

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

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Interim Audit Report: ☒ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: May 14, 2024

Auditor Information

Name: Karen Dalton	Email: ksddrph@aol.com
Company Name: Dalton Consulting, LLC	
Mailing Address: P.O. Box 11481	City, State, Zip: Whittier, CA 90603
Telephone: (562) 652-0179	Date of Facility Visit: April 9-11, 2024

Agency Information

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

Agency Chief Executive Officer

Name: Colette S. Peters, Director
Email: BOP-RSD-PREACoordinator@bop.gov
Telephone: 202-616-2112

Agency-Wide PREA Coordinator

Name: Adriana Restrepo (Acting), National PREA Coordinator	
Email: BOP-RSD-PREACoordinator@bop.gov	
Telephone: 202-616-2112	
PREA Coordinator Reports to: Kevin D. Pistro, Psy. D., Assistant Director, Reentry Services Division	Number of Compliance Managers who report to the PREA Coordinator: 122

Facility Information			
Name of Facility: FCI Herlong			
Physical Address: 741-925 Herlong Access Road A-25		City, State, Zip: Herlong, CA 96113	
Mailing Address (if different from above): P.O. Box 900		City, State, Zip: Herlong, CA 96113	
The Facility 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
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility Website with PREA Information: https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp			
Has the facility been accredited within the past 3 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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):			
<input type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Facility monitoring by BOP annually			
Warden/Jail Administrator/Sheriff/Director			
Name: Shawn Salmonson			
Email: HER-PREAComplianceMgr@bop.gov		Telephone: (530) 827-8000	
Facility PREA Compliance Manager			
Name: Tyrina A. Brown, Associate Warden (Operations)			
Email: HER-PREAComplianceMgr@bop.gov		Telephone: (530) 827-8000	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Allison Berry			
Email: HER-PREAComplianceMgr@bop.gov		Telephone: (530) 827-8000	
Facility Characteristics			
Designated Facility Capacity:		FCI 1151; Camp 128	
Current Population of Facility:		FCI 1373; Camp 87	

Average daily population for the past 12 months:	FCI 1432; Camp 75	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input 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:	19-69	
Average length of stay or time under supervision:	FCI 374.6; Camp 283.3	
Facility security levels/inmate custody levels:	Medium, Minimum; Community, In, and Out	
Number of inmates admitted to facility during the past 12 months:	1641	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1531	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1418	
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)	Click or tap here to enter text. <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	244	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	36	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	3	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	1	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	34	

Physical Plant

Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	25
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	14
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	1
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	98
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
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: Click or tap here to enter text.)
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:		0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.		<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 checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?		253
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply		<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 type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 1
List of Standards Exceeded: 115.21

Standards Met

Number of Standards Met: 44

Standards Not Met

Number of Standards Not Met: Click or tap here to enter text.
List of Standards Not Met: Click or tap here to enter text.

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	April 9, 2024
2. End date of the onsite portion of the audit:	April 11, 2024
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Lassen Family Services
Audited Facility Information	
4. Designated Facility Capacity:	FCI 1151; Camp 128
5. Average daily population for the past 12 months:	FCI 1432; Camp 75
6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	25
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit	
<i>Inmates/Residents/Detainees</i>	
8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	1369 FCI + Camp
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	2
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	144
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	4
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	4
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	2
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	2
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	2
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	18
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0

<p>23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>
<p align="center">Staff, Volunteers, and Contractors <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i></p>	
<p>24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:</p>	<p align="center">248</p>
<p>25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p align="center">0</p>
<p>26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p align="center">34</p>
<p>27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>
<p align="center">Interviews</p>	
<p align="center">Inmate/Resident/Detainee Interviews</p>	
<p align="center"><i>Random Inmate/Resident/Detainee Interviews</i></p>	
<p>28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p align="center">12</p>
<p>29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:</p>	<p> <input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other (describe) Click or tap here to enter text. <input type="checkbox"/> None (explain) Click or tap here to enter text. </p>
<p>30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?</p>	<p>FCI Herlong houses adults in custody from around the country.</p>
<p>31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:</p>	<p>Click or tap here to enter text.</p>

<p>32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>
<p align="center"><i>Targeted Inmate/Resident/Detainee Interviews</i></p>	
<p>33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> <p><i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i></p> <p><i>For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p align="center">20</p>
<p>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p align="center">0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p align="center">PAQ, BOP policy, FCI Herlong Memo</p>
<p>35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p align="center">1</p>

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>2</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Observation during facility tour, conversation with staff</p>
<p>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Observation during facility tour, conversation with staff</p>
<p>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>4</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>3</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>2</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>

42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:	<p>2</p>
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>Click or tap here to enter text.</p>
43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:	<p>2</p>
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>Click or tap here to enter text.</p>
44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:	<p>0</p>
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>BOP & FCI Herlong Policy, observation during site tour</p>
45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	<p>Click or tap here to enter text.</p>

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
46. Enter the total number of RANDOM STAFF who were interviewed:	12
47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (describe) Click or tap here to enter text. <input type="checkbox"/> None (explain) Click or tap here to enter text.
48. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):	<input type="checkbox"/> Too many staff declined to participate in interviews <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other (describe) Click or tap here to enter text.
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:	Click or tap here to enter text.
49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.
Specialized Staff, Volunteers, and Contractor Interviews <i>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.</i>	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	37
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	Click or tap here to enter text.
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	Click or tap here to enter text.
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>a. If no, explain why it was not possible to interview the PREA Coordinator:</p>	<p>Click or tap here to enter text.</p>
<p>54. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>a. If no, explain why it was not possible to interview the PREA Compliance Manager:</p>	<p>Click or tap here to enter text.</p>
<p>55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input checked="" type="checkbox"/> Other (describe) New hire, camp manager, central warehouse manager, food service warehouse manager, generator/powerhouse manager, materials supervisor, laundry supervisor, welding shop supervisor, recreation specialists, mail room supervisor</p>
<p>56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>1</p>

b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.
Site Review and Documentation Sampling	
Site Review	
<i>PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.</i>	
59. Did you have access to all areas of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain what areas of the facility you were unable to access and why.	Click or tap here to enter text.
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	Click or tap here to enter text.
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	Click or tap here to enter text.

62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.
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Documentation Sampling
Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.

65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.
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Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. <i>Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.</i>
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67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type: <i>Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.</i>				
	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	4	2	2	4
Staff-on-inmate sexual abuse	0	0	0	0
Total	4	2	2	4

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Click or tap here to enter text.</p>
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68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate</u> sexual harassment	0	0	0	0
<u>Staff-on-inmate</u> sexual harassment	0	0	0	0
Total	0	0	0	0

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Click or tap here to enter text.</p>
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Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Click or tap here to enter text.</p>
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70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual abuse</u>	1	1	0	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0
Total	1	1	0	0

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

Click or tap here to enter text.

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Click or tap here to enter text.

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual harassment</u>	1	1	0	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0
Total	0	0	0	0

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

Click or tap here to enter text.

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:

2

a. If 0, explain why you were unable to review any sexual abuse investigation files:	Click or tap here to enter text.
74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
<u>Sexual Harassment Investigation Files Selected for Review</u>	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual harassment investigation files:	All allegations were sexual abuse
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	

86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.
Support Staff Information	
DOJ-certified PREA Auditors Support Staff	
90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	Click or tap here to enter text.
Non-certified Support Staff	
91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	Click or tap here to enter text.

Auditing Arrangements and Compensation	
92. Who paid you to conduct this audit?	<input type="checkbox"/> The audited facility or its parent agency

	<p><input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="checkbox"/> Other</p>
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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.

Document Review:

FCI Herlong PAQ (PRE-Audit Questionnaire)
FCI Herlong Policy 5324.12E – Sexually Abusive Behavior Prevention and Intervention Program
BOP Policy 5324.12 – Sexually Abusive Behavior Prevention and Intervention Program (PREA)
U.S. Department of Justice (USDOJ) – Federal Bureau of Prisons (FBOP) – Sexually Abusive Behavior Prevention and Intervention: Information and How to Report – English and Spanish
Agency and Facility Organizational Charts
BOP Correctional Programs Division Memorandum PREA Coordinator Job Description
Agency Mission Statement, Vision, and Core Values
2020 BOP Annual PREA Report
BOP ONESource Document
Inmate A & O Handbook
First Responder Duty Cards (carried by all facility staff)

Interviews:

Agency PREA Coordinator
FCI Herlong PREA Compliance Manager
Psychology (Medical & Mental Health) Staff
Random FCI Herlong Staff
Random FCI Herlong Adults in Custody

Findings:

The agency has a written policy mandating zero-tolerance for sexual abuse and sexual harassment. Zero-tolerance efforts are made through posters displayed throughout the facility, a zero-tolerance video shown in the inmate housing units, and a strong presence of the FCI Herlong Associate Warden/PREA Compliance Manager throughout the facility as reported by both the staff and the adults in custody. Agency statement provides five directives; 1) Help detect incidents, perpetrators, and inmate victims of sexually abusive behaviors, 2) Help prevent sexually abusive behavior, 3) Educate staff to intervene properly and in a timely manner, 4) Document, report, and investigate reported incidents, and 5) Discipline and/or prosecute perpetrators.

Agency PREA Coordinator and FCI Herlong PREA Compliance Manager indicated since PREA was their primary focus, time and authority were provided. Further, the organizational charts show both positions as upper-level management in the agency and facility, respectively. The Agency PREA Coordinator reports to the Reentry Services Division Assistant Director, and the FCI Herlong PREA Compliance Manager reports directly to the facility Warden. Both the FCI Herlong Warden and Associate Warden indicated they had access to and responsibility to the BOP Central Office. All FCI Herlong staff were aware of the zero-tolerance policy and noted regular annual training in overall sexual safety as well as first responder duties. During the on-site portion of the audit, several FCI Herlong staff were receiving their annual training.

Both agency and facility directives and the Admission & Orientation (A&O) handbook outline potential sanctions for violations of the zero-tolerance policy. The A&O Handbook is provided to the adults in custody immediately upon arrival at the facility. Interviews with random staff and random inmates revealed knowledge of the zero-tolerance policy and potential sanctions if violated.

Conclusion:

Provisions (a)(b)(c) were documented in agency and local policy and directives organizational charts and confirmed through staff and inmate interviews. Based upon a review and analysis of all available evidence, the FCI Herlong is found to be in compliance with Standard 115.11.

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.

Document Review:

BOP Program Review Division Memo dated 02/28/2023
FCI Herlong PAQ

Interviews:

Agency Contract Administrator

Findings:

On February 28, 2023, the BOP Assistant Director issued a memo that reads “This memo serves to meet PREA auditor evidentiary requirements regarding a change to the Agency’s use of contracts for the confinement of inmates in the Bureau of Prisons. Specifically, per the President’s Executive Order on Reforming Our Incarceration System to Eliminate the Use of Privately Operate Criminal Detention Facilities, issued on January 26, 2021, the Bureau of Prisons no longer engages in contracting for inmate confinement.”

Additionally the memo indicates the BOP does not have any contracts with private entities for the confinement of its adults in custody and does not foresee this occurring in the near future.

The FCI Herlong Associate Warden/PREA Compliance Manager indicated there are currently zero contracts in place for housing other agency adults in custody, nor do they have contracts in place with other agencies to house the BOP adults in custody.

Conclusion:

Provisions (a) and (b) are non-applicable since the agency and facility do not have contracts to house incarcerated adults in private correctional institutions.

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? [x] Yes
- 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.

Document Review:

FCI Herlong PAQ
 FCI Herlong Staffing Plan
 Document dated December 8, 2023 – Memorandum for Prison Rape Elimination Act (PREA) Audit File Documentation of Staffing Plan reviews
 FCI Herlong QE2 Quarterly WPC Meeting Minutes
 FCI Herlong – Memorandum for Salary/Workforce Utilization Committee Member – re: Annual Workforce Purchase & Utilization Plan Meeting Minutes
 FCI Herlong Memorandum – PREA Annual Compliance Assurance Memo
 BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention and Intervention Program
 BOP Program Statement 3000.03 – Human Resource Management Manual
 FCI Herlong Policy 5324.12E – Sexually Abusive Behavior Prevention and Intervention Program
 FCI Herlong Unannounced Institutional Rounds Logs
 FCI Herlong Facility Tour

Interviews:

FCI Herlong Warden or Designee
 FCI Herlong Associate Warden/PREA Compliance Manager
 Agency PREA Coordinator
 FCI Herlong Intermediate or Higher-Level Facility Staff who Conduct Unannounced Rounds

Findings:

A memo dated December 8, 2023, indicated there were no deviations from the staffing plan in the past 12 months. Agency Program Statement 3000.03 outlines staffing within the Agency, while Program Statement 5324.12 states “Unannounced rounds by supervisory staff conducted with intent of identifying and deterring sexual abuse and sexual harassment are conducted every week, including all shifts and all areas. The Institution Duty Office (IDO) conducts and documents the unannounced rounds. At the end of the IDO's tour week, the documentation is forwarded to the Institution PREA Compliance Manager for retention.”

The FCI Herlong PREA Compliance Manager indicated quarterly meeting is held to discuss the facility staffing plan. The minutes from the second quarter was reviewed. The FCI Herlong Staffing Plan from December 2023 was also reviewed. The Agency PREA Coordinator, FCI Herlong Acting Warden, Associate Warden/PREA Compliance Manager and random staff interviews indicated the facility does not deviate from the approved staffing plan.

Protocol is to seek voluntary overtime to mitigate any deviations. From there, holdovers are implemented should voluntary overtime not be sufficient. The meeting minutes outline how the man hours are augmented and details where hours were lost, i.e., Off-duty, holiday, various, training, etc.

Video monitoring is adequate at FCI Herlong and there have been recent upgrades to video monitoring equipment in the past 12 months. These upgrades have provided a system that allows for pixilation, as well as The facility implements a two-shift coverage schedule that includes AM, PM, to ensure 24 hours of coverage is met.

