

PREA AUDIT REPORT INTERIM FINAL

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Auditor Information			
Auditor name: Glynn Maddox			
Address: 11820 Parklawn Drive, Suite 240, Rockville, MD 20852			
Email: Glynn.Maddox@nakamotogroup.com			
Telephone number: 478-278-8022			
Date of facility visit: May 24-26, 2016			
Facility Information			
Facility name: Federal Correctional Institution - Jesup			
Facility physical address: 2600 Hwy 301 S, Jesup, GA 31599			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 912-427-0870			
The facility is:	<input checked="" type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: J. V. Flournoy, Warden			
Number of staff assigned to the facility in the last 12 months: 366, 36 new hires			
Designed facility capacity: 1380			
Current population of facility: 1677			
Facility security levels/inmate custody levels: Low, Minimum, and Medium Security/ In and Out Custody			
Age range of the population: 20-86			
Name of PREA Compliance Manager: L. A. Jones		Title:	Associate Warden <input checked="" type="checkbox"/>
Email address: JES/PREAComplianceMgr@bop.gov		Telephone number:	912-427-0870
Agency Information			
Name of agency: Federal Bureau of Prisons			
Governing authority or parent agency: <i>(if applicable)</i> U.S. Department of Justice			
Physical address: 320 First Street, N.W., Washington DC 20534			
Mailing address: <i>(if different from above)</i>			
Telephone number: 202-307-3198			
Agency Chief Executive Officer			
Name: Thomas R. Kane		Title:	Acting Director
Email address: BOP-CPD/PREACoordinator@bop.gov		Telephone number:	202-616-2112 <input checked="" type="checkbox"/>
Agency-Wide PREA Coordinator			
Name: Jill Roth		Title:	National PREA <input checked="" type="checkbox"/>
Email address: BOP-CPD/PREACoordinator@bop.gov		Telephone number:	202-616-2112 <input checked="" type="checkbox"/>

AUDIT FINDINGS

NARRATIVE

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the Federal Correctional Institution Jesup (JES), Federal Bureau of Prisons (BOP), was conducted May 24-26, 2016 by Nakamoto Group Inc. auditor Glynn Maddox. When the auditor first arrived at the facility, a meeting was held with the Warden, the two Associate Wardens (one was the PREA Compliance Manager), the Executive Assistant, the Acting Captain, the Chief Psychologist, the Case Management Coordinator, the Health Services Administrator, other department heads/support staff, an American Correctional Association (ACA) auditor and a representative from the Bureau of Prisons (BOP) Program Review Division, to discuss the audit process.

The standards used for this audit became effective August 20, 2012. The auditor discussed the information contained in the Pre-Audit Questionnaire with the facility PREA Compliance Manager prior to the audit. The Acting Director (designee), National PREA Coordinator and National PREA Contract Administrator for the BOP were previously interviewed telephonically. As part of the audit, a review of all agency and local facility PREA policies was conducted, staff and inmates were interviewed, and a tour of the entire facility was completed. A total of 20 inmates were interviewed. One inmate interviewed was Disabled, four were Gay, two were Transgender, three were Limited English Proficient, one who had disclosed sexual victimization during risk screening, and one who had reported sexual harassment.

There were a total of 29 staff interviewed. There were 12 randomly selected staff from the 4 - 8 hour shifts and from the various units within the facility. There were 17 specialized staff interviewed. The specialized staff interviewed included the Warden, one Associate Warden, the PREA Compliance Manager, the Chief Psychologist, the Case Management Coordinator, two Operations Lieutenants, two Investigators (SIS), the Acting Captain, 2 Intake Staff, a Case Manager, a Correctional Counselor, the Retaliation Monitor, the Human Resources Manager, and the Health Services Administrator. The auditor concluded, through interviews and a review of policies and documentation, that all staff and inmates were very knowledgeable concerning their responsibilities involving the PREA. During the interviews, the inmates acknowledged that they received information about the facility's zero tolerance policy against sexual abuse, upon their arrival to the facility, that staff were respectful and that they felt safe at the facility. Staff were able to describe in detail their specific duties and responsibilities, including being a "first responder", if an incident occurred or an allegation of sexual abuse or sexual harassment was made.

