk of sexual victimization or sexual abusiveness within 72 hours of their entry into the facility.

The Auditor reviewed fifty inmate records to ensure they were screened upon arrival. All fifty records had verification that the initial screening had occurred within 72 hours of arrival at DEV.

Of the thirty inmates interviewed; all reported being asked questions specific to previous sexual abuse & harassment within three days of their arrival at the facility. A review of inmate records revealed all thirty inmates had been asked the questions on the day they arrived.

As stated in (a), the Auditor was able to specifically question classification staff about the required questions. The classification staff were very helpful and replied that all the PREA related questions are asked during initial intake and ongoing classification screenings.

#### Provision (c)

The Auditor reviewed copies of several intake forms and screening assessments from the classification staff, which were documented on the BOP SENTRY *Intake Screening*

*Form*, DEV Psychology Services *Risk of Sexual Abusiveness Form*, and Attachment A: *PREA Intake Objective Screening Instrument*. An assessment that provides the intake and classification staff with an independently developed, validated and objective assessment is used for screening assessments, as outline in the following paragraph.

FBOP Program Statement 5290.15, *Intake Screening*, dated March 30, 2009, pp. 2-4, section 7, requires all inmates to be seen upon arrival for a social interview, medical review, and assessment of risk for victimization or abusiveness prior to release to general population.

FBOP Program Statement 5324.12, pp.29-30, states all inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

Staff members who conduct intake screenings utilize Attachment A: *PREA Intake Objective Screening Instrument* for guidance in conducting an initial assessment of an inmate's risk of victimization and risk of abusiveness. Inmates who surpass the threshold on the screening form are referred to mental health staff for an additional assessment regarding their level of risk, environmental considerations, and treatment needs. The inmate is reassessed within thirty days, after the initial unit team meeting.

The Auditor was able to verify compliance with this provision through the review of fifty inmate records, reflecting copies of the required assessments. A review of the *Psychology Services Risk of Sexual Abusiveness* form indicates the instrument is weighted and scored based upon responses to specific questions required in the Standard and Provision.

As stated in (a), the Auditor was able to meet classification staff who were able to discuss the intake screening and classification process, which included an overview of the *Psychology Services Risk of Sexual Abusiveness* form as well as the *BOP Intake Screening Form*.

#### Provision (d)

The Auditor reviewed the Attachment A: *PREA Intake Objective Screening Instrument* and the BOP Psychology Services *Risk of Sexual Victimization* form and compared the questions with the requirements of Provision (d). All items required for Provision (d) have been included on the screening instruments. The included items are:

- Whether the inmate has a mental, physical, or developmental disability
- The age of the inmate
- The physical build of the inmate
- Whether the inmate was previously incarcerated
- Whether the inmate's criminal history is exclusively nonviolent
- Whether the inmate has prior convictions for sex offenses against an adult or child
- Whether the inmate is or is perceived to be gay, lesbian, bisexual,

transgender, intersex or gender non-conforming.

- Whether the inmate has previously experienced sexual victimization
- The inmate's own perception of vulnerability.
- Whether the inmate is detained solely for civil immigration purposes.

As stated in (a), the Auditor was able to speak with classification staff who were able to walk the Auditor through the intake screening and classification process, which included the Attachment A: *PREA Intake Objective Screening Instrument* and the BOP Psychology Services *Risk of Sexual Victimization* form.

#### Provision (e)

The Auditor reviewed the *Attachment A: PREA Intake Objective Screening Instrument* and compared the questions with the requirements for Provision (e). All items required for Provision (e) have been included in the screening instrument, which addresses Possible Sexual Predatory Risk Factors.

As stated in (a), the Auditor was able to discuss the screening process with staff, and interview classification staff who were able to walk the Auditor through the intake screening and classification process.

#### Provision (f)

The Auditor reviewed the PAQ which indicated that within the past 12 months, 100% or 588 inmates have been assessed for the risk of victimization or risk of abusiveness of other inmates within 30 days of their entry into the facility. All were reassessed at their first team meeting, twenty-eight (28) days after their arrival.

Of the thirty inmates interviewed, all recalled being asked questions relative to this standard. Most indicated they recalled being interviewed within a couple weeks of arrival. A review of the records revealed forty-nine inmates had been reassessed within thirty days.

Out of the fifty records which were reviewed by the auditor, forty-nine had been reassessed within thirty (30) days. The reassessment of the lone outlier was completed as soon as he was released from a local hospital and arrived back at the institution. These finished screening documents were completed by different staff, with each instrument being finalized consistent with the standard.

#### Provision (g)

As stated in (a) the Auditor was able to speak with classification staff who were able to discuss the intake screening and classification process. Classification staff indicated they monitor the inmate population, and reassess when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that may have bearing on the inmate's risk of victimization or abusiveness. They added that transgender inmates are reassessed every 6 months.

### Provision (h)

FBOP Program Statement 5324.12, p. 32, section (h), indicates inmates are not to be disciplined for refusing to respond or electing not to disclose complete information regarding this provision. These policies specifically state if an inmate refuses to respond or elects not to disclose information that applies only to questions about disabilities; Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) status; gender nonconformance; previous sexual victimization; and the inmate's self-perception of vulnerability, he/she may not be disciplined.

Classification staff indicated they do not discipline any inmate for their refusal to answer these questions during an assessment, rather they indicated they would explain the reason behind the question and attempt to solicit a response. However, no disciplinary action would be taken if the inmate chose not to respond.

### Provision (i)

FBOP Program Statement 5324.12, p. 32, section (i), indicates 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 and security and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments.

As stated in (a), the Auditor interviewed classification staff. The classification staff indicated access to the inmate's classification information is secured, with controlled access by classification staff.

The Auditor interviewed the PCM regarding who can specifically access the screening information collected during intake and screenings, and was informed that Medical Staff, Mental Health Staff, Classification Staff and the PCM have access.

### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard which addresses Screening for Risk of Sexual Victimization and Abusiveness. No recommendations or corrective action is required.

## **Standard 115.42: Use of screening information**

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

#### **115.42 (a)**

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

of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

## 115.42 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 33

- BOP Inmate Screening Form
- Inmate Records

Interview with the following:

- National PREA Coordinator (NPC)
- PREA Compliance Manager (PCM)
- Staff Responsible for Risk Screening
- Random Inmates

Provision (a):

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 33, (a), indicates 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 sexual victimized from those at high risk of being sexually abusive.

The PCM indicated each assessment completed by staff is factored into the placement and programming of each inmate. He further stated the inmate's risk levels, housing and program assignments are guided with the use of these various assessments ensuring that every inmate, especially those at high risk of being sexually victimized, are separated from those at high risk of being sexually abusive.

Following a review of fifty inmate records, the Auditor was able to verify that the information from these assessments was being utilized in the various classification decisions made by staff.

Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 33 (b), indicates the information obtained during the screening process and PREA Mental Health Assessment is used to make individualize and safety-based determinations and assist in the initial classification and institutional assignment of the inmate, as well as determine work, education, and program assignments.

Through the interview process, staff who are responsible for risk screening indicated that because the assessment procedures being utilized, each inmate is individually evaluated. Staff not only use the assessment procedures which are in place, additional consideration is given to the discussions with each individual inmate when making classification and housing decisions.

Provision (c)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 33, (c), requires that when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and

in making other housing and programming assignments, the institution shall consider on a case-by-case basis whether the placement would ensure the inmate's health and safety, and whether the placement would present management or security concerns.

During interviews with staff that are responsible for risk screening, they indicated the transgender or intersex inmates view of their own safety is taken into serious consideration when determining housing placements and programming assignments. In addition, the staff who are responsible for risk screening indicated because of the assessments that are utilized, each inmate is evaluated individually.

The interview notes of the NPC, indicated according to FBOP policy, the gender identification of each inmate is initially determined by their sex assignment at birth; however, from that point forward every inmate is individually assessed and classified to ensure the safety of each inmate, as well as the safety of the inmate population.

During the interviews with five transgender inmates, each reported they believed the DEV staff had taken their health and safety into consideration when making housing and programming assignments.

#### Provision (d)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 33, (d), states that placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.

Through the interview process, the NPC, the PCM and intake staff responsible for screening, all indicated transgender or intersex inmate's views of their own safety is given great weight when making decisions regarding housing placement or programming assignments. Each further confirmed regular classification reassessments are conducted a minimum of every six (6) months, or if the inmate is involved in an incident of a sexual nature.

During the interview with the five transgender inmates, each indicated they were reassessed within 30 days of arrival. A review of their inmate records revealed they had been reassessed at their first unit team meeting, 28 days after they arrived at the facility.

#### Provision (e)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 33, (e), shows that a transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration.