All elements of provision (a) are discussed and taken into consideration annually and the PREA Compliance Manager addresses staffing issues with the FCI Herlong Warden as needed. There have been no judicial findings of inadequacy through any investigative agency or external oversight bodies. The facility tour showed ample security measures in place through video monitoring and mirror placement.

The PCM indicated through routine meetings, the makeup of the adults in custody population, staff placement and shift assignments, programming and service provisions, and trends (if any) through inmate grievances and reporting are discussed to ensure safety and security throughout the facility. The PCM indicated In the past 12 months the FCI Herlong hired 36 additional staff.

Each supervisor that was interviewed (some formal, some informal) confirmed their responsibility as the Institution Duty Officer in conducting unannounced rounds throughout the facility. Documentation of the unannounced rounds was reviewed. A form that includes a seven-day outline with each department, housing unit, and time is completed for each duration. At the end of the week, the form is signed and scanned to the Associate Warden/PREA Compliance Manager where the completed forms are reviewed and retained. The FCI Herlong Acting Warden, Associate Warden/PCM, several individuals charged with conducting unannounced rounds, and random staff, were aware the unannounced rounds are mandated, and that rounds are implemented to ensure the safety and security of the facility. The individuals conducting unannounced rounds indicated alerting any staff member of the rounds taking place is prohibited.

Conclusion:

Provisions (a)(b)(c)(d) were met through agency directives, staff interviews, FCI Herlong documentation, and during the facility tour. FCI Herlong is found in compliance with Standard 115.13.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

BOP Program Statement 5216.06 – Juvenile Delinquents
BOP Document – Custody and Care Juveniles
FCI Herlong Pre-Audit Questionnaire

Interviews:

Agency PREA Coordinator
FCI Herlong Associate Warden/PREA Compliance Manager

Findings:

The BOP manages facilities for justice involved juveniles and does not place juveniles in adult facilities. Policy states “Juveniles under the age of 18 or sentenced under the JJDPa will be placed in institutions or other facilities in accordance with the JJDPa and this Program Statement.” Both the Agency PREA Coordinator and FCI Herlong Associate Warden/PREA Compliance Manager indicated no federal juveniles are sent to adult facilities. FCI Herlong PAQ notes the age range of the adults in custody is between 19-69 years of age.

Conclusion:

The BOP statute indicates youthful offenders are not housed in BOP adult facilities. Provisions (a)(b) and (c) are not applicable since there are no youthful offenders in the FCI Herlong. Based upon the analysis of available information and interviews the FCI Herlong is found in compliance with Standard 115.14.

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.

Document Review

BOP Program Statement 5521.06 – Searches of Housing Units, Inmates, and Inmate Work Areas
BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
FCI Herlong – Facility Tour
FCI Herlong Annual Training 2023 Escort Procedures Curriculum
FCI Herlong Escort Procedures Training Power Point Presentation
FCI Herlong Law Enforcement Annual Training Status Report
FCI Herlong – Course Completions For: Search and Restraint Procedures for Special Populations
FCI Herlong – Full Annual Training agenda - 2023

Interviews:

Non-Medical staff who conduct searches
Random staff
Random adults in custody
Transgender adults in custody
FCI Herlong Associate Warden/PREA Compliance Manager

Findings:

BOP prohibits cross-gender strip searches cross-gender visual body cavity searches, and any physical search or examination of a transgender or intersex adults in custody for the sole purpose of determining the individual's genital status. Medical services staff will conduct a more thorough medical exam when necessary with transgender or intersex individuals. Although allowed no cross-gender searches due to exigent circumstances have occurred during the audit time period.

The Agency PREA Coordinator confirmed the practice prohibiting cross-gender strip and visual body cavity searches, indicating only in exigent circumstances or by a medical professional.

FCI Herlong staff indicated, and policy requires all cross-gender strip searches and cross-gender visual body cavity searches to be documented. The FCI Herlong houses only male adults in custody. However, noting that staff can be transferred at any time it is pertinent to understand cross-gender search procedures for the agency.

Staff noted they received regular training on how to properly conduct cross-gender pat searches, and training does include the prohibition of cross-gender strip and visual body cavity searches. Upon hire, and during initial staff training entitled *Introduction to Correctional Techniques*, direction is provided to staff, followed by a more intensive training at the BOP training center in Georgia, and then continuous training at the facility. Additionally, during the annual training, searches of adults in custody are addressed. Specifically the curriculum includes pat search procedures, what constitutes an exigent circumstance, visual searches, including searches of transgender and intersex individuals. Further, the training includes proper searching via the metal detection devices that are in the SHU and intake areas. These BOSS (Body Orifice Security Scanner) as well as Cellsense, Securpass, and handheld scanners can be utilized in the facility.

During the facility tour areas where inmates are searched was observed. Staff described how the search would take place, and how they were trained to conduct the search in a respectful manner.

Interviews with random, targeted and transgender adults in custody indicated they are able to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing them. Showers in each housing area were equipped with a shower door, or curtain that allowed for privacy. FCI Herlong adults in custody noted staff were very respectful of their privacy.

The FCI Herlong makes cross gender announcements in several ways. First, when staff of the opposite gender are entering any housing area a unit staff member will ask for identification and when a female presents, will announce their presence. This gives inmates time to cover themselves. Additionally, the female staff member will announce again, and a randomly played recording stating female staff members are on the unit. Finally, signs were posted throughout the facility indicating at any time a female staff member could be present. All adults in custody indicated they are very conscious of their responsibility to be covered at all times and should a female staff member be on the unit they know to cover up.

Conclusion:

Provisions (a)(b)(c)(d)(e)(f) were documented by Program Statements, a review of training, observation during the facility tour, and interviews. Based upon the review and analysis of all available evidence, the FCI Herlong is found to be in compliance with Standard 115.15.

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

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

115.16 (a)

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

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
FCI Herlong Institutional Supplement 5324.12E – Sexually Abusive Behavior Prevention and Intervention Program
DOJ Blanket Purchase Agreement for Telephonic Language Translations (2023)
FCI Herlong PREA Posters
FCI Herlong PREA Video
FCI Herlong Admission and Orientation Handbook
FCI Herlong Annual Training Agenda 2023

Interviews:

FCI Herlong Warden (Acting)
FCI Herlong Adults in custody with psychological impairments
FCI Herlong Adults in custody with limited English proficiency (LEP)
FCI Herlong Adults in custody with physical impairments
Random FCI Herlong Adults in custody
Random Staff
FCI Herlong Associate Warden/PREA Compliance Manager
FCI Herlong Intake Staff

Findings:

The BOP Memorandum outlines the availability for telephonic language translations for each of its facilities. The FCI Herlong provides all aspects of their correctional practices in both English and Spanish and utilize bi-lingual staff or the language line services with inmates whose native language is not English or Spanish. A review of the FCI Herlong PREA video is shown in English and Spanish with closed captioning was observed being played in the intake area.

In addition to the FCI Herlong documents being provided in English and Spanish, Institutional Supplement 5324.12E indicates the (PREA) pamphlet will be available in English and Spanish and will be distributed to each adult in custody upon arrival in Receiving and Discharge, including those who will be immediately placed in the Special Housing Unit (SHU). Additionally, Unit Team staff will identify adults in custody who have disabilities preventing them from reading or understanding the pamphlet and will notify the respective Unit Manager. The Unit Manager will take appropriate steps to ensure the adult in custody can benefit from all aspects of the Bureau's efforts to comply with the PREA. All LEP designated adults in custody who were interviewed noted receiving their intake process in Spanish and they indicated they experienced no issues with day-to-day functionality within the facility. The interviews with LEP individuals were conducted without the use of a staff interpreter as they were able to communicate with the auditor in English. Staff were aware of the availability of the Language Line services. The facility Associate Warden/PCM indicates there have been no adults in custody used for interpretive services in the past year.

Individuals with psychological impairments who were interviewed acknowledged they were able to participate in programs, specifically psychology services, and mentioned staff were respectful and understanding of their physical disability. The auditor was told a request had been made by the physically impaired individual to utilize the law library. The auditor confirmed the request and noted the

circumstances of the individual being transported outside the facility to a medical appointment was the reason for the delay in accessing the law library.

Agency and facility directives prohibits the use of inmate interpreters, readers, or other types of inmate assistants except in exigent circumstances. Staff indicated they do not utilize adults in custody as interpreters, and randomly interviewed adults in custody indicated they are not asked by staff to interpret for other adults in custody.

Conclusion:

Provisions (a)(b)(c) were documented in policy, and through staff, random and targeted interviews with adults in custody. Based on the review and analysis of all available evidence, the FCI Herlong is found in compliance with Standard 115.16.

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

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Document Review:

BOP Recruitment Flyer
BOP Pre-employment Guide
BOP Policy 3000.03 – Human Resource Management Manual
BOP Policy 3420.11 – Standards of Employee Conduct
U.S Office of Personnel Management Form 85P - Questionnaire for Public Trust Positions
National Background Investigations Bureau – Fingerprint Submissions
BOP Memorandum for Human Resource Managers – The PREA and Records Requests by Prospective Employers Regarding Former BOP Employees
PAQ – Pre-Audit Questionnaire

Interviews:

FCI Herlong Human Resource Staff
Staff hired within the past 12 months
FCI Herlong Associate Warden/PREA Compliance Manager

Findings:

Policy 3000.03 addresses the agency's mandate to not hire or promote anyone who may have contact with inmates and shall not enlist the services of any employee or contractor who may have contact with inmates who have engaged in or been convicted of engaging in sexual abuse in any confinement facility, or in the community. All employees and contractors are required to state if they have had any contact with law enforcement.

This is evidenced by a background check process upon applying for employment with the BOP, upon promotion, and every five years of employment with BOP. The BOP Pre-employment Guide, standards of employee conduct policy, the human resource manual and interview with the FCI Herlong human resource staff provide a process map for how the employment process occurs within the BOP. Detailed communication between FCI Herlong and the central office occurs regarding the background process, which primarily occurs at the agency level and not at the local facility level. Potential employees must have a full background investigation completed, provide fingerprints, and a background check is completed for every employee every five years. The agency will not hire or promote anyone or engage

in services or contracts with anyone who may have contact with inmates who has engaged in any type of sexual abuse or sexual harassment. Employees, contractors, and volunteers have an affirmative duty to disclose or report any type of incident. Further, omitting information or failure to disclose is grounds for termination of an employee or release of any contractor or volunteer.

Policy 3000.03, chapter 7, page 9 outlines that all positions identified as Moderate Risk are considered law enforcement positions. The agency maintains a sensitivity determination chart that identifies the sensitivity category and risk designation of all positions within the Bureau of Prisons. A “special sensitive” position must have a single score background investigation, while a “critical sensitive” position requires a full-field background investigation, Any “non-critical sensitive” position will require a limited back investigation. All positions are subject to five-year investigations.

The PAQ stated in the past 12 months 36 new staff were hired and assigned to FCI Herlong. All individuals hired will have contact with inmates. One new hire was interviewed and discussed the hiring and background process.

The FCI Herlong Human Resource staff confirmed attempts are made by the agency to contact previous employers as part of the background process to ensure there have been no incidents of sexual abuse or sexual harassment, or any resignation during an on-going investigation into violations of sexual safety. FCI Herlong may be notified that a background process has been terminated, however they will not receive details of the termination. Any request from a prospective employer regarding a former BOP employee shall be directed to the Office of Internal Affairs if it is an institutional employer. Any other type of employer will be directed to the Central Office.

For volunteers and contractors, a full background investigation is completed prior to any inmate contact. An annual check through NCIC is conducted for volunteers and contractors.

Conclusion:

Provisions (a)(b)(c)(d)(e)(f) and (g) were documented through policy, interviews, and agency directives. Based on a review of all available evidence, the agency and the FCI Herlong are found to be in compliance with Standard 115.17.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

FCI Herlong PAQ
FCI Herlong Facility Tour

Interviews:

Warden (Designee)
Agency Head
FCI Herlong Associate Warden/PREA Compliance Manager
FCI Herlong Investigative staff

Findings:

The FCI Herlong PAQ indicated there had been no expansion or modification of the facility in the past 12 months. The FCI Herlong Associate Warden/PCM and an investigative staff member indicated that after the last audit an enhanced camera system had been installed in the visiting area to enhance the facility's ability to protect inmates from sexual abuse. The auditor was shown the camera installation and able to view the camera functions from a remote office inside the facility. The new camera system provides a clearer frame and allows for tilting and zooming. There is no opportunity to view individuals in vulnerable positions or state of unclothed as the restrooms have solid doors. The BOP agency head indicated whenever requests for facility modifications, expansions, or acquisition of monitoring technology is received, sexual safety is a priority for consideration.

Conclusion:

Based upon a review of the documentation, interviews, direct observation and facility tour, the FCI Herlong is found to be in compliance with Standard 115.18.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

- Has the agency documented its efforts to secure services from rape crisis centers?
☒ Yes ☐ No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

FCI Herlong PAQ – Pre-Audit Questionnaire

Policy Memorandum – FY14-POL-03 – Prison Rape Elimination Act Investigative Policy
BOP Program Statement – 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
FCI Herlong Policy 5324.12 E – Sexually Abusive Behavior Prevention & Intervention Program
BOP & FBI Memorandum of Understanding on Violations of Federal Criminal Statutes
FBI Domestic Investigations and Operations Guide (DIOG)
BOP OneSource Document
DOJ/OIG PREA Training Curriculum Outline
Confirmation of Training Adherence
BOP Annual Training Curriculum – Sexually Abusive Behavior Prevention & Intervention Program
BOP Instructor Guide and Curriculum for Forensic Medical Examinations: An Overview for Victim Advocates
Guide for First Responders/Operations Lieutenant when Approached with an Inmate Allegation of Sexual Abuse or Harassment
Staff Training Certificates for completion of the Forensic Medical Exams: An Overview for Victim Advocates
Review of the Lassen Family Services website – www.lassenfamilyservices.org
Phone call Lassen Family Services
First Responder Pocket Cards (carried by all staff)
FCI Herlong Facility Tour

Interviews:

FCI Herlong Random Staff
FCI Herlong Associate Warden/PREA Compliance Manager
FCI Herlong Investigative Staff
FCI Herlong Medical & Mental Health Staff
FCI Herlong A&O Handbook
Lassen Family Services staff

Findings:

The FCI Herlong Policy 5324.12E outlines that the Health Services Administrator (HSA) is responsible for ensuring the victim is transported to Banner Lassen Medical Center for the administration of a “rape kit”, and for any related physical health care measure not accomplished at the institution. The HSA is also responsible for ensuring follow-up for the incarcerated person’s course of physical treatment.