DESCRIPTION OF FACILITY CHARACTERISTICS

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

FCI Jesup is located in rural southeast Georgia in Wayne County, near the town of Jesup. The facility first activated as a Federal Prison Camp (FPC) on November 26, 1989. The Federal Correctional Institution was activated on July 2, 1990. The original FPC was converted to a Federal Satellite Low (FSL) in January 2001 and currently houses Low and Minimum security inmates. The new FPC was activated in January 2001. The FPC currently houses nonviolent Minimum security offenders who provide support services to the FCI in the form of inmate labor for all outside work details to include a detail at the Federal Law Enforcement Training Center.

The FCI has a rated capacity of 744 inmates in four housing units inside the main facility and a Special Housing Unit (SHU). The FCI has numerous administrative support operations such as Food Service, Education, Maintenance, Recreation, Health Services, Psychology Services, and a Laundry etc. All inmates, who have been medically cleared, are provided work assignments, and/or participate in educational/vocational programs. Work assignments include Food Service, Education/Recreation, Laundry, Business Office, Commissary, Health Services, sanitation workers, unit orderlies (janitors), a prison factory (UNICOR) and institutional maintenance. The FSL has a rated capacity of 508 inmates in two housing units, administrative offices, Receiving and Discharge unit, Laundry, Commissary, Health Services area, Food Service area, Education area, Law Library, Religious Services area, Residential Drug Abuse Program (RDAP) offices and a Unicor Plant. The FPC has a rated capacity of 128 inmates. The FPC has a Law Library, an Education area, a Food Service area, Recreation area and administrative offices. The average length of stay for inmates at the FCI is 167.4 months, at the FSL is 116.5 months and at the FPC 97.1 months.

The Education Department provides comprehensive programs for the inmate population. Various academic and vocational training opportunities are provided to the inmate population. Academic programs include instruction from the literacy level, taught on site, to post-secondary classes, which are available through correspondence courses. The literacy program is mandatory for all inmates who do not possess a verifiable high school diploma or GED certificate. A comprehensive English-as-a-Second Language Program is provided for non-English speaking inmates. Satisfactory completion of the GED Program will merit a GED certificate. Academic classes are conducted Monday through Friday. In addition to the academic programs, a vocational education course is offered (Computer Applications). Parenting classes are available and upon completion of the class, each inmate receives a certificate of completion. A prison factory called UNICOR is also available for inmate employment (textile). Recreational programs offered include team and individual sports activities, hobby craft, wellness instruction, and TV viewing. The facility also offers religious programs involving numerous faith groups.

The facility has an excellent re-entry into society program which prepares inmates for release back into society. This initiative is a directed program that focuses on inmates taking responsibility for their release planning. Though this program inmates are allowed to create resumes, participate in mock interviews, and are given tips for handling adversity and rejection.

The facility also provides court-mandated legal resource materials for inmates including Bureau of Prisons policy, Institution Directives and Federal law.

SUMMARY OF AUDIT FINDINGS

When the on-site audit was completed, another meeting was held with the Warden and administrative staff, to discuss audit findings. The facility was found to be fully compliant to the PREA, and exceeded compliance involving three standards. One standard was not-applicable. The auditor had been provided with extensive and lengthy files prior to the audit for review to support a conclusion of compliance to the PREA. All interviews also supported compliance. The facility staff were found to be extremely courteous, cooperative and professional. Staff morale appeared to be very high, and the observed staff/inmate relationships were seen as excellent. All areas of the facility were observed to be clean and well maintained, especially considering the age of the facility. At the conclusion of the audit, the auditor thanked the Warden and FCI Jesup staff for their hard work and dedication to the PREA process.

Number of standards exceeded: 3

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency and the facility exceed the standard with policies and practice. Program Statement (PS) 5324.12 and the corresponding local policy (Institution Supplement or IS) exceed the mandates of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy also outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. In addition to the facility PREA Compliance Manager, there is a designated National PREA Coordinator and PREA Compliance Manager assigned to each regional office in the agency to ensure adherence to the PREA. The local facility PREA Compliance Manager reports to the Warden, and stated she has ample time to devote to those responsibilities. Zero tolerance (including reporting procedures) posters are displayed throughout the institution. Staff receive initial employment and annual PREA training, as well as updates to policy throughout the year. All staff are issued a pocket size laminated PREA Standards/First Responder Guideline to carry at all times for reference (observed by auditor). The rating of this standard was determined through staff and inmate interviews and policy review which confirmed that the facility exceeds compliance of this standard.