Through the interview process with the NPC, the PCM and staff responsible for screening, all specified the transgender or intersex inmate's views of their own safety is given great weight when making decisions regarding housing placement or programming assignments. These inmates are interviewed further to determine enemies and potential or perceived threats. Housing placement and programming

assignments are based on this information.

During the interview with the five transgender inmates, each indicated they believed the DEV staff seriously considered their feelings and perceptions when making decisions regarding their case, programming, housing, etc. (see Provision c for details)

Provision (f)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 33, (f), reveals transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

According to the NPC, the PCM and the staff responsible for risk screening, each indicated the transgender or intersex inmate's views of their own safety is given serious consideration when providing showering options. In addition, they clarified, transgender or intersex inmates would be able to shower separately from other inmates by utilizing alternate shower times.

As previously identified, each of the housing units have bathrooms with shower stalls that are not easily seen by staff. The random staff who were interviewed also indicated that if a transgender or intersex inmate asked to shower separately, they would arrange a separate shower time from the other inmates. It was indicated that the alternate shower time would probably be thirty minutes to an hour before or after other inmates are allowed to shower.

During the interview with the five transgender inmates, they each confirmed, they were allowed to shower privately.

Provision (g)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 33, (g), specifies the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates.

During the interview process with the NPC and PCM, both indicated that neither the FBOP or DEV are under any consent decree, legal settlement, or legal judgment requiring the establishment of a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) inmates. Both indicated that all LGBTI inmates are housed within the general population unless specific issues are present and only then the appropriate staff will meet with the inmate and address the concerns.

During interviews with five transgender inmates, each indicated they were housed in general population.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has

determined the DEV meets the standard requiring the use of screening information. No recommendation or corrective action is required.

## 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 Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 33-35

#### Interview with the following:

- PREA Compliance Manager (PCM)

#### Provision (a):

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 33, (a), specifies that inmates at high risk for sexual victimization or those who report sexual victimization shall not be placed in involuntary administrative or punitive segregation unless there has been an assessment of all other available alternatives and a determination made that there are no other alternatives available.

According to the PAQ, during the past twelve months there have been no inmates placed into involuntary administrative or punitive segregation in accordance with this standard.

#### Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 34, (b), indicates that inmates placed into segregated housing as the only means of protecting such an inmate shall have access to all programs, privileges, education, and work opportunities, to the extent possible, and it shall only be until an alternative means of separation from the likely abuser can be arranged, a time period not to ordinarily exceed thirty days. In these cases, the facility shall clearly document the basis for the facility's concerns for the inmate's safety and the reason why no alternative means of separation can be arranged.

The PAQ reflects during the past twelve months there have been no inmates placed into involuntary administrative or punitive segregation in accordance with this standard. Consequently, no inmates could be interviewed relative to this provision.

#### Provision (c)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 34, (c), states the facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

The PAQ reflects during the past twelve months there have been no inmates placed into protective custody in accordance with this standard, specific to a period longer than 30 days while awaiting alternative placement. This was confirmed during the interview with the PCM.

#### Provision (d)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 34, (d), indicates if an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document:

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

This was confirmed during the interview with the PCM.

#### Provision (e)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 34, (e), states inmates placed into segregated housing as the only means to protect such an inmate shall be afforded reviews by the facility every thirty days to determine whether there is a need to continue separation from the general population.

The PAQ reflects during the past twelve months there have been no inmates placed into protective custody in accordance with this standard. This was confirmed during interviews with the PCM.

#### Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the DEV meets the standard relative to protective custody. No recommendation or corrective action is required.

## 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 Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 35, 37
- FBOP Program Statement (PS) 3420.11, *Standards of Employee Conduct*, dated 12/6/2013, pp. 4-6
- U.S. Department of Justice (USDOJ), Federal Bureau of Prisons (FBOP), *Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders*, dated July 2018

- PREA Posters in English and Spanish

Observations during on-site review

Interview with the following:

- PREA Compliance Manager (PCM)
- Random Staff
- Random Inmates

Provision (a):

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 35, (a), specifies that the FBOP shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates may report sexual abuse or sexual harassment verbally or in writing, third-party or anonymously. Inmates may file a grievance, call the PREA hotline, contact OIG through TRULINCS on the computer, tell the PCM, or they may tell any staff, contractor or volunteer and expect the information to be reported immediately and thoroughly investigated as indicated in this policy.

Of the forty-four staff interviewed, all indicated they would accept a report or allegation from the inmate and provide it to their supervisor for further direction. They each also reported inmates can report several different ways which includes telling a staff member, calling the PREA hotline posted throughout the facility, or telling a family member. Staff interviewed stated inmates can privately report sexual abuse or sexual harassment as well; through the hotline number or notifying OIG through TRULINCS on the inmate computers.

Of the thirty inmates interviewed, all reported that they were aware of multiple ways to report incidents of sexual abuse or sexual harassment. These included using the hotline number, have family member contact the institution, contacting a staff member, and notifying OIG via TRULINCS. Most indicated they would tell a staff member first.

During the on-site portion of the audit, the Auditor observed numerous different PREA posters in both English and Spanish throughout the facility. These posters were observed in each housing unit, common areas, main hallways, intake holding area, dining room, etc. The Auditor checked numerous inmate telephones throughout the facility, and all were in working order and readily available in each housing unit. Likewise, all the inmate computers throughout the facility were in working order and readily available to each inmate in their respective housing units.

### Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 35, (b), specifies the agency shall provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. It goes on to say inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

The PCM was interviewed regarding the FBOP's process for providing one way for the inmate population to report abuse or harassment to a public or private entity. He indicated the inmates can use the PREA hotline and leave an anonymous message. He further stated that these messages are provided directly to the agency level PREA Coordinator for appropriate follow-up and resolution. The Auditor was able to view spreadsheets, which identify the facility and the issue; however, there is no indication of who the reporting party is, therefore, maintaining anonymity.

Of the thirty inmates interviewed regarding this provision, all were familiar with the telephone number posted throughout the facility that inmates could call for free. However, some were skeptical it was anonymous.

During the on-site tour, each phone that was tested was in working order and could call out to the local PREA Hotline as well as the National Sexual Abuse Hotline. Both provided sufficient time to leave a detailed message to follow-up and never required personal identifying information. Additionally, DEV uses LanguageLine Solutions for interpreter services, which is used when a staff member is not available who is bilingual.

### Provision (c)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 35, (c), states FBOP employees, including DEV employees, can receive information, including verbal, written, third-party reports or anonymous complaints, concerning inmate sexual abuse, sexual harassment, and custodial sexual misconduct.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 37, (a), states that the agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion or information regarding sexual abuse, sexual harassment that occurred in the facility, whether or not it is part of the agency; retaliation against inmates or staff who reports such an incident; and any staff neglect or violation of responsibilities that may have

contributed to an incident of retaliation.

U.S. Department of Justice (USDOJ), Federal Bureau of Prisons (FBOP), *Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders*, dated July 2018, page three (3), list the following ways an inmate can report an incident of sexually abusive behavior:

- Tell a staff member you trust (Case Manager, Chaplain, Psychologist, SIS, PCM, Warden)
- Write directly to the Warden, Regional Director or Director
- File an Administrative Remedy
- Write the Office of the Inspector General (OIG)
- Email OIG via TRULINCS

Addresses are given for each method of reporting. It specifically identifies the emails to OIG to report anonymously, stating these emails:

- are untraceable at the local institution
- are forwarded directly to OIG
- will not be saved in your email "Sent" list
- do not allow for a reply from OIG
- If you want to remain anonymous to the FBOP, you must request it in the email to OIG

Of the thirty inmates interviewed regarding this provision, 100% indicated they were aware they can make reports of sexual abuse or sexual harassment in person and in writing.

#### Provision (d)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 35, (d), states the agency shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates.

Through interviews with forty-four staff, several methods for staff to privately report sexual abuse of inmates were identified. All staff indicated they may choose to make a private report to their supervisor, the National PREA Coordinator, OIG, SIS or the PCM.

#### Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined DEV meets the standard relative to inmate reporting. No recommendation or corrective action is required.

## **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 file 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.*

#### Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 1330.18, *Administrative Remedy Program*, dated 1/6/2014, pp. 13-16
- FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 36

#### Observations during on-site review

##### Provision (a):

In the PAQ facility reported the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse and sexual harassment. The PAQ also reflects, DEV had zero grievances for sexual abuse or sexual harassment in the past twelve months.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 36, states to see the Program Statement *Administrative Remedy Program*, or current version of the policy.

FBOP Program Statement (PS) 1330.18, *Administrative Remedy Program*, dated 1/6/2014, p.13, (a) states the FBOP has an administrative remedy system, and therefore section 115.52 (a) does not apply.

FBOP Program Statement (PS) 1330.18, *Administrative Remedy Program*, dated 1/6/2014, p.1, indicates the purpose of the Administrative Remedy Program is to allow an inmate to seek formal review of an issue relating to any aspect of his own confinement.