The FCI Herlong PREA Compliance Manager/Associate Warden and the SIS Lieutenant indicated that the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Through staff interviews and during the facility tour the auditor inquired about evidence protocol. All staff referred to their first responder cards and confirmed the protocol through random staff interviews. Staff acknowledged their response to other facility incidents are handled in much the same manner, however they carry the first responder cards as a source of added confirmation to their process.

First responder duties are also outlined in Program Statement 5324.12, and the OneSource document, which is a checklist developed to assist staff in responding to allegations of prohibited and/or illegal sexually abusive behavior. The statement also outlines the Bureau follows the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.” FCI HERLONG staff indicated requirements for documenting any efforts to provide SART services.

Medical staff indicated they have received specialized training through the BOP entitled *Forensic Medical Examinations: An Overview for Victim Advocates*. The curriculum was reviewed and training certificates

submitted. The FCI Herlong PAQ noted there had been no forensic exams conducted in the past 12 months. A memo dated December 8, 2023, indicates there have been no instances within the past 12 months requiring the utilization of a victim advocate, qualified staff member, or qualified community-based organization staff member for victim accompaniment.

The BOP and FCI Herlong have well established protocols for victim care. The victim will be evaluated by Health Services staff, who will determine what type of physical examination is needed. In cases of rape, sexual assault, or as determined by medical staff, the inmate will be transported to Banner Lassen Medical Center for appropriate medical care. The FCI Herlong Policy 5324.12E indicated the medical center will ensure any related physical health care measure not accomplished at the institution will be offered to the victim, and any services will be conducted free of cost to the adult in custody.

Should a sexual assault allegation be made at FCI Herlong, the Special Investigative Services (SIS) investigator, Agency Office of Internal Affairs (OIA), and the Office of the Inspector General (OIG) or the Federal Bureau of Investigation will become involved. The alleged victim is first referred to health services for an initial exam.

An interview with staff from The Lassen Family Services indicates they provide Sexual Assault Advocacy at the FCI Herlong facility for any incarcerated adult who makes a request. Staff at Lassen Family Services indicated they have an MOU in place with FCI Herlong. The agency will provide hospital accompaniment with law enforcement and SART and will meet the victim at the forensic exam site to provide emotional support and to help the victim make informed decisions. Additionally, the victim advocate from Lassen Family Services stated there are monthly collaborative meetings held to discuss all things related to PREA. Further, the victim advocate acknowledged that each quarter the FCI Herlong PREA Compliance Manager/Associate Warden invites the agency to a networking breakfast where they discuss what is working, or any issues.

The Lassen Family Services outlined how incarcerated adults are provided information about their services in several ways, i.e., A&O Handbook, PREA education, and through posters in the facility and notifications on the TRULINCS system, and any calls made to them is on a non-recorded telephone line. In addition, the advocate is cleared as a volunteer at the FCI Herlong facility. As a volunteer, the advocate is cleared to provide information about any and all services provided through the Lassen Family Services. In an effort to ensure the highest level of confidentiality, the advocate, when onsite at the FCI Herlong, signs in as a volunteer as to not raise suspicion of any staff or incarcerated adults as to the reason for the visit. The Lassen Family Services and FCI Herlong have a mutual respect for the partnership and each acknowledged the importance of services provided. All services are provided to the victim at no cost.

Conclusion:

Provisions (a)(b)(c)(d)(e) & (f) were documented in program statements, memos, and interviews with staff and the Lassen Family Services. Based upon the review and analysis of all available evidence the FCI Herlong is found to exceed Standard 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

FCI Herlong PAQ – Pre-Audit Questionnaire

Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program

Office of the Attorney General (AG) Memo – Duty to Report Misconduct and Cooperate with Investigators
Email with links supporting AG Memo
Rules and Regulations – Department of Justice (DOJ) – Reporting Violations to the Office of the Inspector General and the Office of Professional Responsibility; Delegations of Authority
Program Statement 5508.02 – Hostage Situations or Criminal Actions Requiring FBI Presence
MOU between the Federal Bureau of Investigation (FBI) and the Federal Bureau of Prisons (BOP) on Violations of Federal Criminal Statutes
Files of allegations of sexual abuse and/or sexual harassment
Federal BOP Website

Interviews:

BOP Agency Head
FCI Herlong Investigative Staff
FCI Herlong Associate Warden/PREA Compliance Manager

Findings:

The PS 5324.12 states that all any allegation of sexual abuse or sexual harassment shall be investigated promptly, thoroughly and objectively. The PAQ noted in the past 12 months there were 4 allegations of sexual abuse and sexual harassment that were received, and two resulted in an administrative investigations. All allegations were documented and a review of the allegations showed they were referred for investigation.

The FCI Herlong Special Investigation Services (SIS) Lieutenant reviews and investigates any administrative investigations. The FBI would conduct the criminal investigations for any facility inmate on inmate sexual abuse allegation, and the OIG would investigate criminal allegations of sexual abuse related to staff on inmate. Training records indicate the SIS investigative team completed specialized training in allegations of sexual abuse. The agency website outlines the referral process for allegations of sexual abuse and/or sexual harassment.

The SIS Lieutenant outlined the investigative process for both internal and referred allegations of sexual abuse and sexual harassment. The Lieutenant provided a detail description and referred to a spreadsheet of the investigative process for managing investigations at the FCI Herlong facility.

Documentation from the Agency, and agreements with FBI show assurances of criminal investigations being completed promptly, thoroughly and objectively. During the past 12 months there have been no allegations referred for criminal investigations. The DOJ Rules and Regulations outlines processes related to conducting administrative and criminal investigations.

Conclusion:

Based upon the review and analysis of all available evidence, the FCI Herlong is found to be in compliance with Standard 115.22.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

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

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
 FCI Herlong Policy 5324.12E – Sexually Abusive Behavior Prevention and Intervention Program
 Annual Training – Sexually Abusive Behavior Prevention & Intervention Curriculum
 DOJ/OIG PREA Training Outline
 FCI Herlong Annual Training Acknowledgement
 FCI Herlong First Responder Pocket Cards
 FCI Herlong Annual Training (2023) Curriculum outline for Sexually Abusive Behavior Prevention and Intervention Program

Interviews:

FCI Herlong Random Staff
 FCI Herlong Associate Warden/PREA Compliance Manager

Findings:

The BOP requires all staff who have contact with inmates to be trained on their zero-tolerance policy. A review of the training curriculum shows that the 10 elements of the required training are covered. Random staff interviews indicated staff was properly trained and acknowledged annual training. During the onsite portion of the audit several FCI Herlong staff members were in training each day. Many staff indicated they received comprehensive training upon being hired, and then were sent to a more thorough and intensive training at the BOP training site in Georgia, followed by annual training at the FCI Herlong.

The FCI Herlong policy 5324.12E indicates the PREA Compliance Manager is responsible for the overall coordination of staff training. The PREA Compliance Manager and Employee Development

Manager will organize staff training for new and current employees on the components of the prevention and intervention of sexually abusive behaviors as outlined in BOP Policy 5324.12.

FCI Herlong staff training rosters showed completion of annual training. FCI Herlong staff and incarcerated adults, acknowledged the FCI Herlong Associate Warden/PREA Compliance Manager providing reminders about the PREA, asking about the zero-tolerance policy, and ensuring the incarcerated adults are aware of how and where to find information on PREA education, and reporting incidents of sexual abuse or sexual harassment. Staff assigned to the housing units indicated the FCI Herlong Associate Warden/PREA Compliance Manager routinely stopped to discuss PREA compliance in the facility.

The reviewed curriculum both addresses and discusses under "Inmate Vulnerable Groups", the higher incidence of sexual abuse history of female inmates compared to male inmates. Although the FCI Herlong houses only incarcerated male adults, the annual training provides additional information on the sexual safety of female inmates through the BOP Cross-Development Course, and the Management of Female Offenders Course. The program statement requires all BOP staff receive the annual training, regardless of what BOP facility the individual works in or is transferred to.

The FCI Herlong maintains training records and all employees acknowledged receiving the required annual training. Verification of documentation included employee signature of receipt of training with a date the training was completed. A random selection of FCI Herlong employees indicated they received formal training annually and then informal information and training throughout the year.

Conclusion:

Provisions (a)(b)(c)(d) were documented by policy, program statements, training records, training curriculum and staff interviews. FCI Herlong is found to be compliant for standard 115.31.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
FCI Herlong Volunteer Orientation and Refresher Training Curriculum
FCI Herlong Contractor Training Checklist
Random completed FCI Herlong Contractor Training Checklists
FBOP /FCI Herlong Volunteer Training Affirmations (Completed)
FCI Herlong Training Rosters

Interviews:

FCI Herlong Chaplain
FCI Herlong Volunteer – Lassen Family Services
FCI Herlong Associate Warden/PREA Compliance Manager

Findings:

The FCI Herlong maintains a Volunteer Training Agenda which includes all areas of training provided to its contractors and volunteer. The checklist includes the department responsible for the training, a signature area (both printed name and signature required) for who provided the training, and the position they hold within the FCI Herlong facility. A training confirmation that reads *By signing this form you affirm instructing the aforementioned course for Volunteer Training* is included.

Additionally, the Volunteer Training Affirmation is completed for all volunteers assigned to the FCI Herlong. The affirmation includes the date of the training, whether it is the initial 4-hour training or the 2-hour annual training, an outline of the course and the responsible department for the training elements. The course includes an overview and history of the BOP, employee conduct and responsibility, code of conduct, ACA (American Correctional Association) Code of Ethics, Freedom of Information and Privacy Acts, Sexually Abusive Behavior Prevention and Intervention Program, correctional services, safety and security procedures, drug interdiction training, religious services information and procedures, information security and sensitive information and administrative paperwork, fingerprints, pictures, and a question and answer session. A random sample of volunteer and contractor training acknowledgements were reviewed and had been provided within the past year. FCI Herlong volunteers were interviewed and acknowledged receiving the required training.

Contractor and volunteer training documentation were reviewed. PREA volunteer and contractor training that occurred in August and October 2023, respectively were reviewed by the auditor. Anyone

attending the training acknowledges “By signing this form you affirm attending all classes for Volunteer Training”.

Two volunteers were interviewed for this report; one on site and one post on site. Each volunteer acknowledged completing a background check, going through FCI Herlong required training, and having mandatory annual training.

Conclusion

Provisions (a)(b)(c) were documented in policy and program statement, and through completed training records of FCI Herlong volunteers, and interviews. Based upon the review and analysis of all available evidence, the FCI Herlong is found in compliance with standard 115.32.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Document Review:

FCI Herlong Logs or documentation of verification incarcerated adults received comprehensive education

FCI Herlong Incarcerated Adults Education Materials

FCI Herlong Verification of completed training by adults in custody

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program

FCI Herlong Institution Supplement 5290.14G – Admission & Orientation Program
FCI Herlong Sexually Abusive Behavior Prevention and Intervention Program – Admission and Orientation Lesson Plan – English & Spanish versions
FCI Herlong (PAQ) Pre-Audit Questionnaire
FCI Herlong Adults in Custody; Federal Correctional Institution (FCI) and Satellite Prison Camp (SCP) A & O Handbook – Spanish & English versions
FCI Herlong Institution Admission and Orientation Program Checklist – Completed
FCI Herlong Random Incarcerated Adults Institution Files
FCI Herlong PREA Posters – Spanish & English
FCI Herlong PREA Video – English, Spanish, Closed Caption
BOP TRULINCS computer system
FCI Herlong Facility Tour – Observation of Intake Process

Interviews:

FCI Herlong Intake Staff
FCI Herlong Unit Team Lead
FCI Herlong Random Incarcerated Adults
FCI Herlong Investigative Staff
FCI Herlong Associate Warden/PREA Compliance Manager

Findings:

FCI Herlong Policy 5324.12E states the Unit Team staff is responsible for providing each inmate who enters FCI Herlong facility the Agency issues pamphlet *Sexually Abusive Behavior Prevention and Intervention-An Overview for Offenders*. This includes any incarcerated adult who is processed immediately to the SHU (Special Housing Unit). None of the incarcerated adults who were interviewed for this report were processed to the SHU right away. The Unit Team is also responsible for identifying incarcerated individuals identified as having any disability preventing them from reading or understanding the information provided to them. The Unit Manager will take appropriate steps to ensure the incarcerated individuals can benefit from all aspects of the Bureau's efforts to comply with the PREA.

The BOP and FCI Herlong have a robust inmate education program that is introduced and engaged during the intake process. The intake process was observed by the auditor. Upon arrival at the facility the PREA video was shown to 40 incarcerated adults being processed into FCI Herlong. The FCI Herlong PAQ indicates 1641 incarcerated individuals were admitted to the facility during the previous 12 months. Fourteen hundred and eighteen remained in the facility for over 30 days. A random sampling of the adults in custody files shows documentation the facility's zero-tolerance policy for sexual abuse and sexual harassment was provided at intake and an inmate's signature indicates they received and understand the information. Most of the adults in custody who were interviewed for this report indicated that had been in custody for well over 12 months. Some had been at the facility prior to 2012, and stated they recall receiving information when the standards were implemented, but unsure of when. Nearly all of the adults in custody at FCI Herlong acknowledged receiving information on PREA by the unit team, through posters, and via the TRULINCS system. Designated LEP inmates were interviewed and were able to complete the interview in English without an interpreter. They indicated the information they received had been in Spanish and English and noted that if they had a need to communicate in Spanish they were confident their request would be accommodated.