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency meets the mandates of this standard. A review of the documentation submitted confirmed the agency requires other entities contracted with (Corrections Corporation of America, Management and Training Corporation, The GEO Group, Inc.) for the confinement of inmates to adopt and comply with the PREA standards. All agency contractual agreements were modified effective February 1, 2013, to incorporate the language requiring all contractors to adopt and comply with PREA standards. Compliance with this standard determined by a review of contracts and staff interviews.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 3000.03, PS 5324.12 and corresponding local policies meets the mandates of this standard. Agency policy requires each facility to review the staffing plans on an annual basis. Interviews with the Warden and executive staff revealed compliance with the PREA and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans (Workforce Utilization Meeting). In addition to the quarterly Workforce Utilization Meeting, the Warden meets weekly with his executive staff, business manager and the human resource manager to discuss staffing issues. Quarterly Workforce Utilization Meeting minutes are on file. There have been no deviations from the staffing plan (overtime is scheduled as necessary). The facility has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards. The audit included an examination of all video monitoring systems, inmate access to telephones and the Trust Fund Limited Inmate Computer System (TRULINCS) inmate e-mail system. The average daily inmate population within the last year was 1677. Documentation of unannounced rounds (visits to areas where inmates are found) covering all shifts by administrative staff was reviewed. Interviews with staff confirmed unannounced rounds to all areas of the institution are conducted on a weekly basis, with no warning to staff. Video cameras [REDACTED] [REDACTED] Compliance to this standard was determined through staff interviews and policy review.

Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Not Applicable - FCI Jesup does not house youthful inmates.

Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 and PS 5521.06 address the mandates of this standard. FCI Jesup is a male only facility. However, policy states cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Staff indicated they received cross-gender pat search training during initial and/or annual training. The auditor observed that each unit has individual shower stalls with shower curtains for privacy purposes. Inmates, correctional officers and administrative staff stated inmates are allowed to shower, dress and use the toilet privately, without being viewed by female staff. Inmates and staff reported staff of the opposite gender announce their presence before entering a housing unit and at the beginning of the shift. The intercom system is used to announce, at the beginning of each shift, the possibility of opposite gender staff entering the housing unit. Additionally, the auditor observed written notifications that opposite gender staff routinely come into the units posted at the entrance of living areas and throughout the housing units. The postings are written in both English and Spanish. Staff were well aware of the policy prohibiting the search of a Transgender or Intersex inmate for the sole purpose of determining the inmate's genital status. Compliance to this standard was determined through inmate and staff interviews and policy review.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 and corresponding local policy addresses this standard. FCI Jesup takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the facilities efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings and the inmate handbook (which contains PREA information) are printed in both English and Spanish. The facility has a contract with a translator service and numerous bilingual staff to provide assistance to inmates who need translation services. Procedures and policy are in place to assist inmates with almost any form of disability. The above-mentioned documents were submitted to and reviewed by the auditor. Staff interviewed were well aware of the policy that inmate interpreters or assistants are never to be used when dealing with PREA issues involving another inmate. Staff and inmate interviews (disabled and limited English proficient), as well as an examination of documentation, confirm compliance to this standard.

Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 3000.03, PS 3420.11, the Pre-Employment Guide, the Questionnaire for Public Trust Positions and the BOP Recruitment Flyer address the mandates of this standard. The Human Resource Manager was interviewed and stated that all components of this standard have been met. All employees, contractors and volunteers have been carefully screened pursuant to this standard, and have had criminal background checks completed. BOP Regional Office staff also conduct background checks before approving staff promotions. A tracking system is in place to ensure that updated background checks are conducted every five years. Policy clearly states the submission of false information by any applicant is grounds for termination. The facility makes its "best effort" to contact all prior institution employers for information on substantiated allegations of sexual abuse prior to hiring staff permanently. Compliance to this standard was determined through staff interviews and policy review.