##### Provision (b)

FBOP Program Statement (PS) 1330.18, *Administrative Remedy Program*, dated 1/6/2014, p. 13, (b), 1-4, states the following:

1. The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse.
2. The agency may apply otherwise applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.
3. The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
4. Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable state of limitations has expired.

Provision (c)

FBOP Program Statement (PS) 1330.18, *Administrative Remedy Program*, dated 1/6/2014, p. 14, (c), states the agency shall ensure:

1. An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint
2. Such grievance is not referred to a staff member who is the subject of the complaint.

Provision (d)

FBOP Program Statement (PS) 1330.18, *Administrative Remedy Program*, dated 1/6/2014, p. 14 (d) 1-4 states:

1. The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievance
2. Computation of the ninety day-time period shall not include time consumed by inmates during the course of an administrative appeal.
3. The agency may claim an extension of time to respond, of up to seventy days if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made.
4. At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for replay, including any properly notices extension, the inmate may consider the absence of a response to be a denial at that level.

During the on-site review of documentation, the Auditor confirmed all time frames had been met and no extensions were needed.

Provision (e)

FBOP Program Statement (PS) 1330.18, *Administrative Remedy Program*, dated 1/6/2014, p. 14 (e) 1-3 states:

1. Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and shall also be permitted to file such requests on behalf of inmates.
2. 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 behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.
3. If the inmate declines to have the request processed on his behalf, the agency shall document the inmate's decision.

#### Provision (f)

FBOP Program Statement (PS) 1330.18, *Administrative Remedy Program*, dated 1/6/2014, p. 14-15, (f) 1-2 states:

1. The agency shall establish procedures for the filing of an emergency grievance where an inmate is subject to a substantial risk of imminent sexual abuse.
2. After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (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, shall provide an initial response within forty-eight hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

#### Provision (g)

FBOP Program Statement (PS) 1330.18, *Administrative Remedy Program*, dated 1/6/2014, p. 15, (g) states the agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

#### Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding exhaustion of administrative remedies. No recommendations or corrective action is required.

## **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:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- DEV *Admission and Orientation Handbook*, dated August 2021, pp. 74-79,
- PREA Posters
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 36
- Agreement between DEV and University of Massachusetts Chan Medical School

Observations during on-site review

Interviews with the following:

- Inmate who reported sexual abuse
- Random Inmates

### Provision (a)

On the PAQ the facility reported it provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by:

- Giving inmates mailing addresses and telephone numbers (including toll-free numbers) for local, state, or national victim advocate or rape crisis organizations
- Giving inmates mailing addresses and telephone numbers (including toll free numbers) for immigrant service agencies for persons detained solely for civil immigration purposes
- Enable reasonable communication between inmates and these organizations in as confidential a manner as possible.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 36, states the facility shall provide 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, and for persons detained solely for immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

During the interview process with SANE personnel, it was revealed a victim advocate is made available to be present with the victim before, during and following the examination. Additionally, the advocate conducts follow-up contacts with the victim to ensure aftercare is arranged and firmly in place.

During the tour of the facility, the Auditor observed posters throughout the facility. The posters regularly stated, "You have a right to be free from sexual assault" or "zero-

tolerance for sexual abuse or assault". The posters had a victim support telephone number to call. An inmate can also go to any inmate computer and be connected to TRULINCS, for free, and confidentially report sexual abuse or assault. The Auditor utilized the telephone number provided and was able to confirm it was functioning for the identified services. Lastly, postings around the facility as well as the *A&O Handbook* let inmates know they have the ability to notify the PCM, or other staff member, of any incident of sexual abuse or harassment.

#### Provision (b)

On the PAQ the facility reported it tells inmates the extent to which communications will be monitored and the limits of confidentiality due to mandatory reporting laws.

During the tour of the facility, the Auditor tested several inmate phones to ensure they worked. Each time the telephones functioned appropriately. The phones are checked once on each shift by an intermediate or higher-level staff member to make sure they are in working order to reach the outside support agency without difficulty.

#### Provision (c)

On the PAQ the facility reported it does have an agreement with a community service provider and does maintain a copy of the agreement. The Auditor was able to confirm this, through a review of the agreement. The agreement is between DEV and the University of Massachusetts Chan Medical School.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding inmate access to outside confidential support services. No recommendations or corrective action is required.

## **Standard 115.54: Third-party reporting**

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

#### **115.54 (a)**

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

#### **Auditor Overall Compliance Determination**

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

standard for the relevant review period)

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

### Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 37
- FBOP webpage link

### Provision (a)

On the PAQ, the facility reported there is access to third-party reporting through their agency website.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 37, states the agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.

The FBOP has provided access to a third-party reporting process through their agency website. On the agency website, the individual wishing to report a PREA related incident can access this through the following link:

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

This link allows for the initiation of a third-party request.

### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding third-party reporting. No recommendations or corrective action is required.

**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.*

#### **Documentation Reviewed:**

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 37-38

#### **Interviews with the following:**

- National PREA Coordinator (NPC)
- Facility Head - Warden
- PREA Compliance Manager (PCM)
- Random Staff

#### **Provision (a)**

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 37, (a), specifies the FBOP shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to any incident or retaliation.

During interviews with forty-four staff, 100% were aware of this requirement and were able to explain how they would immediately report an allegation of sexual abuse in a manner compliant with policy. Moreover, each verbalized information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, medical staff, etc. All staff indicated PREA related allegations and reports go to the PCM, who then notifies the investigative staff.

#### **Provision (b)**

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and*

*Intervention Program*, dated 6/4/2015, p. 38, (b), states apart from reporting to designated supervisors or official, staff shall not reveal 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.

During interviews with forty-four staff, 100% were aware of this requirement and were able to verbalize how they would immediately report an allegation of sexual abuse. Further, each articulated information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, medical staff, etc.

#### Provision (c)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 38, (c), declares unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

During interviews with medical and mental health individuals, all were aware of this requirement and were able to verbalize how they would immediately report an allegation of sexual abuse. Further, each verbalized their understanding of the policy as well as their rights and responsibilities. They all articulated their understanding of the obligation to advise the victim (inmate) of the limitations of confidentiality, due to the mandatory reporting law, prior to the initiation of services.

#### Provision (d)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 38, (d), mandates that if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Through the interview process with the Warden and NPC, it was revealed they were aware of this requirement and would report any abuse allegations to the appropriate agency, as required by law, as well as the PCM and facility and/or agency investigators.

#### Provision (e)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 38, (e), indicates the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

In interviews with the NPC and PCM each confirmed allegations of sexual abuse and sexual harassment are reported to the PCM and SIS investigators.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding staff and agency reporting duties. No recommendations or corrective action is required.

**Standard 115.62: Agency protection duties**

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

**115.62 (a)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 38

Interviews with the following:

- Agency Head (AH)
- Facility Head – Warden
- Random Staff

Provision (a)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 38, states that when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediately action to protect the inmate.

Interview notes reflect the AH indicated if he received such information, he would contact the facility where the inmate was housed and if necessary, the inmate could be temporarily transferred while the investigation was completed. If the perpetrator were identified, the perpetrator would be placed in disciplinary segregation pending completion of the investigation.

The Warden indicated she would take immediate action to protect the victim (inmate). The victim might be moved to another area of the facility or to another facility all together, depending on what was needed to protect the victim. She stated the perpetrator, if known, would be placed in segregated housing.

During random staff interviews, staff reported if they received an allegation from an inmate, they would immediately separate the victim and the perpetrator, safeguard the victim, contact their supervisor, and preserve evidence.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding agency protection duties. No recommendations or corrective action is required.

### **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 Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 39-40

#### Interviews with the following:

- Agency Head or designee (AH)
- Facility Head - Warden
- National PREA Coordinator (NPC)
- PREA Compliance Manager (PCM)

#### Provision (a)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 39, (a) mandates the Warden, upon receiving an allegation that an inmate was sexually abused while confined in another facility, shall notify the lead of the other facility of the alleged abuse.

#### Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 39, (b) mandates that such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

#### Provision (c)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 40, (c) indicates the agency shall document that it has provided the notification.

### Provision (d)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 40, (d), the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

A review of interview notes reveal that the AH and the NPC confirmed any notification received regarding a PREA incident, whether it be sexual abuse or sexual harassment or sexual misconduct that occurred within any FBOP facility will be investigated in accordance with the guidelines of Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015.

The Warden, and PCM both indicated once an allegation of sexual abuse or sexual harassment is received from another agency, it is immediately assigned to an SIS investigator to conduct the investigation.

### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding reporting to other confinement agencies. No recommendations or corrective action is required.