FCI Herlong staff were aware of the language line services and knew where to access the information to utilize the line. Each adult booked into the FCI Herlong facility has an electronic file that is maintained as well as a hard file that the unit teams use to document any relevant information. Additionally, unit team members routinely discuss with the inmates the various ways to report. Confirmation of receipt of the required information was noted in the inmate file via the Inmate Acknowledgement Statement.

Posters, inmate A & O handbook and the showing of the FCI Herlong PREA video were all acknowledged by the incarcerated adults interviewed. Incarcerated adults in the FCI facility reported the video being played regularly, and the incarcerated adults at the Satellite Prison Camp relied on the posters and the incarcerated adult A & O "hours" and A & O handbook to obtain information. The incarcerated adults in the camp were generally at worksites 5-7 days per week and could not confirm if the video was played during their work shifts. These individuals stated the Unit Team provides A & O designated hours and provide general information about PREA.

The video is produced in English, Spanish and with closed captioning. Hearing and sight impaired inmates received their information through either an interpreter, or having the information read to them. For any incarcerated adult who was not able to receive information during the intake process, the unit team where the individual was housed would be notified and the information provided immediately.

Conclusion:

Provisions (a)(b)(c)(d) were found compliant based upon the analysis of evidence provided. Inmate intake and institution files, interviews, and observation confirm FCI Herlong meets the expectations and is in compliance with standard 115.33.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

Agenda – BOP SIS/PREA National Video Conference Agenda, Curriculum
BOP Policy 5324.12 – Sexually Abusive Behavior Prevention and Intervention Program
BOP Form 583 – Incident Report
BOP 9-step Investigative Flow Chart
BOP SIS/SIA Training Outline & Curriculum – Interviews and Union Issues
BOP Sexual Violence Course Power Point (Course Code: CSV-0601-BXX)
BOP Warning and Assurance to Employee Required to Provide Information Form
FBI Domestic Investigations and Operations Guide (DIOG)
Letter of Cooperation between the FBI and the BOP re: compliance with the DOJ federal regulations to implementation of the PREA regulations.
FCI HERLONG investigative files
FCI HERLONG Pre-Audit Questionnaire
FCI Herlong confirmation of training and training completion certificates

Interviews:

FCI HERLONG Investigative Staff
FCI HERLONG Warden

Findings:

Policy 5324.12 states that in addition to the general training provided to all employees pursuant to PREA Standard 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations. The Chief of Correctional Services ensures his or her SIS/SIA are appropriately trained. The Chief of the Office of Internal Affairs ensures his or her staff are appropriately trained.

A review of the BOP SIS/SIA Lesson Plan and curriculum pertaining to investigations, how to conduct interviews and mitigating potential union issues, and interviews with investigative staff confirm the specialized training in investigations occurs for FCI Herlong employees conducting investigations on allegations of sexual abuse. The training curriculum shows techniques for interviewing sexual abuse victims, use of Miranda and Garrity warnings, how to manage evidence collection and criteria for both administrative and criminal referrals. The BOP has an extensive investigative flow chart. This steps are presented in a cumulative manner with Step 1: Inmate Reports Allegation of Sexual Abuse or Harassment to Staff; Step 2: Notify the Ops Lt. Immediately; Step 3: Maintain Crime Scene and Evidence Using Chain of Custody Protocol; Step 4: Contact Health Services; Step 5: Access TRUIINTEL and Complete a Report of Incident Form (BP A0583); Step 6: Immediately Safeguard the Inmate; Step 7: Contact Psych Services; Step 8: Maintain Confidentiality; and Step 9: Notifications. Completion of the specialized training is maintained. FCI Herlong investigative staff keep track of completion of the specialized training. The PAQ indicates there are 19 staff members who completed the specialized training.

The FCI Herlong SIS investigator was able to show the investigative process followed the flow chart documented above. A review of two FCI Herlong investigative files shows the internal process and referral process for investigations followed protocol and allegations were addressed immediately. The investigator submits an allegation to the FCI Herlong warden who reviews and refers to Internal Affairs and then the OIG. The OIG determines if the investigation will be criminal or administrative, and authorization is provided back to the FCI Herlong on how to proceed. If the investigation is returned to FCI Herlong it is completed. If unsubstantiated it is closed out, the post-investigation process occurs. If the allegation is deemed to be founded, all paperwork is submitted to Internal Affairs and the disciplinary process is initiated.

One recently concluded incarcerated adult on incarcerated adult allegation of sexual abuse was discussed. The FCI Herlong investigator conducted the investigation promptly, thoroughly, and objectively. The investigative report was reviewed and processed. The discussion covered all aspects of the investigative process. The next step as indicated by the Lieutenant was to conduct an incident review.

The FCI Herlong investigator has camera monitors in the office which are reviewed regularly. Direct contact is maintained with all staff members on the housing units and executive staff (via different channels). The investigator was asked to provide the auditor with several viewings of the cameras and the auditor was able to observe appropriate camera viewing throughout the facility.

Documentation was provided to show FCI Herlong facility investigators as well as investigators from OIA, OIG, and FBI received the specialized training developed through the Department of Justice. The FCI Herlong investigator was well-versed on the investigative process. The investigative training is not limited to a specialized training segment. A section of training that includes case studies and lessons learned from experienced investigators within the BOP system.

A Letter of Cooperation between the FBI and the BOP re: compliance with the DOJ federal regulations to implementation of the PREA regulations was reviewed to ensure the various agents and investigator who conduct such investigations received specialized training as well.

Conclusion

Provisions (a)(b)(c) were documented through program statements, staff interviews, a review of the training outlines, curricula, and training records. Based upon the review and analysis of all available evidence, the FCI Herlong has met standard 115.34.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

FCI Herlong (PAQ) Pre-Audit Questionnaire
 BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
 BOP PREA and Psychology Services Document outlining required specialized video training for medical and psychology personnel

Interviews:

FCI Herlong Medical Director
 FCI Herlong Health Services Administrator
 FCI Herlong Chief Psychologist
 FCI Herlong Associate Warden/PREA Compliance Manager
 FCI Herlong Warden (Acting)

Findings:

The FCI Herlong PAQ indicates that one hundred percent of individuals assigned to provide medical and mental health care services at the facility have received specialized training. Formal interviews with the FCI Herlong Medical Director and the FCI Herlong Chief Psychologist, as well as informal discussions during the site review, coupled with completion certificates indicate all staff have received the required specialized PREA training for medical and mental health care practitioners. The FCI Herlong Associate Warden/PREA Compliance Manager, medical director and Health Services Administrator confirmed medical staff at the facility do not conduct forensic examinations. The Program Statement 5324.12 indicates medical and mental health staff must be trained in basic PREA principles, receive specialized training, and the specialized training includes six modules. These are 1) PREA and

Medical and Mental Health Care: A Trauma-Informed Approach; 2) PREA Specialty Training – Detecting and Assessing Signs of Sexual Abuse and Harassment; 3) Preserving Physical Evidence; 4) Effective and Professional Resources; 5) Reporting and the PREA Standards; & 6) Understanding Sexual Trauma in Custody.

The Health Services Division ensures medical staff are appropriately trained, while the Reentry Services Division ensures mental health staff are appropriately trained.

Medical and mental health care staff, because they are BOP employees are trained on first responder duties and understand their obligation and duty to report when they have knowledge or suspicion of sexual abuse and/or sexual harassment. The FCI Herlong Medical Director, Health Services Administrator and Chief Psychologist indicated the level of care provided at the FCI Herlong mirrors the community standard of care. Additionally, the Chief Psychologist and Health Services Administrator participate in the Admission and Operation (A&O) periodic rounds.

Conclusion:

Provisions (a)(c)(d) are met through policy, training outlines, confirmation of training and staff interviews. Provision (b) is not applicable since the FCI Herlong facility medical staff do not perform forensic examinations. Based upon the review and analysis of all available evidence, the FCI Herlong is found to be in compliance with standard 115.35.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

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

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
FCI Herlong Policy 5324.12E – Sexually Abusive Behavior Prevention and Intervention Program
BOP Memorandum for Wardens – Intake Screening Guidance – Prison Rape Elimination Act
BOP PREA Intake Objective Screening Instrument
BOP Intake Screening Form
FCI Herlong Memo – Subject 115.41 c-1
FCI Herlong Memo from Associate Warden/PREA Compliance Manager to FCI HERLONG Warden
Random Incarcerated Adult Files
FCI Herlong (PAQ) Pre-Audit Questionnaire

Interviews:

FCI Herlong Staff responsible for Risk Screening
Random Inmates
Agency PREA Coordinator
FCI Herlong Associate Warden/PREA Compliance Manager

Findings:

Program Statement 5324.12 requires all inmates 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 towards other inmates. Additionally, the intake screening is required to take place within 72 hours of arrival at the facility. FCI Herlong Policy 5324.12E follows the guidance of the agency program statement and further operationalizes the process. The policy states the PREA Intake Objective Screening Instrument should be utilized using only information available to staff at the time of intake, and with the purpose of referring the inmate for further assessment as needed. Unit Team staff, upon conclusion of the PREA Screening Protocol shall refer incarcerated adults who meet objective criteria to notify the Captain and Psychology Services by sending the PREA screening form electronically to the HER-PREA and HER-Psychology Services will update the files for elevated risk incarcerated adults. Staff who conduct the risk screening acknowledged an evidence-based method for conducting the intake screening and noted that the screening generally takes place immediately upon arrival. The auditor observed the process being conducted. The interview between the Unit Team and the incarcerated adults was conducted in a compassionate manner.

The FCI Herlong reported conducting 2035 intake screenings in the past 12 months. Interviews with both randomly selected and targeted adults in custody indicated they received a screening at the time of their arrival at the facility. The screening information is used in decisions related to housing, bed, work, education and program assignments. Staff place a high priority on keeping separate those inmates at high risk of being sexually victimized from those with a high propensity for being sexually abusive.

The PREA Intake Objective Screening instrument is used when conducting intake screening. Specific information must be noted in the comment sections of the Inmate Screening Form. If none of the criteria from the PREA Intake Objective Screening Instrument is applicable to the inmate, staff will stamp the file with “No PREA criteria met” in the comment section applicable to victimization or abusiveness. Information gathered and assessed includes the physical, mental, or developmental status of the inmate, age, physical build, previous incarcerations, criminal history, whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.

The Risk of Victimization section includes three factors; Answers to Intake Screening Form; General Physical Appearance and Presentation; and Criminal history from available documentation. Each factor

includes the "Objective Criteria" coupled with "Referral Guidance". The Risk of Abusiveness has one factor which is the documented history of abusiveness from available documentation (PSR, incident reports, etc.). Objective criteria and referral guidance are provided as well. A random sample of inmate Intake Screening Forms were reviewed. The facility reports there were 2035 individuals who were reassessed for their risk of sexual victimization. Files were consistent with the requirements of the standard indicating follow up by psychology staff within 30 days of their arrival at the facility. This information was clearly documented in the incarcerated adult files. While observing the FCI Herlong intake process with the Unit Team an incarcerated adult was asked about a previous report of sexual abuse. The Unit Team member actively listened and although the incarcerated adult did not request services or follow up, the staff member provided information on how to seek services should the individual change their mind. Staff noted an inmate's risk level could be reassessed at any time through a request from any staff member, at the request of the inmate, or based on any relevant information that could impact the inmate's safety at the facility.

The agency PREA Coordinator, FCI Herlong Associate Warden/PREA Compliance Manager and Chief Psychologist acknowledged why and how the information obtained from the risk screening was used.

Conclusion:

A review of program statement, memos, forms, a review of incarcerated adult files and agency and FCI Herlong staff interviews provisions (a)(b)(c)(d)(e)(f)(g)(h)(i) are shown to be compliant. The FCI Herlong is found to meet standard 115.41.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
 BOP Program Statement 5200.08 – Transgender Offender Manual
 BOP PREA Intake Objective Screening Instrument
 BOP Intake Screening Form
 FCI HERLONG PREA Compliance Manager memo to FCI HERLONG Warden – Screening Information
 Notes from an FCI HERLONG PREA Meeting
 FCI Herlong Transgender Adults in Custody Files
 FCI Herlong PREA Posters

Interviews:

FCI Herlong Associate Warden/PREA Compliance Manager
 FCI Herlong Unit Team Staff Responsible for Risk Screening
 FCI Herlong Transgender Adults in Custody

Findings:

The Program Statement addresses the use of the information from the FCI Herlong risk screening tool. Specifically the PS ensures housing, bed, work, education and program assignments, with the goal of keeping adults in custody safe. A memo from the FCI HERLONG PCM to the FCI HERLONG Warden outlines that weekly team meetings regarding inmates in the SHU are held to discuss on a case-by-case basis the safety of each inmate. Any discussion related to housing of a transgender or intersex inmate in a male or female facility is also conducted in a manner consistent with case-by-case discussions. Upon deciding whether to assign a transgender or intersex individual to a BOP facility, the PS 5234.12 notes the initiation of the process is accomplished at the Designations & Sentence Computation Center (DSCC) with the Transgender Executive Council (TEC). Specifically, the initial

designations and transfers of transgender incarcerated adults should be reviewed by the TEC. The FCI Herlong Associate Warden/PREA Compliance Manager indicated all transgender and intersex adults in custody files are reviewed. If there are any questions or concerns the FCI Herlong Warden would be notified and discussions with the TEC would be initiated.