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCI Jesup has an extensive video and visual monitoring system in place (██████████). The Facilities Director was interviewed and stated that a request had been recently submitted to enhance the existing security camera system. He stated that additional cameras have been approved and the installation project would begin soon. There have been no substantial expansions or modifications to the facility since August 20, 2012. Compliance to this standard was determined through staff interviews and observations.

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 and PS 6031.03 meet the requirements of this standard. Correctional Services (security) and Medical Services staff were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence, when sexual abuse is alleged. Staff were aware the Special Investigative Supervisor (SIS) or FBI conducted investigations relative to sexual abuse allegations. All forensic medical examinations are conducted by SANE staff at a local hospital at no cost to the victim. Victim advocate services are available through a local rape crisis center and facility staff. There were no SANE exams conducted during the past 12 months. Compliance to this standard was determined through staff interviews and policy review.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, PS 5508.02 and corresponding local policies meet the requirements of this standard. Administrative or criminal investigations are completed on all allegations of sexual abuse and sexual harassment. The Special Investigative Supervisor (SIS), the Office of Internal Affairs (OI), the Office of Inspector General (IG) or the FBI conduct all investigations. The Special Investigative Supervisor was interviewed and found to be very knowledgeable concerning his responsibilities in the investigative (administrative only) process. OI staff may also complete administrative investigations. There are two facility investigators. The IG or FBI would conduct criminal investigations for the facility. There were three incidents which involved an allegation of sexual abuse or sexual harassment during the previous 12 months. The allegations resulted in three administrative investigations. The allegations were thoroughly investigated and documentation is maintained on file. Two allegations were found to be unsubstantiated, and one substantiated. The facility utilizes a PREA Compliance Manager-Information Tracking Log to ensure all required steps of the investigation are completed and are timely. The auditor reviewed documentation relative to these cases and believes staff acted appropriately. Compliance to this standard was determined through staff interviews and policy review.

Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, corresponding local policy, and the Annual Training Plan includes all training required of this standard. The Bureau of Prisons provides extensive PREA standards training at the Federal Law Enforcement Training Center (FLETC), which all new staff must attend and successfully complete. Staff also receive PREA training at the facility beginning shortly after they are hired. Additionally, contractors and volunteers are provided training relative to their duties and responsibilities. All staff are mandated to receive training annually and the curriculum includes PREA requirements. The auditor reviewed the training curriculum, training sign-in sheets and other related documentation. The staff interviewed stated they were required to acknowledge, in writing, not only that they received PREA training, but they understood it as well. Staff interviewed had in their possession a laminated card outlining the steps they must take if a violation of the PREA was suspected or discovered. The facility recognized the month of April 2016 as Sexual Assault Awareness Month. The Health Services Department developed an informational booth to educate staff about the prevalence and effects of sexual abuse. The booth was placed at the entrance to the administration building for the month of April. Staff were provided small teal colored ribbons to wear to raise awareness for the cause and to support victims, both in the community and in prisons. Staff interviews and an examination of documentation, confirmed that the facility exceeds compliance of this standard.

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 and the Annual Training Plan meets the mandates this standard. All contractors and volunteers who may have contact with inmates have received PREA training within the last year, to include the Bureau's zero-tolerance policy, reporting and responding requirements. The training is documented and copies of training sign-in sheets and other related documents were reviewed by the auditor. Staff interviews, as well as an examination of documentation, confirm compliance to this standard.

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, PS 5290.14, the Admission and Orientation (A&O) Program Involvement and the A&O Checklist meet the mandates of this standard. The facility thoroughly educates inmates concerning the PREA. Inmates receive information during the intake process that includes a PREA handout and inmate handbook, printed in both English and Spanish. The inmates have access to the Trust Fund Limited Inmate Computer System (TRULINCS) computer service which also provides them with PREA information. There are PREA posters throughout the facility and in each housing unit, a "hotline" telephone number which may be called to report abuse or harassment, is posted on the bulletin boards. The Office of Inspector General's mailing address is posted in each housing unit for inmates to write to concerning any sexual abuse or sexual harassment allegation. There is a language translation program available to inmates who have difficulty communicating in English. There are procedures in place to assist disabled inmates in learning about the PREA (confirmed through an interview with a disabled inmate). The auditor reviewed a random sampling of A&O Checklists to verify those inmates admitted during the auditing period received Sexual Assault/Assault Prevention & Intervention education and relevant written materials. All inmates were required to acknowledge in writing that they completed PREA education. All inmates that were interviewed were knowledgeable concerning the PREA. Staff and inmate interviews, and an examination of documentation, confirmed that the facility exceeds compliance of this standard.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, the SIS/SIA Training Lesson Plan, the Sexual Violence PREA Training Plan and the DOJ/OIG PREA Training Plan address the mandates of this standard. The SIS staff and FBI/OIG investigators have received PREA specialized training at the National Institute of Corrections and/or through the Department of Justice. Investigators use a standardized protocol to conduct investigations. The auditor reviewed specialized training documentation, to include the SIS Training Instructor Guide, the FBOP Course Completion List for Investigating Sexual Abuse in a Confinement Setting training and the OIG PREA Criminal Investigator Certification Training List. Staff interviews, as well as an examination of documentation, confirm compliance to this standard.