## **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 Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 40

#### Interviews with the following:

- Facility Head - Warden
- First Responders

#### Provision (a)

FBOP Program Statement (PS) 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 40, (a), 1-4, states that upon learning of an allegation that an inmate was sexually abused, the first custody staff member to respond shall be required to:

1. Separate the alleged victim and abuser
2. Protect and preserve the crime scene until appropriate steps can be taken to collect evidence

3. If the abuse occurred with a time period that still allows for the collection of physical evidence, request the alleged victim not take any actions that could destroy evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating
4. If the abuse occurred with a time period that still allows for the collection of physical evidence, ensure the alleged abuser does not take any actions that could destroy evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating

On the PAQ, DEV indicated they had zero grievances for alleged sexual abuse and harassment in the past 12 months.

The Warden indicated first responder staff have been trained in the PREA process, and frequent training is conducted to ensure competency and compliance.

During interviews, staff, were able to articulate to the Auditor how to respond to a PREA incident. All staff, volunteers and contractors were aware of the mandate to separate the perpetrator from the victim, preserve physical evidence, as well as the area the incident occurred, seek medical aid, as needed, and report the incident.

During the interview process with a first responder, it was indicated training in the PREA process is through annual in-service training, on-the-job training, and staff meetings.

Non-custody staff who were interviewed, all stated they would notify custody staff, separate the victim and the perpetrator, direct the victim and the perpetrator not to do anything to destroy evidence and keep the scene secure until custody staff arrived. They all verbalized the importance of, as well as their understanding of the need for confidentiality in all cases.

#### Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 40, (b), states that if the first responder is not a custody staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy evidence, and then notify custody staff.

The Auditor's reviewed the PREA training curriculum that all staff, volunteers, and contractors receive, and it identifies whoever received the information first, as a first responder, including staff, volunteers, and contractors. As a first responder these individuals are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the alleged perpetrator, remove all uninvolved parties, relay any observations to SIS investigators, PCM or the Operations Lieutenant.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding staff first responder duties. No

recommendations or corrective action is required.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015
- ONESource First Responder Reference Guide, Sexual Assault Crisis Intervention

#### Interviews with the following:

- Facility Head – Warden

#### Provision (a)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 40, states the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 40, gives the responsibilities of all staff members upon learning of an allegation of a PREA related incident.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 40-41, gives the responsibilities of the Operations Lieutenant upon learning of an allegation of a PREA related incident.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 41, gives the responsibilities of the PREA Compliance Manager upon learning of an allegation of a PREA related incident.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 41, gives the responsibilities of the Correctional Services staff upon learning of an allegation of a PREA related incident.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 41, gives the responsibilities of the Psychology Services staff upon learning of an allegation of a PREA related incident.

Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 41, gives the responsibilities of the Health Services staff upon learning of an allegation of a PREA related incident.

The Warden confirmed, during the interview process that the coordinated response has been identified in the policies listed above. She indicated each item breaks down what the various responsibilities are for the respective staff members and positions. Training is provided routinely through annual in-service training, monthly staff meetings and on-the-job training. She further verbalized the staff have access to the *ONESource First Responder Reference Guide, Sexual Assault Crisis Intervention*, which gives step-by-step instructions for first responders, and states exactly what the next staff member is required to do, etc. The form has a place to mark off when the objective or responsibility has been completed and a place for comments.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV exceeds the standard regarding coordinated response. The coordinated response at DEV is well thought out and expertly implemented. No recommendations or corrective action is required.

## **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.*

### Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 40-42
- ONESource First Responder Reference Guide, Sexual Assault Crisis Intervention

### Interviews with the following:

- Facility Head - Warden

### Provision (a)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 40, states the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 40, gives the responsibilities of all staff members upon learning of an allegation of a PREA related incident.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 40-41, gives the responsibilities of the Operations Lieutenant upon learning of an allegation of a PREA related incident.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 41, gives the responsibilities of the PREA Compliance Manager upon learning of an allegation of a PREA related incident.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 41, gives the responsibilities of the Correctional Services staff upon learning of an allegation of a PREA related incident.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 41, gives the responsibilities of the Psychology Services staff upon learning of an allegation of a PREA related incident.

Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 41, gives the responsibilities of the Health Services staff upon learning of an allegation of a PREA related incident.

DEV coordinates actions taken in response to an incident of sexual abuse among first responders, medical and mental health professions, investigators, and executive staff. First responders are guided by the One Source First Responders guide. Following the initial response, continued coordination between departments is achieved through PREA after action meetings and use of the One Source First Responders guide.

The Warden confirmed the coordinated response has been identified in the policies listed above. She indicated each item breaks down what the various responsibilities are for the respective staff members and positions. Training is provided routinely through annual in-service training, monthly staff meetings and on-the-job training. She further verbalized the staff have access to the *ONESource First Responder Reference Guide, Sexual Assault Crisis Intervention*, which gives step-by-step instructions for first responders, and states exactly what the next staff member is required to do, etc. The form has a place to mark off when the objective or responsibility has been completed and a place for comments.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding coordinated response. No recommendations or corrective action is required.

## 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 Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 42-43

Interviews with the following:

- Facility Head – Warden
- PREA Compliance Manager (PCM)

#### Provision (a)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 42, (a), indicates the agency shall establish a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and shall designate which staff member or departments are charged with monitoring retaliation.

According to the PAQ, the PCM at DEV has been identified as the individual who is primarily responsible for monitoring possible retaliation.

#### Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 42, (b), indicates the agency shall employ multiple protective 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.

During the interview process, the Warden disclosed there are multiple measures used to protect inmates and staff from retaliation. These actions include monitoring if the inmate is being given changes in housing assignments, work assignments or an increase in disciplinary reports. The monitoring of staff includes watching for negative performance reviews or work reassignments.

#### Provision (c)

According to the PAQ, DEV generally monitors for retaliation for a period of 90 days, unless further monitoring is needed. The PAQ also indicated, DEV did not have any instances of retaliation in the past twelve months.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 43, (c), states for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates

or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The Warden made it clear retaliation is not tolerated at DEV. She emphasizes to staff and inmates that they can speak about PREA issues without fear of retaliation. She stressed that if retaliation does occur, it is taken very seriously and always followed by an investigation.

#### Provision (d)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 43, (d), dictates in the cases of inmates, such monitoring shall also include periodic status checks. At DEV, these periodic status checks are generally conducted by Psychology Services staff in conjunction with the Captain of the Correctional Services Department.

#### Provision (e)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 43, (e), indicates if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

#### Provision (f)

Auditor is not required to audit this provision.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding agency protection against retaliation. No recommendations or corrective action is required.

## **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

*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:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Form BP-A1002, *Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation*.
- FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 43

#### Interviews with the following:

- Facility Head – Warden
- PREA Compliance Manager (PCM)

#### Provision (a)

The PAQ indicates DEV has not used segregated housing in the past 12 months for PREA related allegations. Interviews with the Warden and PCM confirmed this information.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 43, specifies that any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.43. FBOP Form BP-A1002, *Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation*, is also used in cases of post-allegation protective custody.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 34, the completed BOP-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, the BOP-A1002 becomes

part of the investigative file. The completed form is emailed to BOP-RSD-PREACORDINATOR@bop.gov and filed with the investigative case.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding post allegation protective custody. No recommendations or corrective action is required.

## 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 (I)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 43-45
- DOJ/OIG PREA Series 1811 Criminal Investigators Special Training for Investigators (Special Agents, Assistant Special Agents in Charge, Special Agents in Charge)
- Training records, *Investigative Intelligence – BOP (CSV-0600-BXX)*
- SIS/PREA National Video Conference Agenda
- SIS/SIA PREA Instructor Guide
- Office of Internal Affairs (OIA) Conducting Interviews & Union Issues lesson plan

#### Interviews with the following:

- National PREA Coordinator (NPC)
- Facility Head - Warden
- PREA Compliance Manager (PCM)
- Investigative Staff
- Inmate who reported sexual abuse

#### Provision (a)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 43, (a), states when the agency conducts its own investigations into allegations of sexual abuse or sexual harassment, it shall do it promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

At the time of the audit, DEV had four in-house investigators. The auditor reviewed documentation confirming the investigators completed the specialized investigative BOP training. SIS completes all administrative investigations. If the evidence suggests a crime has been committed, SIS will notify the Warden who contacts the FBI or OIG, whichever is the appropriate investigating agency. SIS continues to work with the investigating agency to ensure an open and fluid investigation. All substantiated criminal cases are referred for prosecution to the US Attorney's Office in the District in which the crime occurred.

The DOJ/OIG PREA Series 1811 Criminal Investigators Special Training for Investigators (Special Agents, Assistant Special Agents in Charge, Special Agents in Charge) confirms the investigators have been provided special training per PREA guidelines.

During the interview process with investigative staff, he confirmed investigations begin immediately following notification of the incident. He further reported the same protocols are used regardless of how the incident is reported, whether it is in person, telephonically, third party, by mail or anonymously.