The PS directs that the staff performing the risk assessments will notify Psychology Services of any transgender or intersex adult in custody and will provide a copy of the Intake Screening Form to prepare for team meetings. Interviews with the Associate Warden/PCM, Unit Team staff who conduct the risk assessments and transgender adults in custody showed the directive being followed, with the transgender adults in custody indicating their own views with respect to housing were generally taken into consideration. The inmates reported being able to shower and use the toilet separate from other inmates. Those interviewed felt very safe at the facility and felt comfortable approaching staff should they encounter any issues. Additionally, the two transgender adults in custody who were interviewed shared their preference of being housed in a dedicated facility for LGBTI incarcerated adults. In both cases, the transgender individuals started their incarceration in designated facilities. As their security points dropped, they were transferred to lower security levels. Incarcerated transgender adult files were reviewed. The forms document the recommendation of the inmate and housing decision. All appeared to be consistent with the view of the inmate.

The FCI Herlong does not use protective custody or SHU for placing inmates solely because of their status as a transgender or intersex individual. The FCI Herlong does not have a dedicated facility or housing unit for transgender or intersex adults in custody. The facility reports having placed individuals who reported victimization over the past 12 months in the SHU temporarily while safe housing could be identified. Additionally, any individual who requests SHU housing can be placed in the SHU.

Conclusion:

A thorough review of documentation; memos, program statements, files and interviews with staff and transgender adults in custody confirm that all provisions - (a)(b)(c)(d)(e)(f)(g) of standard 115.42 are compliant at the FCI Herlong.

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.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
BOP Program Statement 5200.08 – Transgender Offender Manual
BOP Program Statement 3420.11 – Standards of Employee Conduct
BOP PREA Intake Objective Screening Instrument
BOP Intake Screening Form
FCI Herlong Warden memo
FCI Herlong Transgender Adults in Custody Files
FCI Herlong PREA Posters

Interviews:

FCI Herlong Associate Warden/PREA Compliance Manager
FCC Herlong Unit Team Staff Responsible for Risk Screening
FCU-Herlong Transgender Adults in Custody
FCI Herlong Random Staff

Findings:

The BOP PS 5324.12 addresses the use of the information from the FCI Herlong risk screening tool. Specifically the PS ensures housing, bed, work, education and program assignments, with the goal of keeping inmates safe. PS 3420.11 requires that employees immediately report any violation, or apparent violation, of standards and conduct to their Chief Executive Officer (CEO) or another appropriate authority. Random FCI Herlong staff interviews indicated they would likely report any issue to the FCI Herlong Associate Warden/PREA Compliance Manager.

The PS 5324.12 directs that the staff performing the risk assessments will notify Psychology Services of any transgender or intersex inmate and will provide a copy of the Intake Screening Form to prepare for team meetings. Interviews with the Associate Warden/PCM, Unit Team staff who conduct the risk assessments and transgender adults in custody indicated the directive being followed, with the transgender adults in custody indicating their own views with respect to housing were taken into consideration, yet they preferred being housed in designated facilities or housing units. The adults in custody reported being able to shower and use the toilet separate from other inmates. The adults in custody articulated that while they understand why they are being housed in general population, they lose the connection to other “like” adults in custody. Adults in custody files were reviewed. The forms document the recommendation of the inmate and housing decision. All appeared to be consistent with the view of the inmate.

The FCI Herlong does not use protective custody or SHU for placing inmates solely because of their status as a transgender or intersex individual. The FCI Herlong does not have a dedicated facility or

housing unit for transgender or intersex adults in custody. The facility reports no adults in custody having been placed in protective custody who reported victimization over the past 12 months. The FCI Herlong Associate Warden/PCM indicated team meetings are held immediately after an allegation.

Conclusion:

A thorough review of documentation; memos, program statements, files and interviews with staff and incarcerated adults confirm that all provisions - (a)(b)(c)(d)(e) of standard 115.43 are compliant.

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.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
BOP Program Statement 3420.11- Standards of Employee Conduct
FCI Herlong Policy 5324.12E – Sexually Abusive Behavior Prevention and Intervention Program
FCI Herlong PREA Poster
FCI Herlong Inmate A & O Handbook – Spanish and English
Memo from FCI Herlong Warden – Inmate Reporting, Process
FCI Herlong PREA Compliance Manager Information Tracking Log
BOP LanguageLine Solutions Contract
FCI Herlong Facility Tour
BOP TRULINCS System

Interviews:

FCI Herlong Random Adults in Custody
FCI Herlong Random Staff
FCI Herlong Associate Warden/PREA Compliance Manager

Findings:

Program Statement 5324.12 states Adults in the custody of the bureau are encouraged to report allegations to staff at all. Levels, including local, regional and Central Office. They are also currently provided with avenues of internal reporting such as telephonically to a specific department (such as the Special Investigative Services), or by mail to an outside entity. Nearly all adults in custody who were interviewed had a good understanding of the various ways to report, and their preferred method of reporting was to an FCI Herlong staff member they trusted. When asked “why”, the common thread was they trusted the staff would act immediately. One adult in the custody of FCI Herlong wrote a letter to the auditor. The auditor interviewed the individual who felt the allegation was not taken seriously and a notification of the outcome was not provided. The auditor reviewed the allegation and the file and it

was determined the investigation was active. The SIS was able to provide information on how the allegation was processed and it appeared to follow the appropriate protocol.

FCI Herlong Policy 5324.12E states all staff will assume any report of sexual victimization, regardless of whether the source of the report (e.g., "third party") is credible, They will report details concerning any behaviors detected that are or could lead to sexually abusive behaviors.

FCI Herlong adults in custody are provided information about reporting verbally during intake, and at A&O hours, written in the inmate handbook and via the FCI Herlong PREA Posters. The information can also be found electronically on the TRULINCS system. All reporting information is provided to the adults in custody in Spanish and English and can be provided in any other language via the LanguageLine Solutions. The posters, handbook and TRULINCS system also includes the mailing address for the Office of the Inspector General (OIG).

The inmate Handbook (Admission& Orientation Handbook) also outlines the ability to report any retaliation, or staff neglect or violation of responsibilities encountered during the reporting process. During the site tour information about reporting incidents of sexual abuse and sexual harassment were prevalent. Posters were displayed throughout the facility, the TRULINCS system was accessible and operational throughout the housing units, and the phones were accessible to the inmates during program time (when they are out of their cells), or upon request.

Also outlined verbally, through the Admission& Orientation Handbook, FCI Herlong PREA Posters, and the TRULINCS system are ways for inmates to report abuse or harassment to a public or private entity not a part of the agency. The Office of the Inspector General (OIG), a component of the Department of Justice (DOJ) is an outside reporting entity for the BOP. Inmates may email OIG through the TRULINCS system. Emails sent to the OIG through the TRULINCS system are not traceable at the local institution. The emails go directly to the OIG, are not saved in an inmate's email, and there is no capability of return emails from the OIG that could be traceable. Further, if there is a need to remain anonymous, the inmate will request it in the email. The inmate mail system was discussed with the Associate Warden/PCM followed by an interview with the Mail Room supervisor. Any letter written to the OIG is treated as legal mail. Outgoing mail is reviewed for contraband, but not content. Any incoming legal mail is opened with the inmate present a signature required by both the staff and inmate for the receipt of the mail. The FCI Herlong does not detain inmates solely for civil immigration purposes as confirmed by the FCI Herlong Associate Warden/PCM.

Both random staff and random adults in custody were interviewed and confirmed awareness of multiple ways to report any sexual abuse or sexual harassment. Some adults in custody noted access to CRIMESTOPPERS, which is available to the adults in custody via the inmate telephone system.

FCI Herlong staff confirmed they would accept reports made verbally, in writing, anonymously, and from third parties, and would document any reports immediately. Additionally, all staff indicated they would be able to report privately any sexual abuse or sexual harassment of adults in custody and acknowledged they had an affirmative duty to do so. Their program statement 3420.11 outlines their requirement to report any violation, appearance of a violation or attempted violation of any PREA standard or of any law, rule, or regulation. Failure to do so by employees could result in disciplinary action.

Conclusion:

Provisions (a)(b)(c)(d) were confirmed through program statements, the FCI Herlong site tour, and through interviews with both staff and adults in custody. An analysis of the information of all the available information confirms the FCI Herlong is compliant with standard 115.51.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
 BOP Program Statement 1330.18 – Administrative Remedy Program
 FCI Herlong (PAQ) Pre Audit Questionnaire
 FCI Herlong A&O Handbook – English and Spanish
 FCI Herlong Warden Memo re: Grievances

Interviews:

FCI Herlong Associate Warden/PREA Compliance Manager
 FCI Herlong Random Adults in Custody

Findings:

Neither the BOP nor the FCI Herlong are exempt from this standard. The BOP has a documented administrative remedy process via Program Statement 1330.18 that defines the grievance process. Program Statement 5324.12 describes the process. Not limited to sexual abuse and sexual harassment, this program statement allows for an inmate to file a grievance orally or in writing on any issue surrounding an inmate's incarceration. Also outlined in this program statement is that the BOP shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse and an administrative remedy can be filed at any time. Further, for administrative remedies other than sexual abuse, a 20-calendar day period shall be followed. The FCI Herlong A & O Manual for incarcerated adults give individuals information on filing an Administrative Remedy. If the complaint is too sensitive to be filed with the Warden, incarcerated adults have the opportunity to file their administrative remedy directly with the Regional Director Forms may be obtained from a counselor or any other unit staff member.

There is no limitation or prohibition that precludes third party, including other adults in custody, family members, attorneys, outside victim advocates, or friends from assisting the reporting inmate with filing the administrative remedy relating to the allegation of sexual abuse.

Should an emergency grievance be filed, the response and process will be expedited. A response to any emergency grievance filed is required to be completed within 48 hours of receipt, and a final decision

commencing within five days. This expedited process is outlined in Program Statement 1330.18. Adults in custody are not required to submit to the staff member who is the subject of the complaint. Additionally, as noted by the facility Associate Warden/PCM and in the program statement any grievance alleging sexual abuse will not be referred to the subject staff member for resolution.

Agency program statements encompass the 90-day decision making timeline and acknowledges the 90-day timeline does not include time required by the inmate for preparation and appeal of such report. The agency has the right to claim an extension of up to 70 days if the normal time period for response is insufficient to make an appropriate decision. At any level of the administrative process, including the final level, if the grievant does not receive a response within the allotted time, the inmate may consider the absence of a response to be a denial. The FCI Herlong Associate Warden/PCM acknowledged that her priority would be to ensure responses are provided whether denied or not, and that the communication would be documented.

In the past 12 months the FCI Herlong Warden reports zero grievances filed for sexual abuse. Additionally, in the past 12 months there have been zero third-party assisted grievances, and zero emergency administrative remedies filed. Adults in custody who were interviewed acknowledged they were aware of the grievance process at FCI Herlong and indicated they had not filed one. Both the agency and the FCI Herlong reserves the right to impose discipline and requires an inmate to file any grievance in good faith.

Conclusion:

Provisions (a)(b)(c)(d)(e)(f)(g) were documented by agency program statement and staff and adults in custody interviews. Based upon the review and analysis of all available evidence the FCI Herlong is found to be in compliance with standard 115.52.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
 FCI Herlong – Policy 5324.12E – Sexually Abusive Behavior Prevention and Intervention Program
 Use of FCI Herlong inmate telephone
 Phone call with Lassen Family Services
 FCI Herlong A & O Handbook – Spanish and English
 Memo from BOP Regional Director re: Approval of MOU between FCI Herlong & Lassen Family Services

Interviews:

FCI Herlong Associate Warden/PREA Compliance Manager
 FCI Herlong Chief of Psychology
 FCI Herlong Medical Director
 FCI Herlong Health Services Administrator
 Random Adults in Custody
 Random Staff
 Victim Advocate – Lassen Family Services

Findings:

The BOP Program Statement 5324.12 states the Institution PREA Compliance Manager, with the assistance of Psychology Services staff, seeks to establish an agreement with community services providers who are able to provide confidential emotional support services as it relates to sexual abuse. If an agreement is not feasible, the attempts are documented. Staff take reasonable action to ensure that information on available resources is provided to all inmates so that they have access to the Bureau's efforts in preventing, detecting, and responding to sexual abuse and sexual harassment. Staff also provide contact information and

confidential communication services, as reasonable as possible. The PS further states “confidential” communication are distinguished from privileged communications, such as in attorney-client relationship. Communications are monitored in a manner consistent with agency security practices and should be addressed in any memorandum of understanding with the outside victim advocacy group.

The FCI Herlong provides inmates with access to outside confidential emotional support services, and victim advocacy. Program Statement 5324.12E outlines the process for inmates to have access to these services, which include providing inmates with the phone number to the National Sexual Assault Hotline, available in the FCI Herlong A & O Handbook, and via a telephone system separate and apart from the general inmate telephone system. The phones used to access outside emotional support services are in every housing area and are used to contact attorneys, or any other professional services, including CRIMESTOPPERS. Calls made on these phones are not monitored nor recorded. During the site tour the auditor used the phone to call the number posted. A TRULINCS operational system was observed. A discussion with the Lassen Family Services advocate showcased the partnership with FCI Herlong. The family services center receives phone calls – acknowledging about one per month from the FCI Herlong. The advocate indicated that most of the work they do with FCI Herlong is outreach and this is done while on site at the facility. General information is provided to the adults in custody, however, should someone request emotional support services while the advocate is on site, the request will be fulfilled immediately.

Random staff indicated the service phones are utilized regularly and staff are not privy to who the inmate is calling. If an inmate made a request to staff to utilize the phone outside of program time, all staff indicated they would provide access to the best of their ability. Random adults in custody noted the phones were available and the phone numbers were posted for sexual abuse services. All inmates were asked if they have ever needed to use the phone to access emotional support services or victim advocacy, and they indicated they have not. For adults in custody in the SHU, a mobile telephone is brought to them to use in their cells.