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 and the PREA Training Lesson Plan meet the requirements of this standard. All mental health and medical staff are required and have received specialized training on victim identification, interviewing, reporting and clinical interventions. Staff receive training annually and documentation is on file. The auditor reviewed the training lesson plan and the BOP Course Completion List for Specialized PREA Training for Medical and Mental Health Care Practitioners. The Health Services Administrator and the Chief Psychologist were interviewed and confirmed compliance to this standard. Staff interviews, as well as an examination of documentation, confirm compliance to this standard.

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 addresses this standard. All inmates are assessed for their risk of being sexually abused and/or harassed by other inmates or being sexually abusive towards other inmates. A unit team staff member screens all new arrivals within 72 hours with an objective screening instrument. Generally, inmates are interviewed on the first day of intake. The staff review all relevant information from other facilities and sources, and continue to reassess an inmate's risk level within 30 days of his arrival. Information received after intake is immediately reviewed. Inmates cannot be disciplined for refusing to answer PREA related questions at the time of intake. Inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates are referred to the mental health staff for additional assessment. Compliance to this standard was determined through staff and inmate interviews and policy review.

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 and corresponding local policy address the mandates of this standard. Agency policy and institution procedures require the use of a screening instrument (reviewed by the auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments, with the goal of keeping inmates at a high risk of being sexually abused/sexually harassed separate from those inmates who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis and inmates are not placed in housing units based solely on their sexual identification or status. Staff and inmate interviews confirm the determination that the facility is in compliance with this standard.

Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 and corresponding local policy address the mandates of this standard. FCI Jesup has one Special Housing Unit (SHU) where inmates would be placed for protective custody. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing (SHU) unless an assessment of all available alternatives has been made and there is no available means of separating the inmate from the abuser. The inmates are reassessed every 7 days after entering the SHU. There were no inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. There were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. Staff interviews and a review of documentation confirmed compliance to this standard.

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, corresponding local policy, PREA notices and the inmate handbook (in English and Spanish) address the requirements of this standard. A review of documentation, staff and inmate interviews revealed that there are multiple ways (verbally, in writing, anonymously, privately and from a third party) for inmates and staff to report sexual abuse or sexual harassment. The facility does not house inmates solely for criminal immigration violations. The facility has procedures in place for staff to immediately document all allegations when advised, which will result in a full investigation and treatment if needed. There are posters and other documents displayed throughout the facility which also explain reporting methods. Staff and inmate interviews and a review of documentation confirmed compliance to this standard.

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 1330.18 meets all the requirements of this standard. Inmates may file a grievance, however, all allegations of sexual abuse or sexual harassment, when received by staff, would immediately result in an administrative or criminal investigation. Inmates are not required to use the formal grievance process and procedures allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Inmates may file an emergency grievance at any time, and may seek assistance from others to file a grievance. All required response and reporting time limits and relevant PREA issues concerning grievance processing are required by policy. There were no grievances filed involving any PREA related issue during the past 12 months. Staff interviews, inmate interviews, and a review of documentation confirmed compliance to this standard.

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 and the inmate handbook (English and Spanish) meet the requirements of this standard. The facility has a Gratuitous Services Agreement (GSA) with a local rape crisis organization, to provide all services compliant with the PREA. Facility mental health staff also have been trained to provide counseling and victim advocacy services if needed. Inmates also have access to the National Sexual Assault Hotline. Inmates are advised of the procedures to seek assistance from outside providers and facility staff. The inmate handbook outlines the process to obtain contact information through the Psychology Department and/or directly from outside sources. Staff and inmate interviews, as well as an examination of documentation, confirmed compliance to this standard.