In the past 12 months there were fourteen total sexual abuse and sexual harassment allegations received. The documentation included the report and the investigation. Six were sexual abuse and eight were sexual harassment. Twelve were inmate-on-inmate. Of those twelve, five were sexual abuse and seven were sexual harassment. The remaining two were staff-on-inmate sexual harassment and inmate-on-staff sexual abuse. Four inmate-on-inmate sexual abuse cases remain open, one inmate-on-staff sexual abuse; and one staff-on-inmate sexual harassment case remains open. Out of the remaining cases, after investigation, two were unfounded; three were unsubstantiated and three were substantiated. Ninety-day retaliation monitoring was implemented in all appropriate cases. All inmates were timely notified of the investigation determination. A sexual abuse incident review was conducted on all closed sexual abuse cases. In the past 12 months there were zero SAFE/SANE examinations. The inmate-on-staff sexual abuse was referred to the FBI for consideration for prosecution but ultimately prosecution was declined and the case was sent back to the institution for administrative processing. All were handled administratively, and no criminal charges were filed.

All cases had appropriate documentation of the inmate rights, direct and circumstantial evidence, witness statements, proper time frames, effective communication, safety of the inmate, as well as other mandated guidelines. After reviewing it was determined all guidelines had been met.

### Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 44, (b), indicates where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to §115.34.

SIS investigators receive additional training including interviewing techniques for sexual abuse victims, conducting sexual abuse investigations in a confinement setting, investigation and evidence collection for inmate sexual offenses, sexual harassment, and custodial sexual misconduct. This training is documented and was verified by the Auditor through employee electronic signatures on training sheets.

During the interview with investigative staff, it was confirmed he had attended these training sessions. The Auditor reviewed the investigators training records and verified his attendance and participation in all mandated training.

### Provision (c)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 44, (c), Mandates investigators shall gather and preserve direct and circumstantial evidence, including any available physical evidence and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator (previous unsubstantiated or unfounded complaints and reports may not be used as evidence).

During the interview, the investigative staff indicated all investigations follow practically the same investigative format. The victim is interviewed first, then any witnesses, leaving the perpetrator for last. He stated it varies slightly if it is an alleged Sexual Harassment rather than an alleged Sexual Assault or Sexual Abuse. If it is an alleged Sexual Assault or Sexual Abuse incident, he will go to the dedicated SAFE/SANE location where the victim is being seen.

Except in the cases where the SAFE/SANE team collects the evidence, the investigator indicated he collects and secures all evidence. He was trained in evidence collection through the agency's investigator training and NIC training. The Auditor reviewed training records, which confirmed this training.

### Provision (d)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 44, (d), specifies that when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

During interviews, the investigative staff reported when it appears a crime may have been committed; all questions immediately stop, and the Warden is contacted. The perpetrator is immediately read their Miranda rights and the case, including all evidence, is turned over to the FBI or OIG, whichever is appropriate. At this point, SIS will only conduct compelled interviews after consultation with the investigating agency or the prosecutors, and a definite determination is made such interviews will not be an obstacle for subsequent criminal prosecution.

#### Provision (e)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 44, (e), indicates the credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation.

The investigative staff reported credibility of anyone involved in the investigation is determined through the investigative process. Everyone is treated as credible and truthful unless the investigation proves otherwise. A polygraph is not used in the investigative process of PREA cases.

#### Provision (f)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 44-45, (f), indicates administrative investigations:

1. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
2. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.

Investigative staff reported in administrative investigations the evidence is followed as the investigation unfolds. In following the evidence, he attempts to determine if staff actions or failure to act contributed to the allegation. All findings are summarized in the final investigative report.

During the past 12 months there were a total of fourteen total sexual abuse and sexual harassment allegations received. The documentation included the report and the investigation. Six were sexual abuse and eight were sexual harassment. Twelve were inmate-on-inmate. Of those twelve, five were sexual abuse and seven were sexual harassment. The remaining two were staff-on-inmate sexual harassment and inmate-on-staff sexual abuse. Four inmate-on-inmate sexual abuse cases remain open, one inmate-on-staff sexual abuse; and one staff-on-inmate sexual harassment case

remains open. Out of the remaining cases, after investigation, two were unfounded; three were unsubstantiated and three were substantiated. Ninety-day retaliation monitoring was implemented in all appropriate cases. All inmates were timely notified of the investigation determination. A sexual abuse incident review was conducted on all closed sexual abuse cases. In the past 12 months there were zero SAFE/SANE examinations. The inmate-on-staff sexual abuse was referred to the FBI for consideration for prosecution but was ultimately prosecution was declined and the case was sent back to the institution for administrative processing. All were handled administratively, and no criminal charges were filed.

When reviewing the documentation of the cases the Auditor looked for inmate rights, direct and circumstantial evidence, witness statements, proper time frames, effective communication, safety of the inmate, as well as other mandated guidelines.

The documentation review included the original complaint, the referral for investigation, referrals for mental health and/or medical, and all subsequent available paperwork, including administrative remedy forms and responses where applicable. The allegations were investigated appropriately and timely and a finding was made as indicated previously.

#### Provision (g)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 45, (g), indicates criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

When asked about handling criminal investigations, the investigative staff reported he thoroughly documents all steps of the process, including investigative steps, interviews, facts, and findings, up until the point he determines it is criminal in nature and he notifies the Warden who turns it over to the FBI or OIG, whichever is appropriate.

According to the PAQ, in the past twelve months there have been zero substantiated allegations of conduct that appear to be criminal that were referred for prosecution.

#### Provision (h)

BOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 45, (h), mandates that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

Per the PAQ, in the past 12 months there have been zero criminal cases prosecuted.

Investigative staff indicated when evidence points to a crime being committed, the case is referred to OIG or FBI for investigation by the Warden. If the investigation uncovers evidence that a crime has been committed the case is forwarded to the US Attorney's

Office in the District where the crime was allegedly committed.

Provision (i)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 45, (i), indicates the agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.

During the interview, the investigator confirmed that if a principle (victim or abuser) is released or terminated from the agency, it in no way alters the investigation. The investigation continues to its natural end regardless of the employment or residence of the individuals involved.

Provision (k)

Auditor is not required to audit this provision.

Provision (l)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 45, (l), states when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the DEV meets the standard regarding criminal and administrative agency investigations. No recommendation or corrective action is required.

## 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.*

#### Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 45

#### Interview with the following:

- Investigative Staff

#### Provision (a)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 45, is clear the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The Auditor interviewed investigative staff who relayed that during an investigation, all available evidence is collected (from the victim, from the perpetrator, from the scene; interviews; etc.) and submitted to the Warden and PCM for their review and consideration.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding evidentiary standard for administrative investigations. No recommendations or corrective action is required.

## 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.*

#### Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 45-46
- Sample Memorandums for PREA File, *PREA Allegation*, Notification to victim of investigation outcomes, substantiated, unsubstantiated, unfounded
- PREA Compliance Manager Information Tracking Log

#### Interview with the following:

- Facility Head - Warden
- Investigative Staff

#### Provision (a)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 45-46, (a), specifies following an investigation into an inmate's allegation that he suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The Special Investigative Services Lieutenant provides all information to inmates required under this section.

The investigative staff specified the final step of the investigation process, takes place after all findings have been determined. At the conclusion of any PREA investigation

SIS submits, through the Warden's office, a closeout memorandum to the victim and the perpetrator, notifying each of the conclusion of the investigation and the findings. The Warden was asked a similar question and she echoed the response of the investigative staff.

Additional information received provided an overview of the administrative and criminal cases, including status. There were fourteen total sexual abuse and sexual harassment allegations received during the previous 12 months. The documentation included the report and the investigation. Six were sexual abuse and eight were sexual harassment. Twelve were inmate-on-inmate. Of those twelve, five were sexual abuse and seven were sexual harassment. The remaining two were staff-on-inmate sexual harassment and inmate-on-staff sexual abuse. Four inmate-on-inmate sexual abuse cases remain open, one inmate-on-staff sexual abuse; and one staff-on-inmate sexual harassment case remains open. Out of the remaining cases, after investigation, two were unfounded; three were unsubstantiated and three were substantiated. Ninety-day retaliation monitoring was implemented in all appropriate cases. All inmates were timely notified of the investigation determination. A sexual abuse incident review was conducted on all closed sexual abuse cases. In the past 12 months there were zero SAFE/SANE examinations. The inmate-on-staff sexual abuse was referred to the FBI for consideration for prosecution but was ultimately prosecution was declined and the case was sent back to the institution for administrative processing. All were handled administratively, and no criminal charges were filed.

#### Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 46, (b), indicates if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.

According to the PAQ, during the past twelve months there have been no criminal investigations by outside agencies.