The FCI Herlong Medical Director, Health Services Administrator and Chief Psychologist indicate when they encounter an inmate who alleges sexual abuse they inform the inmate of the limits to confidentiality prior to the services being provided. The advocate for Lassen Family Services stated they discuss mandatory reporting laws, confidentiality, and how to access services once released.

A review of the MOU between Lassen Family Services and FCI Herlong was conducted. Additionally, through discussions with both FCI Herlong staff, and the Lassen Family Services it was noted there are monthly meetings specific to the efforts to address sexual safety, as well as quarterly networking breakfasts at the FCI Herlong where attendees are provided information on the various services provided at the facility and camp. Both the advocate and FCI Herlong staff found the partnership to be extremely beneficial.

Conclusion:

Based on a review of all evidence available through documents, interviews and direct use of the inmate telephone, the FCI Herlong meets provisions (a)(b)(c)(d) and is found in compliance with standard 115.53.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
BOP Program Statement 3420.11- Standards of Employee Conduct
FCI Herlong PREA Poster – English and Spanish
FCI Herlong A&O Handbook
Agency/FCI HERLONG Website (bop.gov)

Interviews:

Random Staff
Random Adults in Custody
FCI Herlong Associate Warden/PREA Compliance Manager

Findings:

The FCI Herlong A&O handbook and PREA poster provide the mailing address for the Office of the Inspector General, Investigations Division which is part of the Department of Justice. The PREA posters are visible throughout the facility. Inmates acknowledged seeing the posters, being provided the A&O handbook, and understood they could make a report confidentially and anonymously by looking at the poster or handbook to know where to make the report. Most adults in custody indicated that any report needed to be made could be made comfortably to any FCI Herlong staff member.

Program Statement 5324.12 indicates all staff are required to accept any report of sexual abuse or sexual harassment. When asked, staff indicated this included any report from outside the facility. Program Statement 3420.11 outlines an employee's duty to report any sexual abuse and sexual harassment.

Staff stated they would have no hesitation to report to their supervisor if a third-party report was received and acknowledged and confirmed by the FCI Herlong Associate Warden/PCM, there is a process via the BOP website where any information received would be routed through the agency first and then to the FCI Herlong Warden.

Conclusion:

This standard was documented with staff and adults in custody interviews and verification of information available on the agency and facility website. Based on the review and analysis of all available evidence the FCI Herlong is in compliance with standard 115.54.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
BOP Program Statement 3420.11- Standards of Employee Conduct
BOP Form A0583 – Report of Incident

Interviews:

Random Staff
FCI Herlong Medical Administrator
FCI Herlong Chief Psychologist
FCI Herlong Warden (designee)
FCI Herlong Associate Warden/PREA Compliance Manager

Findings:

The agency requires per PS 5324.12 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 incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All FCI Herlong staff must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the Operations Lieutenant, or, where appropriate, in accordance with the Program Statement 3420.11 – Standards of Employee Conduct.

FCI Herlong staff will provide a written follow-up memorandum to the Operations Lieutenant and the Operations Lieutenant notifies the Associate Warden/PREA Compliance Manager. Allegations of inmate-on-inmate and inmate-on staff sexual abuse are entered in TRUIINTEL via the Agency form BP-A0583 – Report of Incident. Once reported, an evaluation by the Institution PREA Compliance Manager of whether a full response protocol is needed will be made. FCI Herlong staff intervene as appropriate (e.g., writing an incident report), in behaviors that may subsequently lead to an incident of sexual abuse.

At FCI Herlong, the information concerning the identity of the alleged inmate victim and the specific facts of the case are limited to staff who need to know because of their involvement with the victim's welfare and the investigation of the incident. The FCI Herlong PCM indicated this is important not only to preserve the

victim's privacy but to preserve maximum flexibility to investigate the allegations. The PCM noted under this provision it is appropriate to forward these reports to the Operations Lieutenant.

The PS 5324.12 provides information that detection requires an awareness of staff of institution or unit climate and the reputations and behaviors of adults in custody – through actively paying attention to following, for example: communications by adults in custody, comments to staff, posted picture files and Correctional Services “confidentials”, adults in custody interactions, changes in inmate behavior (eating, sleeping, hygiene, work habits, etc.), isolated or “hot” areas of the institution. The directive heightens the awareness in the program statement so staff are able to better detect sexually abusive behavior and possibly deter problems before they occur, or before they escalate.

The information concerning the identity of the alleged victim and the specific facts of the case are limited to staff who need to know because of their involvement with the victim's welfare and the investigation of the incident. This is important not only to preserve the victim's privacy but to preserve maximum flexibility to investigate the allegations.

Staff at FCI Herlong indicated they understand their reporting duties and would not hesitate to follow policy and make a report. This included any internal or third-party report. Psychology Services, Medical Services, and Health Services staff fully understood and concurred reporting duties at the FCI Herlong applied to them. There are no inmates at the FCI Herlong under the age of 18.

Findings:

Provisions (a)(b)(c)(d)(e) were documented in program statements, facility operations and confirmed by staff interviews. Based upon the review and analysis of all available evidence, the FCI Herlong is found in compliance with standard 115.61.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
BOP Program Statement 3420.11- Standards of Employee Conduct
FCI Herlong (PAQ) Pre-Audit Questionnaire
Memo from FCI Herlong Warden re: adults in custody at substantial risk of imminent sexual abuse

Interviews:

FCI Herlong Warden
FCI Herlong Associate Warden/PREA Compliance Manager
Random Staff

Findings:

Program Statement 5324.12 acknowledges that when it is learned an inmate is subject to substantial risk of imminent sexual abuse it shall take immediate action to protect the inmate. Program Statement 3420.11 indicates any failure to ensure sexual safety in any facility is subject to discipline. Random staff acknowledged their obligation to report and understood they could experience consequences if they failed to report. Further, staff reported they would inform their supervisor immediately if they felt an inmate was at risk of sexual abuse. In the past 12 months the FCI Herlong reported zero incidents that an inmate was subject to substantial risk of imminent sexual abuse. The FCI Herlong Warden acknowledged this in writing, and the Associate Warden/PREA Compliance Manager indicated they make sexual safety a priority and have high expectations that staff are informed of their mandate to report if an inmate appears to be at imminent risk of sexual abuse.

Conclusion:

The staff interviews, and written documentation document the requirements of this standard. Based on the review and analysis of all available evidence, the FCI Herlong is found in compliance with standard 115.62.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
BOP Program Statement 3420.11- Standards of Employee Conduct
FCI Herlong (PAQ) Pre-Audit Questionnaire
FCI Herlong Notification memo
FCI Herlong Adult in Custody File
FCI Herlong Warden Memo re: Reporting to Other Confinement Facilities
FCI Herlong Warden Memo regarding the one noted incident

Interviews:

FCI Herlong Warden
FCI Herlong Associate Warden/PREA Compliance Manager
FCI Herlong Investigative Staff

Findings:

Program Statement 5324.12 indicates that in cases where there is an allegation that sexually abusive behavior occurred at another Bureau facility, the Warden (or his/her designee) of the victim's current facility reports the allegation to the Warden of the identified institution. In cases alleging sexual abuse by staff at another institution, the Warden of the inmate's current facility refers the matter directly to the Office of Internal Affairs.

For non-Bureau secure privatized facilities, jails, juvenile facilities, and Residential Reentry Centers, the Warden will contact the appropriate office of the facility and notify the Privatization Management or the Residential Reentry Management Branches, as appropriate. For non-Bureau facilities, the Warden (or his/her designee) contacts the appropriate office of that correctional agency,

These notifications are made immediately upon receipt. A review of the notification indicates the notification was made within 72 hours. In the past 12 months the facility reported three instances in which other institutions were notified concerning an inmate allegation of sexual abuse occurred.

In the past 12 months the FCI Herlong received one reports of allegations of sexual abuse from another facility. The investigative file was reviewed, and the incident was referred for investigation. The FCI Herlong Associate Warden/PREA Compliance Manager is responsible for making the notifications and following up with the investigative process, and a tracking log is utilized to ensure the allegation is investigated.

Conclusion:

Provisions (a)(b)(c)(d) were documented by program statements, interviews with staff and a review of documentation. Based upon the review and analysis of all available evidence, the FCI Herlong is found in compliance with standard 115.63.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first 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.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
FCI Herlong (PAQ) Pre-Audit Questionnaire
FCI Herlong First Responder Pocket Cards
FCI Herlong Employee Training Records

Interviews:

Random Staff (all staff trained as First Responders)
FCI Herlong Associate Warden/PREA Compliance Manager
FCI Herlong Non-Security Staff (Education)

Findings:

Program Statement 5324.12 outlines first responder duties. All BOP staff are trained in first responder duties. Random FCI Herlong staff, who are all trained as first responders were interviewed and able to cover the four points required by this provision. This includes management of alleged victim and alleged abuser, and any actions that could destroy physical evidence, including showering, brushing teeth, changing clothes, urinating defecating drinking or eating.

In the past 12 months the FCI Herlong received four allegations of sexual abuse. Two of the allegations resulted in the first security staff member to respond to the incident separated the alleged victim and abuser. All allegations were received outside of the time period for evidence collection. There were no instances where a non-security staff member responded as a first responder. Routinely staff who were approached during the facility tour, and those chosen to be interviewed were well versed on first responder duties. All acknowledged being trained in first responder duties. The non-security, education staff interviewed stated their obligation was to notify FCI Herlong custody staff immediately and ensure the safety of the victim.

Conclusion:

Provisions (a) and (b) were documented in the program statement, and confirmed by interviews with staff, both security and non-security Training records document staff are trained as first responders. Based upon the review and analysis of all available evidence the FCI Herlong is found in compliance with standard 115.64.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
FCI Herlong Policy 5324.12E

Interviews:

FCI Herlong Warden (Designee)
FCI Herlong Associate Warden/PREA Compliance Manager
FCI Herlong Medical Director
FCI Herlong Health Services Administrator

Findings:

FCI Herlong staff are required to be familiar with Program Statement 5324.12 which defines the written institutional response plan. FCI Herlong policy 5324.12E outlines the details of the FCI Herlong Coordinated Response. BOP has created a document that assists staff in responding to allegations of prohibited and/or illegal sexually abusive behavior. This 11-page document begins with "First Things First" (FTF) which are first responder duties. The next section is the action areas for the Operations Lieutenant (or SIS Lieutenant) to follow. The sections of the document that include actionable areas includes a Yes/No indicator and an area for comments. Psychology Services has a section to be completed that includes action items for the alleged victim and the alleged perpetrator.

Discussions with the FCI Herlong Warden (designee) and Associate Warden/PREA Coordinator outlined the response efforts and requirements for an allegation of sexual abuse and sexual harassment. The Associate Warden/PREA Compliance Manager indicated all staff are regularly trained on first responder duties and the Medical Director, Health Services Administrator and Chief Psychologist or designated staff would engage with facility leadership from investigations, medical and mental health to ensure the coordinated response is followed.

Conclusion:

The program statement and interviews coupled with a review of documents confirm the response plan is carried out when an allegation occurs. Based upon the review of all available evidence, the FCI Herlong is found in compliance with standard 115.65.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

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

Interviews:

Agency Head
FCI Herlong Associate Warden/PREA Compliance Manager

Findings:

A review of the Master Agreement between the Federal Bureau of Prisons and Council of Prison Locals dated July 21, 2014 – July 20, 2017, and remains current shows the Agency may remove alleged staff sexual abusers from contact with inmates pending an investigation or a determination of whether and to what extent discipline is warranted. The FCI Herlong Associate Warden/PREA Compliance Manager confirmed this is the most current agreement and that efforts are being made to enter into a new agreement.

Article 30, Section A of the document states "The Employer may elect to reassign the employee to another job within the institution or remove the employee from the institution pending the investigation and resolution of the matter, in accordance with applicable laws, rule, and regulations."

Conclusion:

A review of the documentation provided, coupled with staff interviews confirm the FCI Herlong is in compliance with standard 115.66.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
FCI Herlong Adult in Custody File of those who alleged sexual abuse or sexual harassment

FCI Herlong (PAQ) Pre-Audit Questionnaire
BOP Form A1002 – Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation

Interviews:

FCI Herlong Associate Warden/PREA Compliance Manager
FCI Herlong Warden
FCI Herlong Chief Psychologist

Findings:

When determining an appropriate method of safeguarding an adult in custody assigned “at risk” for victimization, the Warden ensures all options are considered by completing, signing, and dating form BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation. Program Statement 5324.12 ensures all inmates and staff who report sexual abuse or harassment, or who cooperate with an investigation regarding sexual safety are free and protected from retaliation.

Form A1002 is a detailed form that includes six *Safeguarding Options*. These include documenting if the alleged victim was reassigned to another housing unit within the institution, if staff is the alleged perpetrator and sufficient basis exists, was he/she reassigned to another post at the institution or complete, if staff is the alleged perpetrator and sufficient basis exists, was he/she placed on administrative leave, was another alternative specific to the institution/location utilized, was the alleged victim transferred to another federal, state or local facility, and was the alleged victim reassigned to Administrative Detention for protective custody. Any response marked “no” requires justification for not utilizing the alternative.

The FCI Herlong Associate Warden/PREA Compliance Manager monitors staff and inmates who have reported sexual abuse allegations to protect them from retaliation for 90-days. The PCM reports that if the initial monitoring indicates a continuing need, periodic status checks occur. The PCM and Chief Psychologist indicated verbal conversations occur with any inmate regarding retaliation and their right to be free from any threat of or incident of retaliation. The PCM will meet with any staff member to discuss retaliation and to guide them through the process of reporting retaliation should they feel threatened at any time.

PS 5324.12 notes the completed 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 incarcerated adult’s detriment by staff or other adults in custody. If information gathered leads to an investigation, the A1002 becomes part of the investigative file. The completed form is e-mailed to BOP-RSD/PREACORDINATOR-S and filed with the investigative case.