#### Provision (c)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 46, (c), 1-4 states following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever:

1. The employee/staff is no longer posted within the inmate's unit
2. The employee/staff is no longer employed at the facility
3. The employee/staff has been indicted on a charge related to the sexual abuse within the facility
4. The employee/staff has been convicted on a charge related to the sexual abuse within the facility

All notifications shall be documented.

As previously stated in provision (a), the victims are notified via memorandum, issued through the Warden's office, from the SIS Lieutenant to the alleged victim.

Provision (d)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 46, (d), 1-2, states following an inmate's allegation that he has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever:

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

All notifications shall be documented.

As previously stated in provision (a), the victim is notified via memorandum, issued through the Warden's office, from the SIS Lieutenant to the alleged victim.

Provision (e)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 46, (e), states all such notification or attempted notification shall be documented.

As previously stated in provision (a), the victim is notified via memorandum, issued through the Warden's office, from the SIS Lieutenant to the alleged victim.

There were fourteen total sexual abuse and sexual harassment allegations received during the previous 12 months. The documentation included the report and the investigation. Six were sexual abuse and eight were sexual harassment. Twelve were inmate-on-inmate. Of those twelve, five were sexual abuse and seven were sexual harassment. The remaining two were staff-on-inmate sexual harassment and inmate-on-staff sexual abuse. Four inmate-on-inmate sexual abuse cases remain open, one inmate-on-staff sexual abuse; and one staff-on-inmate sexual harassment case remains open. Out of the remaining cases, after investigation, two were unfounded; three were unsubstantiated and three were substantiated. Ninety-day retaliation monitoring was implemented in all appropriate cases. All inmates were timely notified of the investigation determination. A sexual abuse incident review was conducted on all closed sexual abuse cases. In the past 12 months there were zero SAFE/SANE examinations. The inmate-on-staff sexual abuse was referred to the FBI for consideration for prosecution but ultimately prosecution was declined, and the case was sent back to the institution for administrative processing. All were handled administratively, and no criminal charges were filed.

Provision (f)

The Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding reporting to inmates. No recommendations or corrective action is required.

<b>DISCIPLINE</b>
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### 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 Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 47
- FBOP, Program Statement (PS), 3420.11, *Standards of Employee Conduct*, dated 12/6/2013, pp. 6-7

#### Interviews with the following

- Facility Head - Warden
- PREA Compliance Manager (PCM)

#### Provision (a)

According to the PAQ, during the previous twelve months there had not been any terminations, resignations, or other sanctions against staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 47, (a), states staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies.

FBOP, Program Statement (PS), 3420.11, *Standards of Employee Conduct*, dated 12/6/2013, p. 7, states employees are subject to administrative action, up to and including removal, for any inappropriate contact, sexual behavior, or relationship with inmates, regardless of whether such contact constitutes a prosecutable crime. Physical contact is not required to subject an employee to sanctions for misconduct of a sexual nature.

#### Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 47, (b), states termination shall be the

presumptive disciplinary sanction for staff who have engaged in sexual abuse.

FBOP, Program Statement (PS), 3420.11, *Standards of Employee Conduct*, dated 12/6/2013, pp. 7, states an employee may not engage in, or allow another person to engage in, sexual behavior with an inmate. There is never any such thing as *consensual* sex between staff and inmate.

The Warden confirmed during the previous twelve months there had not been any terminations, resignations, or other sanctions against staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies.

#### Provision (c)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 47, (c), states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed to comparable offenses by other staff with similar histories.

During an interview with the PCM, he confirmed during the previous twelve months there had not been any terminations, resignations, or other sanctions against staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies.

#### Provision (d)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 47, (d), states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The Warden confirmed during the previous twelve months there had not been any terminations, resignations, or other sanctions against staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding disciplinary sanctions for staff. No recommendations or corrective action is required.

## **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 Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 47
- FBOP, Program Statement (PS), 3420.11, *Standards of Employee Conduct*, dated 12/6/2013, pp. 6-7
- Warden Memorandum, *Assurance Memo: 115.77 (a)-3; (b)-1*, dated August 24, 2021

### Interview with the following

- Facility Head - Warden

### Provision (a)

The PAQ indicates there have been no reports of sexual abuse by contractors or volunteers at DEV, during the past 12 months.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 47, (a), indicates 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.

The Warden Memorandum, *Assurance Memo: 115.77 (a)-3, (b)-1*, dated August 24, 2021, indicates there have been no reports of sexual abuse by contractors or volunteers at DEV during the past 12 months. Consequently, no volunteers or contractors have been reported to law enforcement agencies or relevant licensing bodies.

### Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 47, (b), indicates the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

During an interview with the Warden, she disclosed that when an issue is brought to her attention, she immediately refers the matter to SIS for follow-up. During this time, the contractor or volunteer is not allowed access to the facility pending investigation and review of the matter.

### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding corrective action for contractors and volunteers. No recommendations or corrective action is required.

## **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.*

Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 48
- FBOP Program Statement (PS) 5270.09, *Inmate Discipline Program*, dated July 8, 2011, p. 46, Prohibited Act #205

Interview with the following

- Facility Head - Warden
- Medical Staff

Provision (a)

The PAQ reflects in the past twelve months there have been twelve administrative or criminal findings of inmate-on-inmate sexual abuse at the facility.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 48, (a) states inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmates engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

Additional information received provided an overview of the Administrative and Criminal cases, including status. There were fourteen total sexual abuse and sexual harassment allegations received during the previous 12 months. The documentation included the report and the investigation. Six were sexual abuse and eight were sexual harassment. Twelve were inmate-on-inmate. Of those twelve, five were sexual abuse and seven were sexual harassment. The remaining two were one staff-on-inmate sexual harassment and one inmate-on-staff sexual abuse. Four inmate-on-inmate sexual abuse cases remain open, one inmate-on-staff sexual abuse; and one staff-on-inmate sexual harassment case remains open. Out of the remaining cases, after investigation, two were unfounded; three were unsubstantiated and three were substantiated. Ninety-day retaliation monitoring was implemented in all appropriate cases. All inmates were timely notified of the investigation determination. A sexual abuse incident review was conducted on all closed sexual abuse cases. In the past 12 months there were zero SAFE/SANE examinations. The inmate-on-staff sexual abuse was referred to the FBI for consideration for prosecution but ultimately prosecution was declined, and the case was sent back to the institution for administrative processing. All were handled administratively, and no criminal charges were filed.

#### Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 48, (b) states sanctions shall be commensurate with the nature and circumstance of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

Through the interview process, the Warden indicated inmate discipline is based on level of the violation and penalties are imposed comparable to other inmate's penalties. Penalties might include change of housing assignment, loss of good time credit, and possible prosecution, when appropriate.

#### Provision (c)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 48, (c) indicates the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

During the interview process, the Warden confirmed if the inmate has a mental health history, mental health staff will be involved to assist in determining appropriate sanctions.

#### Provision (d)

The PAQ indicates DEV does offer therapeutic services and interventions to inmates.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 48, (d) indicates if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for abuse, the facility shall consider whether to require the offending inmate to participate in such intervention as a condition of access to programming or other benefits.

During interviews with medical staff, the Auditor was informed that medical staff can make recommendations for referrals for inmates for therapy, counseling, or other interventions to address underlying issues related to abuse. The inmate's issues would be addressed during regular counseling sessions or group counseling sessions. Participation in interventions is not a condition for access to other programming or benefits.

#### Provision (e)

The PAQ reflects DEV only disciplines inmates for sexual contact with staff when it is determined the staff member did not consent.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and*

*Intervention Program*, dated 6/4/2015, p. 48, (e) states the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Provision (f)

The PAQ reflects DEV prohibits disciplinary action for a report of sexual abuse made in good faith.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 48, (f) states for the purpose of disciplinary action, a report of sexual abuse made in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

During the interview process, the Auditor learned in the past 12 months there had not been any disciplinary action taken against any inmates for a report of sexual abuse made in good faith.

Provision (g)

The PAQ indicates DEV prohibits all sexual activity between inmates. Further, it states DEV only considers sexual activity between inmates to be sexual abuse if it is coerced.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 48, (g) indicates that an agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

FBOP Program Statement (PS) 5270.09, *Inmate Discipline Program*, dated July 8, 2011, p. 46, Prohibited Act #205, says engaging in sexual acts is prohibited.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding disciplinary sanctions for inmates.

No recommendations or corrective action is required.