The Associate Warden/PCM acknowledged assessing the need for housing changes, transfers, removal of staff or inmate abusers, and the need for confidential emotional support services should inmates fear or feel threatened. A review of the files show there were no incidents of retaliation. The FCI Herlong Warden reports there were zero incidents of retaliation that occurred in the past 12 months.

Conclusion:

Provisions (a)(b)(c)(d)(e) are defined in the program statement, document review. and confirmed by interviews with staff. Based on the review and analysis of all available evidence, the FCI Herlong is found in compliance with standard 115.67.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
Inmate Files for those housed in the SHU
BP-A1002 Form- Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation
FCI Herlong (PAQ) Pre-Audit Questionnaire

Interviews:

FCI Herlong Associate Warden/PREA Compliance Manager
FCI Herlong Chief Psychologist
FCI Herlong Staff and Supervisors in the SHU

Findings:

The use of the Special Housing Unit (SHU) at the FCI Herlong to protect an inmate who is alleged to have suffered sexual abuse is outlined in Program Statement 5324.12. When determining an appropriate method of safeguarding the inmate assigned "at risk" for victimization, the Warden ensures all options are considered by completing, signing and dating form A1002. The completed A1002 form 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 A1002 becomes a part of the investigative file. The completed form is e-mailed to the BOP-RSD/PREA COORDINATOR-S and filed with the investigative case. The SHU at the FCI Herlong is utilized as a last resort for housing of an inmate who alleges sexual abuse, and SHU supervising staff indicated that no restrictions would be placed upon the inmate regarding programs, work assignments or access to religious services. During the facility tour the SHU was equipped with a law library accessible to the adults in custody in the SHU. The FCI Warden attests that during the review period, there have been no instances in which an adult in custody who alleged to have suffered sexual abuse was placed in involuntary segregated housing for his or her protection. FCI Herlong staff indicated that in some cases the adult in custody submits a "kite" to talk about self-selecting into the SHU, but the SHU is never used to involuntarily place an individual.

The FCI Herlong PAQ indicates there were zero adults in custody placed in the SHU in the past 12 months; The Associate Warden/PREA Compliance Manager indicated that generally the SHU will be used as a last

resort, and that if the perpetrator is another adult in custody immediate separation of the victim/perpetrator would occur.

Conclusion:

A review and analysis of documents, staff interviews, and facility tour deem the FCI Herlong to be compliant with standard 115.68.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
FBI's Domestic Investigations and Operations Guide
FBI Memo – Response to the BOP
DOJ/OIG PREA Training Outline
OIG PREA Training Completion Confirmation email

Interviews:

FCI Herlong Associate Warden/PREA Compliance Manager
FCI Herlong Investigative Staff
Agency PREA Coordinator

Findings:

Program Statement 5324.12 addresses both administrative and criminal investigations and states that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively. A review of investigative files shows the investigations were prompt, thorough, and objective. FCI Herlong facility SIS investigative staff indicated allegations of sexual abuse and sexual harassment are taken seriously and investigated accordingly. Investigative staff noted they would investigate anonymous and third-party reports as any other report would be handled.

The SIS investigative staff provided confirmation nineteen investigative staff completed their specialized training. The training covered evidence recovery and preservation, and the staff indicated having access to facility cameras (which were operational during the site tour), conducting interviews with inmates, witnesses and perpetrators. These duties are a separate responsibility from staff first responders and are carried out by the appropriate investigative entity which could be FCI Herlong SIS, OIA (Office of Internal Affairs), OIG (Office of the Inspector General), or the FBI (Federal Bureau of Investigations). Investigators do not utilize the polygraph as part of their investigative process.

For investigations involving the victim and perpetrator being adults in custody the FCI Herlong SIS will work with the Warden and the BOP OIA, and the incident will be investigated by the FBI. Any staff-on-incarcerated adult criminal investigations will be handled of the OIG. The FBI provided confirmation that a uniform investigatory process is utilized for all investigations. If an allegation is substantiated by the OIG or the FBI the case is referred for prosecution. If there is not a substantiated outcome the investigation is returned to the facility for local processing.

The FCI Herlong investigative process and files were discussed and included sections for evidence, interviews, monitoring, and outcome. They also take into consideration information on whether other factors such as physical layouts, staffing patterns, institution operations, etc. When the quality of evidence appears to support criminal prosecution, the investigative staff will notify the FCI Herlong Warden and Associate Warden/PREA Compliance Manager and the investigative entity handling the case will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The FCI Herlong investigative staff indicated that with respect to administrative investigations, staff actions or failure to act are considered as part of the investigation. Additionally, physical layouts, staffing patterns, institution operations are also reviewed to assess whether they contributed to the abuse. A review of closed investigations shows that investigative files are maintained until direction comes from the investigative entity for destruction. Investigations would continue through the process regardless of whether the abuser or victim departs employment.

The BOP provided documentation confirming the FBI and OIG comply with the entities outlined within this standard. This included the FBI DIOG Investigative Procedural Manual, an FBI memo responding to the BOP request confirming compliance with federal regulations promulgated by the DOJ in April 2014, to implement the Prison Rape Elimination Act of 2003 – referred to as the “PREA Regulations”.)

Interviews with the FCI Herlong Associate Warden/PCM, Investigative staff and the Agency PREA Coordinator indicated they would cooperate with outside investigators. The FCI Herlong Associate Warden/PCM assumes the responsibility for remaining up to date on any and all investigations and informs the Warden. They meet weekly with other key staff to discuss any PREA related content initiated at the facility,

Conclusion:

Provisions (a) through (l) were documented by program statement, interviews and records review, including investigative and staff training files. Based upon the review and analysis of all available evidence, the FCI Herlong is found in compliance with standard 115.71.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program

Interviews:

FCI Herlong SIS and Investigative Staff

FCI Herlong Associate Warden/PREA Compliance Manager

Findings:

FCI Herlong SIS Investigative staff indicated they do not impose a standard high than a preponderance of the evidence in determining the outcome of an investigation. The BOP applies this section in accordance with its disciplinary/adverse action process and collective bargaining agreement, and applicable laws, rules, and regulations. The FCI Associate Warden/PREA Compliance Manager indicated all rule violations or allegations of sexual abuse or sexual harassment to be based on a consideration of preponderance of evidence, and that this is the basis for determining whether an allegation is substantiated or unsubstantiated.

Conclusion:

Program Statement, staff interviews and a review of investigative files via staff conversation confirms the FCI Herlong is in compliance with standard 115.72.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate

has been released from custody, does the agency subsequently inform the inmate whenever:
The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
FCI Herlong (PAQ) Pre-Audit Questionnaire
FCI Herlong Warden Memo re: PREA Allegations
FCI Herlong Memorandum to File
FCI Herlong PREA Compliance Manager Information Tracking Log

Interviews:

FCI Herlong Investigative Staff
FCI Herlong Associate Warden/PREA Compliance Manager

Findings:

Agency Program Statement 5324.12 requires any inmate who makes a report of sexual abuse be notified verbally or in writing the outcome determination of the investigation. In the past 12 months there were two criminal and/or administrative investigations of alleged incarcerated adult sexual abuse that were completed. One was unfounded, and one remains open. There were no investigations completed by an outside agency during the past 12 months.

Program Statement 5324.12 does require the inmate to be informed whether the alleged abuser has been indicted on a charge and/or convicted on a charge related to sexual abuse within the facility, the staff member is no longer posted within the incarcerated adult's unit, or the staff member is no longer employed at the facility. An assessment of whether actions described above are warranted is made in accordance with standard 115.65 and may not be appropriate in all cases. FCI Herlong Adults in custody are notified only if there is a nexus between the listed actions and the incident of sexual abuse. The timing of such notifications should not interfere with any pending criminal or administrative investigations. All notifications are made in accordance with the Freedom of Information Act/Privacy Act. The FCI Herlong utilizes a "memorandum to file" form initiated by the SIS Lieutenant to the adult in custody to make notification. The memorandum is signed by the adult in custody,

If the alleged abuser is another adult in custody, the agency shall inform the alleged victim when the agency learns that the alleged abuser had been indicted or convicted on the alleged sexual abuse charge. All notifications, whether staff or another incarcerated adult were the perpetrator are documented and maintained in the investigative file and tracked on the PREA Compliance Manager Information Tracking Log. A review of files showed confirmation of notifications being made as well as confirmation of attempts at notifications. The BOP's obligation to report terminates if the incarcerated adult-victim is released from the agency's custody.

Conclusion:

Provisions (a)(b)(c)(d)(e) were documented by agency program statement, a review of files and staff interviews. Based on an analysis of all evidence presented the FCI Herlong is found compliant with standard 115.73.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

BOP Program Statement 3420.11 – Standards of Employee Conduct
FCI Herlong Warden Memo re: Employee Discipline

Interviews:

FCI Herlong Associate Warden/PREA Compliance Manager

Findings:

Program Statement 3420.11 outlines behaviors not tolerated in the BOP. The directive states that employees may not allow themselves to show partiality toward, or become emotionally, physically, sexually, or financially involved with inmates, former inmates, or persons known (or who should have been known based on circumstances) to the employee as a family member or close friend of inmates or former inmates. Failure by employees to follow the regulations stipulated in any of the directives or regulations could result in disciplinary action, up to and including termination. Title 18, U.S. Code Chapter 109A provides penalties of up to life imprisonment for sexual abuse of inmates where the force is used or threatened. Sexual contact is defined as intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse or gratify the sexual desire of any person.

The FCI Herlong Warden reports there have been zero staff resignations, terminations or other sanctions for violating agency sexual abuse or sexual harassment policies within the past 12 months. The Associate Warden/PREA Compliance Manager indicated that the BOP would block any staff transfers both lateral and promotional should an active investigation be underway where the employee is listed as a suspect.

The Program Statement 3420.11 also outlines that 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. In the past 12 months there have been no staff disciplined for violation of the BOP Program Statement 5324.12.

There were no reports to licensing boards or law enforcement entities as there have been no terminations, or resignations in lieu of termination at the FCI Herlong facility in the past 12 months. The FCI Herlong Associate Warden/PCM indicated that should an investigation rise to the level where an employee is terminated the BOP would make the notification to the appropriate entity.

Conclusion:

Provisions (a)(b)(c)(d) were defined in the program statement and confirmed by the Warden, and Associate Warden/PREA Compliance Manager. Based upon the review and analysis of the available evidence, the FCI Herlong is found in compliance with standard 115.76.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
BOP Program Statement 3420.11 – Standards of Employee Conduct
FCI Herlong (PAQ) Pre-Audit Questionnaire

Interviews:

FCI Herlong Warden Memo re: Contractors and Volunteers
FCI Herlong Associate Warden/PREA Compliance Manager

Findings:

Volunteers and Contractors of the BOP are subject to the terms of Program Statement 3420.11. The FCI Herlong Associate Warden/PREA Compliance Manager stated the facility works closely with their volunteers and contractors and complies with the national PREA policy and takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any violation of sexual abuse or sexual harassment policies by a contractor or volunteer.

The FCI Herlong PAQ shows zero report of sexual abuse by contractors or volunteers in the past 12 months. The FCI Herlong Associate Warden/PREA Compliance Manager manages any disciplinary sanctions or the removal of a volunteer or contractor from the facility. Any report of misconduct of sexual safety within the facility would result in a prompt, thorough, and objective investigation identical to an employee investigation. During the site review, it was evident the facility Associate Warden/PREA Compliance Manager has a strong working relationship with volunteers and contractors. The interactions between staff, contractors and volunteers appeared respectful.

Conclusion:

Provisions (a) and (b) are defined in the program statement and confirmed by staff interviews. Based upon the review and analysis of all available evidence the FCI Herlong is found to be in compliance with standard 115.77.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
 BOP Program Statement 5270.09 – Inmate Discipline Program
 BOP Program Statement 5510.13 – Posted Picture File (PPF)
 FCI Herlong Admission & Orientation Handbook
 FCC-Herlong (PAQ) Pre-Audit Questionnaire
 FCI Herlong Warden Memo re: Discipline of Adults in Custody

Interviews:

FCI Herlong Associate Warden/PREA Compliance Manager
 FCI Herlong Chief Psychologist
 FCI Herlong Health Services Administrator

Findings:

The Program Statement 5270.09 outlines the agency discipline model adults in custody. Three documents within the program statement are required to be provided to each incarcerated adult promptly after intake. These documents are the Summary of Inmate Discipline System (Appendix B), Inmate Rights and Responsibilities (Appendix C), and Table 1 – Prohibited Acts and Available Sanctions. Inmate files show documentation that this information, as well as PREA information and the inmate handbook had been received. This information is confirmed via the signature of each adult in custody.

Sanctions are broken down into four categories based on severity: Greatest; High; Moderate; and Low. Sexual abuse, harassment, threats, or solicitation as a High Severity Level Offenses. Imposed discipline includes a minimum of 27 days (or, if less than 54 days are available for the prorated period, a minimum of 50% of available GCT) for each act committed. GCT is good conduct time. The Associate Warden/PREA Compliance Manager states the Disciplinary Hearing Officer (DHO) does have some discretion and will use the nature and circumstances of the abuse committed, the inmate's disciplinary history, and sanctions imposed by comparable offenses by other inmates with similar histories to gauge the imposed discipline. The FCI Herlong reports that in the past 12 months there have been zero administrative findings of incarcerated

adult-on-incarcerated adult sexual abuse and zero criminal findings of guilt for incarcerated adult-on-staff sexual abuse.