## **MEDICAL AND MENTAL CARE**

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

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

#### **115.81 (a)**

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

#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 49-50
- Warden Memorandum, *PREA Standard 115.81 (a)/(c)-1, (a)/(c)-4, (d)-1, (e)-1*, dated August 24, 2021

Observations during on-site review

Interview with the following

- Warden
- PREA Compliance Manager
- Medical Staff

Provision (a)

The PAQ reflects in the past 12 months, DEV referred 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health professional.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 49, (a) states 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, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Warden Memorandum, *PREA Standard 115.81 (a)/(c)-1, (a)/(c)-4, (d)-1, (e)-1*, dated August 24, 2021, confirms institution staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake screening if the inmate has experienced prior sexual victimization.

The Auditor interviewed staff who conduct the intake screenings. These staff confirmed inmates are offered a follow-up meeting with a mental health professional, within 14-days of intake, if the intake screening indicates the inmate is at high risk for possible victimization, aggressiveness or has a history of victimization.

During the documentation review, the Auditor discovered all mental health referrals, because of disclosure during intake, were timely made. All referrals were evaluated within

the appropriate time frame.

Provision (b)

The PAQ reflects in the past 12 months, DEV referred 100% of inmates who disclosed previously perpetrated sexual abuse during screening were offered a follow-up meeting with a medical or mental health professional. As stated in Provision (a), all referrals and evaluations were made timely.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 49, (b), states if the screening pursuant to §115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Provision (c)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 49, (c), states 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, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

DEV is not a jail.

Provision (d)

The PAQ indicates DEV strictly limits information obtained in intake screening relating to sexual abuse to those who need to make management, security, or treatment plan decisions.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 49, (d) indicates that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, or as otherwise required by Federal, State, or local law.

Medical staff confirmed DEV utilizes Bureau Electronic Medical Records (BEMR) to document cases of sexual abuse and/or sexual harassment.

During the interview process, the Warden indicated most information related to sexual victimization or abusiveness that occurred in the institution setting is strictly limited to medical and mental health professions, some tracking information and/or

safeguarding information may be seen by custody and non-health care personnel. For example, if the inmate is deemed to be at-risk for victimization or abusiveness, non-healthcare personnel would have access to this designation through the inmate's SENTRY assignments and TRUSCOPE advisory lists. Additionally, if an inmate has a Security Threat Group (STG) designation, this information would also be available to non-health care personnel.

The Auditor interviewed staff who conduct the intake screenings and was informed that all medical and mental health records are contained in a separate and secure database. This database is accessed only through medical or mental health staff, and information is only provided to classification and high-level staff on a need-to-know basis.

#### Provision (e)

The PAQ indicates DEV medical and mental health professionals obtain informed consent prior to reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 50, (e), states medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institution setting, unless the inmate is under the age of 18.

The Warden indicated there have been no instances of a medical or mental health practitioner reporting information about prior sexual victimization that did not occur in an institutional setting. If an instance should occur that involved the need to report such information, informed consent would be obtained prior to the disclosure of that, unless the inmate is under the age of 18.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding medical and mental health screenings, history of sexual abuse. No recommendations or corrective action is required.

## **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.*

### Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 50-51
- Warden Memorandum, Assurance Memo: 115.82 (a) - 3, dated August 25, 2021

Interview with the following

- Medical Staff
- First Responders
- SAFE/SANE

Provision (a)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 50, (a), states inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

Warden Memorandum, Assurance Memo: 115.82 (a) - 3, dated August 25, 2021, indicates DEV provides immediate treatments and intervention, within 24 hours of report, for all inmate victims of sexual abuse. All documentation is kept in BEMR and PDS/BEMR (electronic records) and are available for review on-site.

All forensic medical exams are conducted by UMass Memorial Campus which is a Massachusetts Department of Public Health designated Sexual Assault Nurse Examiner (SANE) site hospital. Through the interview process it was revealed the SANE exam includes a forensic exam, prophylaxis for pregnancy and sexually transmitted diseases, photographic documentation, referrals for appropriate medical and psychological follow-up, as well as support and participation in legal proceedings. An advocate is provided for medical accompaniment for all SANE examinations. SANE personnel confirmed the forensic exams are free to the inmate. All DEV inmates are transported to the hospital for forensic exams.

Through the interview process, medical and mental health staff reported treatment is provided immediately and is based on their professional judgment. Medical and mental health staff work together to ensure the inmate received the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 51, (b), states if no qualified medical or mental health practitioners are on duty at the time a report of sexual abuse is made, custody staff first responders shall take preliminary steps to protect the victim pursuant to §115.62 and shall immediately notify the appropriate medical and mental health practitioners.

Interviews with first responders revealed notification is made via the telephone to the

medical staff who are on duty when they are informed of an incident of sexual abuse. The inmate is then transferred to a local hospital for a Sexual Assault Response Team (SART) exam by a SAFE/SANE practitioner.

Provision (c)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 51, (c), states inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, when medical appropriate.

As previously cited in Provision (a) Medical and Mental Health staff interviewed by the Auditor reported treatment is provided immediately and is based on their professional judgment. Medical and mental health staff work together to ensure the inmate received the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

Provision (d)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 51, (d), states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding access to emergency medical and mental health services. No recommendations or corrective action is required.

**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.*

#### Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 51-52

#### Interview with the following:

- Medical and Mental Health Staff
- PREA Compliance Manager (PCM)

#### Provision (a)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 51, (a), indicates the facility shall offer medical and mental health evaluations and, as appropriate treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

All forensic medical exams are conducted by UMass Memorial Campus which is a Massachusetts Department of Public Health designated Sexual Assault Nurse Examiner (SANE) site hospital. Through the interview process it was revealed the SANE exam includes a forensic exam, prophylaxis for pregnancy and sexually transmitted diseases, photographic documentation, referrals for appropriate medical and psychological follow-up, as well as support and participation in legal proceedings. An advocate is provided for medical accompaniment for all SANE examinations. SANE personnel confirmed the forensic exams are free to the inmate. All DEV inmates are transported to the hospital for forensic exams.

The Auditor reviewed records produced by the facility documenting the community standard of care, the evidence of sexually transmitted infection testing, prophylaxis treatment, psychiatry and psychology services, crisis intervention. These services are free of charge to inmates regardless of whether the abuser is named or whether the inmate cooperates with an investigation.

Medical and mental health staff interviewed reported treatment is provided immediately

and is based on their professional judgment. Medical and mental health staff work together to ensure the inmate receives the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

In interviews with the PCM, as well as medical staff indicated zero inmates were referred for Sexual Assault Response Team (SART) examinations by SAFE/SANE practitioners in the previous twelve months.

#### Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 51, (b), states the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referral for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Documentation and records review supported attentiveness to follow-up services and treatment plans. The files demonstrated detailed and professional notes on the evaluations conducted by Medical and mental health staff and their follow-up appointments with inmates. Follow-up consisted of routine inmate visits with medical and mental health staff.

#### Provision (c)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 51, (c), indicates the facility shall provide such victims with medical and mental health service consistent with the community level of care.

Interviews with Medical and Mental Health staff support compliance in the area of evaluation, follow-up, treatment plans and referral services. The statement of medical and mental health staff reflects an in-depth understanding of the importance of appropriate evaluation, follow-up, treatment planning and service referral.

#### Provision (d)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 51, (d), mandates inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

DEV is an all-male facility.

As previously stated in Provision (a), zero inmates were referred for Sexual Assault Response Team (SART) examinations by SAFE/SANE practitioners in the previous twelve months.

#### Provision (e)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 52, (e), mandates if pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services.

DEV is an all-male facility.

#### Provision (f)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 52, (f), dictates inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

As previously stated in Provision (a), zero inmates were referred for Sexual Assault Response Team (SART) examinations by SAFE/SANE practitioners in the previous twelve months.

#### Provision (g)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 52, (g), states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperated with any investigation arising out of the incident.

During the interview process it was confirmed all treatment services are provided to alleged victims without financial cost, regardless of whether the victim names the abuser or cooperated with any investigation arising out of the incident.

#### Provision (h)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 52, (h), indicates 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.

There was no documentation of grievances to review.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding ongoing medical and mental health care for sexual abuse victims. No recommendations or corrective action is required.

## **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.*

#### Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 52-53.

#### Interviews with the following

- Facility Head - Warden
- PREA Compliance Manager (PCM)
- Incident Review Team (IRT)

#### Provision (a)

The PAQ reflects in the past 12 months there have been fourteen criminal and/or administrative investigations of alleged sexual abuse completed at the facility.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 52, (a), states the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including when allegations have not been substantiated, unless the allegation has been determined to be unfounded.

#### Provision (b)

The PAQ reflects in the past 12 months there have been fourteen criminal and/or administrative abuse incident reviews completed at the facility. Abuse incident reviews have been completed on all closed sexual abuse cases during the past 12 months.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 53, (b), indicates such a review will ordinarily occur within 30 days of the conclusion of the investigation.