The PS 5324.12 discusses sexual abuse and sexual harassment of staff members will be addressed through other existing statutes, policies, and procedures, such as using the adults in custody discipline system and referral to criminal prosecutions as appropriate. The agency states the maintenance of an effective sexual abuse prevention policy, and general secure and orderly running of an institution requires that adults in custody be held responsible for manipulative behavior and intentionally making false allegations. Allegations of false reports are considered by staff in accordance with the procedures and standards of the Program Statement 5270.09. Adults in custody who are found to have made false allegations are recommended for placement in the Posted Picture File in accordance with the Program Statement 5510.13 Posted Picture File. The purpose of the Posted Picture File (PPF) is used for adults in custody who are potentially disruptive, escape risks, and present a threat to staff or institution security. Section 3d – History of Sexual Offenses outlines a rape, sexual assault, or attempted sexual assault on another person in an institution within the past five years, and/or a history of sexual advances towards staff within the past five years is criteria for placement on the PPF. At the agency's discretion, other sexual offenses or attempted sexual offenses may be considered for the PPF.

The Chief Psychologist indicated they will meet with the alleged perpetrator of a sexual abuse investigation to assess whether the inmate's mental health status contributed to the behavior and will report back to the Associate Warden/PREA Compliance Manager. If the mental health status of an inmate is deemed to be a contributor to the behavior psychology services will be made available to the inmate. Finally, the FCI Herlong Associate Warden/PREA Compliance Manager, Medical Director and Health Services Administrator will not support discipline for any adult in custody who makes an allegation in good faith.

Conclusions:

Provisions (a) through (g) were analyzed through program statement, staff interviews, and documentation. Based on a review of all available information the FCI Herlong is found compliant with standard 115.78.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
Files of FCI Herlong Adults in Custody who Disclosed Sexual Abuse at Intake
FCI Herlong Psychology Services Confidentiality Statement (English & Spanish)
FCI Herlong (PAQ) Pre-Audit Questionnaire

Interviews:

FCI Herlong Chief Psychologist
FCI Herlong Health Services Administrator

FCI Herlong Associate Warden/PREA Compliance Manager
FCI Herlong Adults in Custody who Disclosed Sexual Abuse at Intake
Adult in Custody processing through Intake who had a history of sexual abuse - observation
FCI Herlong Staff responsible for Intake & Risk Screening (Unit Team)

Findings:

The Program Statement 5324.12 requires that if an inmate meets the criteria for standard 115.41 as high risk for sexual victimization, and/or have disclosed prior sexual victimization, they are required to be referred to and seen by Psychology Services. All referrals are documented. A review of the adults in custody files, and observation of the Unit Team conducting intake and risk screening indicates the services are offered immediately.

The FCI Herlong Warden acknowledges the medical and mental health staff maintain secondary materials documenting compliance with requirements to offer follow-up to adults in custody who disclose prior sexual victimization of who are found to have previously reported sexual abuse during intake screening within 14 days of screening. Relevant information was reviewed during document review while on site at the facility.

PS 5324.12 directs the Health Services Division to ensure medical staff are appropriately trained, while the Reentry Services Division ensures mental health staff are appropriately trained. The risk screening form has a section that is stamped with a referral notice to psychology services. The date the referral is made is documented. The form includes a section for psychology services to document when the follow up occurred and any further services recommended. Adults in custody considered high risk for sexual re-offending may be referred to specialty treatment or management programs, referred to individual or group counseling, or managed through standard correctional techniques. If a perpetrator who is incarcerated is determined in need of treatment services and refuses treatment, Psychology Services staff document the refusal, place it in the medical section of the Adult in Custody's Central File, and notify referring staff of the refusal. Documentation of treatment compliance or refusal ensures continuity of care within and outside the Bureau.

Staff who perform the risk screening were able to demonstrate how the inmates are assessed, how any referral to medical or psychology services is managed. A review of files shows this process and the documentation of any advanced services recommended and/or provided. Medical and Psychology Services obtain informed consent prior to reporting any information about sexual victimization that did not occur in an institutional setting. The FCI Herlong does not house inmates under the age of 18. The Chief Psychologist and Medical Director discussed confidentiality of the information generated through service treatment and have a form that outlines confidentiality to show the inmates. The information is available in English and Spanish. All medical and mental health documentation and records are separate and apart from the general inmate file.

Conclusion:

Provisions (a) through (g) are defined in the program statement and A&O handbook. Interviews with staff and adults in custody confirm the provision were met. Based upon the review and analysis of all available evidence the FCI Herlong is found in compliance with standard 115.81.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do 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.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
FCI Herlong A&O Handbook
BOP Program Statement 6031.04 – Patient Care
Medical documentation for Adults in Custody at FCI Herlong

Interviews:

FCI Herlong Medical Director
FCI Herlong Chief Psychologist
FCI Herlong Warden
FCI Herlong Associate Warden/PREA Compliance Manager

Random Staff (All staff are trained on first responder duties)

Findings:

The FCI Herlong Medical Director was interviewed and provided information for access to emergency medical and mental health services at the facility. FCI Herlong is a Level 1 Medical Care Facility, Any need for emergency medical treatment would be addressed immediately.

Medical staff are responsible for examination, documentation, and treatment of inmate injuries arising from sexually abusive behaviors, including testing when appropriate for sexually transmissible infections (STIs), including HIV. The FCI Herlong is a male facility. The Health Services Administrator acknowledged that between medical and mental health service providers information about timely access to emergency contraception and prophylaxis are provided consistent with the level of community care. There is no cost to the inmate for services provided and the inmates are never required to name the abuser or cooperate with any investigative process.

First responder duties will be utilized when any allegation of sexual abuse is made. All staff indicated protection of the alleged victim is a priority. Staff will communicate with the FCI Herlong Associate Warden/PREA Compliance Manager, who will coordinate with medical and psychology services staff. A review of inmate medical files show medical and psychology services provided are documented by date, summary of findings, and signature of staff providing the services.

Conclusion:

Provisions (a)(b)(c)(d) were assessed for compliance. Through interviews with staff and a review of inmate medical records the FCI Herlong is found in compliance with standard 115.82.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify*

as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ☐ Yes ☐ No ☒ NA

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

Interviews:

FCI Herlong Medical Director
FCI Herlong Health Services Administrator
FCI Herlong Associate Warden/PREA Compliance Manager
FCI Herlong Chief Psychologist

Findings:

The FCI Herlong has a well-documented process for offering medical and mental health evaluation and treatment services to all adults in custody who have been victimized by sexual abuse in a confinement facility, or in the community. This information is documented through the intake process and in the medical files of the incarcerated adults. Follow up services and treatment plans were reviewed for victims and staff indicated if the inmate was transferred to another facility their medical records would follow them, as the agency has a confidential medical service portal in which all medical files are maintained and transferred. Medical and mental health staff felt the level of services provided to the FCI Herlong adults in custody were consistent with the community level of care primarily due to the immediate access to services.

The Medical Director, Health Services Administrator and Associate Warden/PREA Compliance Manager indicated victims are transported to the Banner Lassen Medical Center for forensic exams. If this occurs, follow up services are provided to the adult in custody in accordance with discharge paperwork from the hospital.

Conclusion:

Provisions (a) through (h) were documented by policy and through staff interviews. Based upon the review and analysis of all available evidence the FCI Herlong is found in compliance with standard 115.83.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
FCI Herlong Incident Reviews – Samples
FCI Herlong (PAQ) Pre-Audit Questionnaire

Interviews:

FCI Herlong Associate Warden/PREA Compliance Manager
FCI Herlong SIS Lieutenant

Findings:

Program Statement 5324.12 define that the facility will 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. In the case of unsubstantiated allegation, Institution Executive Staff review the incident to assess the facility's response to the allegations. All factors noted withing PREA standard 115.86 (d) noted below are considered. The Institution PREA Compliance Manager documents the review in a report, including recommendations for improvements, if any. If the unsubstantiated allegation involved a staff member, the report must not include the staff member's personally identifiable information. The report is submitted to the Warden, who ensures implementation of the recommendations or documents the reason for not following them.

In cases of substantiated sexual abuse, Institution Executive Staff review the incident to assess the facility's response. All factors noted within the PREA standard 115.86 (d) are considered. The Institution PREA Compliance Manager documents the review in a report, including recommendations for improvement, if any. The report is submitted to the Warden, who ensures implementation of the recommendations or documents the reason for not following them. A copy of this report is forwarded to the Regional Director through the Regional PREA Coordinator.

In the past 12 months the FCI Herlong reports four allegations of sexual abuse. The FCI Herlong Associate Warden/PREA Compliance Manager confirms the process for incident reviews and is the chair of the meeting. Because the one incident was unfounded and one incident remains active, the FCI Herlong had not conducted an incident review in the past 12 months,

A check list of the requirements of provision (b) was completed with any discussion documented on the incident review forms which are maintained in the investigative files. The FCI Herlong Incident Review Team includes facility leadership and executive staff including the Warden, Associate Warden/PCM, Associate Warden over Correctional Services, Captain, Chief Psychologist, Health Services Administrator, SIA/SIS, the Unit Team Manager and administrative staff. The review team also includes input from the local Union President, or his or her designee from the local union. The local union representative is provided an opportunity to review the draft and submit the union recommendations. The union recommendations are included in the review team's final report and recommendations as an addendum. Adoption of the union's recommendations in the final report is at the discretion of the review team.

Conclusion:

Provisions (a)(b)(c)(d)(e) are outlined in policy and confirmed through interviews and documentation of incident review meetings. Based upon the review and analysis of all available evidence FCI Herlong is found in compliance with standard 115.86.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
BOP Annual PREA Reports – 2013-2018

Interviews:

FCI Herlong Associate Warden/PREA Compliance Manager

Findings:

The Program Statement mandates the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument. The FBOP tracks information concerning sexual abuse using the methods including 1. SIS Data, 2. Office of Internal Affairs Data, 3. Inmate Data, 4. SENTRY Data. In disseminating this information within the Bureau, or releasing information to a third party, the Bureau complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws rules, and regulations. The National PREA Coordinator with the assistance of the Regional PREA Coordinators aggregates and reviews data from all sources annually. The Information, Technology and Data Division collects and reports on the data used in the Bureau of Justice Statistics Survey of Sexual Violence.

The FCI Herlong Associate Warden/PREA Compliance Manager ensures any information and data collected on sexual abuse or sexual harassment incidents that involve incarcerated adult on incarcerated adult are forwarded to their Regional PREA Coordinator on an annual basis. This information is then provided to the Agency PREA Coordinator for publication,

Conclusion

All provisions, (a) through (f) were analyzed and reviewed through program statement, on site system review, and interviews. Based on this review and analysis the FCI Herlong is found to be in compliance with standard 115.87.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
FBOP Annual Reports 2013-2018
FBOP website

Interviews:

BOP Agency PREA Coordinator
BOP Agency Head
FCI Herlong Associate Warden/PREA Compliance Manager

Findings:

The FCI Herlong Associate Warden/PREA Compliance Manager ensures the data collected on sexual abuse for cases involving adults in custody where both victim and perpetrator are adults in custody. The cases are forwarded to their respective Regional PREA Coordinator annually. The Agency PREA Coordinator ensures the information is provided for purposes of agency reporting and creates the annual report. Annual reports include a Scope of Assessment, Inmate-on-Inmate Abuse Data Collected, a section that outlines the total number of allegations received at each agency facility and the number of substantiated findings at each facility. An outline of each substantiated case provides the facility name, type of incident, location, details, and any distinguishing factors, i.e., incident occurred between inmate of differing/similar backgrounds. Another section breaks out the allegations by facility, problems identified, and corrective action. A section that breaks down incidents by inmate security level is provided as well. The report is signed and dated by the Agency Director. The annual reports are published on the agency's website www.bop.gov.

Conclusion:

Provisions (a)(b)(c) and (d) were demonstrated by program statements, annual reports and interviews. Based upon the review and analysis of all available evidence the FCI Herlong is found in compliance with standard 115.88.

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.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program

Interviews:

Agency PREA Coordinator

Findings:

The Agency PREA Coordinator reviews data compiled by the Regional PREA Coordinators, the Information Technology and Data Division, and the Office of Internal Affairs. A report is then issued to the Agency Director on an annual basis. The reports are made public, with personal identifiers redacted prior to publishing. The data collected related to sexual abuse is maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. The FBOP complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules, and regulations.

Conclusion:

Provisions (a)(b)(c)(d) were demonstrated by program statement, review of the annual report and interview with staff. Based upon the review and analysis of all available evidence the FCI Herlong is found in compliance with standard 115.89.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

2021 FCI Herlong PREA Audit Report – Final

Findings:

The FCI Herlong was audited in 2021 with on-site dates May 18-20, and the final report issued June 10, 2021. The current audit was conducted April 9-11, 2024. The auditor was given full access to the FCI Herlong facility, including the Satellite Prison Camp (SCP) and off-site warehouse operation. The auditor was able to observe all areas of the facility. All documentation was provided either during the pre-audit phase or while on-site. All staff and inmate interviews were permitted to be conducted in private settings. The Agency Head, Agency PREA Coordinator and Lassen Family Services Victim Advocate were interviewed via written documentation and/or virtually.

Conclusion:

Based upon the review and analysis of the last audit report and completion of the current audit the FCI Herlong is found in compliance with standard 115.401.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The FCI Herlong works hard to create and maintain a complete understanding of an atmosphere of sexual safety. The Associate Warden/PREA Compliance Manager who is relatively new to this position has ensured both staff and adults in custody understand the zero-tolerance policies. Throughout the site review staff articulated the seriousness of sexual victimization, how to process and investigate allegations and their responsibilities,

Adults in custody at the FCI Herlong were aware of the efforts to prevent, detect, and respond to incidents of sexual abuse and sexual harassment and knew how to report and where to find information regarding PREA. All adults in custody at FCI Herlong indicated they were comfortable reporting anything suspicious to staff.

The BOP has published its audit reports on the agency website www.bop.gov. The final audit reports are published within 90 days of issuance and remain currently available. The agency and facility are found compliant with standard 115.403.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Karen Dalton

05/14/24

Auditor Signature

Date

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

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