The PCM confirmed during the past 12 months there have been a total of fourteen cases. Twelve were inmate-on-inmate. Of those twelve, five were sexual abuse and seven were sexual harassment. The remaining two were staff-on-inmate sexual harassment and inmate-on-staff sexual abuse. Four inmate-on-inmate sexual abuse cases remain open, one inmate-on-staff sexual abuse; and one staff-on-inmate sexual harassment case remains open. Out of the remaining cases, after investigation, two were unfounded; three were unsubstantiated and three were substantiated. Ninety-day retaliation monitoring was implemented in all appropriate cases. All inmates were timely notified of the investigation determination. A sexual abuse incident review was conducted on all closed sexual abuse cases. In the past 12 months there were zero SAFE/SANE examinations. The inmate-on-staff sexual abuse was referred to the FBI for consideration for prosecution but was ultimately prosecution was declined and the case was sent back to the institution for administrative processing. All were handled administratively, and no criminal charges were filed.

#### Provision (c)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 53, (c), states the review team shall include upper management officials, with input from line supervisor, investigators and medical or mental health practitioners.

The multidisciplinary incident review team consists of intermediate or higher-level facility managers, supervisors, investigators, as well as medical and mental health practitioners.

The Warden voiced her understanding of the composition of the review team and her willingness to consider and incorporated recommendations from team members.

#### Provision (d)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 53, (d), stated the review team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTQI identification status or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamic at the facility
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse
4. Assess the adequacy of staffing levels in that area during the different shifts
5. Assess whether monitoring technology should be deployed or augmented to

- supplement supervision by staff; and
6. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) through (d)(5) of this section, and any recommendations for improvement and submit such report to the Facility Head and PREA Compliance Manager.

Members of the IRT were interviewed. Each team member reported the team considers all criteria listed above, as required by PREA policy.

#### Provision (e)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 53, (d), states the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

#### Conclusion

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV exceeds the standard regarding sexual abuse incident reviews. No recommendations or corrective action is required.

The Sexual Abuse Incident Reviews at DEV were the best reviews I have seen. They were complete and comprehensive. The multi-disciplinary team was expansive and robust.

## **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.*

#### Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 54-55.
- Most recent annual PREA Reports

#### Interview with the following

- National PREA Coordinator (NPC)

#### Provision (a)

According to the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 54, (a), mandates 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.

A review of the most recent annual PREA report, confirms this provision has been met.

#### Provision (b)

According to the PAQ the agency aggregates the incident-based sexual abuse data at least annually.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 55, (b), states the agency shall aggregate the incident- based sexual abuse data at least annually.

The FBOP aggregates all its data submitting all required items according to the US Department of Justice. The Auditor reviewed the most recent PREA annual report.

#### Provision (c)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 55, (c), indicates 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.

PREA policy dictates 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. The Auditor was provided a copy of the most recent annual PREA reports which addressed all questions, as required.

#### Provision (d)

According to the PAQ, the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 5, (d), 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.

PREA policy mandates the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. The Auditor was provided a copy of the most recent annual PREA report which contained relevant areas of concern and noted corrective action items.

Provision (e)

According to the PAQ, the agency obtains incident-based and aggregate data from every private facility with which it contracts for the confinement of its inmates. The data from private facilities complies with the SSV reporting requirement.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 55, (e), states the agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of inmates.

A review of the most recent annual PREA report, confirms this provision has been met.

Provision (f)

According to the PAQ, upon request the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30,

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 55, (f), states 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 FBOP aggregates all of its data submitting all required items according to the US Department of Justice SSV-02 (Survey of Sexual Victimization) and submits all information on June 30 from the previous calendar year to the US Department of Justice.

The Auditor reviewed the most recent annual PREA report, which reflected completion of all data fields within the required timeline.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding data collection. No recommendations or corrective action is required.

**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.*

### Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided

- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 56
- Most recent annual PREA report

Interview with the following

- Agency Head or Designee (AH)
- National PREA Coordinator (NPC)
- PREA Compliance Manager (PCM)

#### Provision (a)

According to the PAQ, the agency reviews data collected and aggregated pursuant to §115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 56, (a), states the agency shall review data collected and aggregated pursuant to §115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices, and training, including by:

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

As part of the interview with the NPC, the Auditor learned the agency reviews data collected pursuant to §115.87 and assesses the effectiveness of the sexual abuse prevention, detection and response policies, practices, and training. The agency prepares an annual report and posts the information on the website. The Auditor also learned the only information redacted from the agency report is personal identifying information. All other information is included in the annual report.

The AH asserts if the incident-based sexual abuse data shows patterns, such as LGBTI inmates are being targeted or a significant number of assaults occurring in a particular area of an institution, then policies, procedures or training may be modified.

#### Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 56, (b), indicates such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

The Auditor reviewed the most recent annual report and found it to follow the PREA standards, including a comparison to the findings in previous reports to assess progress in addressing sexual abuse.

### Provision (c)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 56, (c), indicates the agency's report shall be 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.

According to the interview notes from the AH, he reviews all PREA Annual Reports. He reviews the annual report for the prior calendar year before placement on the agency website.

As required by standard, the FBOP places all audit reports on its website, accessible for public view. This website allows access to the FBOP Sexual Abuse Prevention webpage, which contains the most recent annual report.

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

### Provision (d)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 56, (d), indicates the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

The NPC indicated the agency reviews data collected pursuant to §115.87 while only redacting personal identifying information. All other information is included in the annual report. The NPC indicated she is responsible for ensuring the information is provided for purposes of agency reporting.

During an interview with the PCM, he indicated they ensure the data collected on sexual abuse for inmate-on-inmate cases is forwarded to his Regional PREA Coordinator annually.

### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding data review for corrective action. No recommendations or corrective action is required.

## **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.*

### Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 56-57
- Most recent annual PREA report
- Federal Bureau of Prisons publicly accessible website  
[https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

### Interview with the following

- National PREA Coordinator (NPC)

### Provision (a)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 56, (a), states the agency shall ensure that data collected pursuant to §115.87 are securely retained.

According to the interview notes of the NPC, the Auditor learned there are several locations where the FBOP retains data. At the local level, data is retained within a secure system and access to the system is limited to those staff with a need-to-know. Additional data is retained at the Agency level as required for completion of the SSV-2, and within the FBOP website for public access.

#### Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 56, (b), indicates 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 if it does not have one, through other means.

The FBOP Inmate Sexual Abuse Prevention webpage provides the most recent annual report relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at:

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

#### Provision (c)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 56, (c), states before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. According to the NPC, the agency reviews data collected pursuant to §115.87, and that the only information redacted from the agency report is personal identifying information. The agency report reviewed by the Auditor met PREA compliance standards.

#### Provision (d)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 57, (d), 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.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding data storage, publication, and destruction. No recommendations or corrective action is required.

## 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.*

### Documentation Reviewed:

- Federal Medical Center Devens (DEV) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, pp. 57-58
- FBOP publicly accessible website
  - [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

### Interview with the following

- Agency Head or designee (AH)
- National PREA Coordinator (NPC)

### Provision (a)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 57, (a), states during the three-year period starting on August 20, 2013, and each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.

The AH reported each facility within the FBOP had been audited within the previous three-year audit cycle. Copies of all audit reports are on the FBOP website for public information and review. FBOP Inmate Sexual Abuse Prevention webpage provides the most recent annual report relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at

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

Provision (b)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 57, (b), states during each one-year period starting on August 20, 2013, the agency shall ensure that at least one third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

During an interview with the PCM, the Auditor learned the audit for DEV is in the second year of the new three-year audit cycle. FBOP webpage provides the most recent report relative to sexual abuse data from the various facilities in accordance with PREA standards.

Provision (c)

N/A

Provision (d)

N/A

Provision (e)

N/A

Provision (f)

N/A

Provision (g)

N/A

Provision (h)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 58, (h), states the auditor shall have access to, and shall observe, all areas of the audited facilities.

During the on-site portion of the audit, the Auditor had complete, unimpeded access to every area of the facility. Throughout the on-site portion of the audit the PCM and other staff were available to accompany the auditor and give her complete access to any part of the facility she requested to see.

Provision (i)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 58, (i) affirms the auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

At all times throughout the audit process, FBOP and DEV provided the Auditor with all requested information in a timely and complete manner.

Provision (j)

N/A

Provision (k)

N/A

Provision (l)

N/A

Provision (m)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 58, (m), states the auditor shall be permitted to conduct private interviews with inmates, residents, and detainees.

Provision (n)

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 58, (n), states inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

During thirty inmate interviews, all inmates reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.

Provision (o)

N/A

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding frequency and scope of audits. No recommendations or corrective action is required.

## **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.*

### Provision (f)

The FBOP Inmate Sexual Abuse Prevention web page provides the most recent annual report relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at:

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

### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DEV meets the standard regarding audit contents and findings. No recommendations or corrective action is required.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

Darla P. O'Connor

December 6, 2021

**Auditor Signature**

**Date**

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

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