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, the BOP pamphlet entitled "Sexually Abusive Behavior Prevention and Intervention", the inmate handbook, PREA posters, the posted Office of Inspector General address and the BOP web site (www.bop.gov) address the requirements of this standard. The web site and posted notices assist third parties on how to report allegations of sexual abuse. These notices are also found in the housing units and the Visiting Room. Staff and inmates interviewed were very aware of the procedures for third-party reporting. Staff and inmate interviews and a review of documentation confirm compliance to this standard.

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 and corresponding local policy addresses the requirements of this standard. Staff interviewed were very aware of their duty to immediately report any and all allegations of sexual abuse, sexual harassment and retaliation relevant to PREA standards. All staff interviewed stated they had received PREA training and were well aware of their duty to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment. All information is maintained confidentially. A review of policy and staff interviews support the finding that the facility is in compliance with this standard.

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 addresses the requirements of this standard. Staff interviewed were well aware of their duties and responsibilities as it relates to them having knowledge of an inmate being in substantial risk of imminent sexual abuse. All staff indicated they would act immediately to protect the inmate. Staff are issued a pocket PREA guide outlining all actions to be taken. They also stated they would separate the alleged victim and predator, secure the scene to protect possible evidence, not allow inmates to destroy possible evidence and contact the operations supervisor and medical staff. In the past 12 months, there were no instances in which the facility staff determined that an inmate was subject to substantial risk of imminent sexual abuse. A review of policy and staff interviews support the finding that the facility is in compliance with this standard.

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 addresses the requirements of this standard. Policy requires that any allegation by an inmate that he was sexually abused, while confined at another facility, must be reported to the head of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. In the past 12 months, the facility received no allegations that an inmate was abused while confined at another facility or at FCI Jesup (from another facility). Staff interviews and a review of policy confirmed compliance to this standard.

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 addresses the requirements of this standard. All staff interviewed were extremely knowledgeable concerning their first responder duties and responsibilities, upon learning of an allegation of sexual abuse or sexual harassment. Staff indicated they would separate the inmates, secure the scene, would not allow inmates to destroy any evidence, inform the operations lieutenant and advise medical staff. All staff are issued and carry a pocket size PREA guideline for reference. During the previous 12 months, two allegations of sexual abuse resulted in first responder actions. One inmate making an allegation was available for interview and was interviewed by the auditor. It was confirmed all required first responder reactions were followed. Staff and inmate interviews, as well as an examination of documentation, confirm compliance to this standard.

Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, corresponding local policy and the Coordinated Response to an Allegation of Sexually Abusive Behavior PREA Checklist outlines the mandates of this standard. Documentation was reviewed by the auditor. The policy and checklist describe the coordinated actions to be taken by first responders, medical and mental health staff, investigators and facility administrative staff, in response to an incident of sexual abuse/harassment. Staff interviews and a review of policy confirmed compliance to this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The collective bargaining agreement between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees, dated July 21, 2014 - July 20, 2017, complies with this standard. That agreement does not prohibit the facility from removing 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. A review of documentation and staff interviews confirmed compliance to this standard.

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 addresses the requirements of this standard. Policy prohibits any type of retaliation against any staff or inmate who has reported sexual abuse, sexual harassment or cooperated in any related investigation. The Associate Warden, Programs (also the local PREA manager), is the designated retaliation monitor. She stated she would follow up on all 30, 60 and 90 day reviews to ensure policy is being enforced and conduct periodic status checks on the frequency of incident reports, housing reassignments and negative performance reviews/staff job reassignments. If there was a concern that there was the potential for possible retaliation, the Associate Warden indicated she would monitor the situation indefinitely. There have been no suspected or actual incidents of retaliation in the previous 12 months. Compliance with this standard was determined by a review of policy and staff interviews.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 addresses the requirements of this standard. Staff interviews and observations of the facility confirmed that there is a viable alternative to the placement of inmates in involuntary segregated housing (SHU). Staff consider separate housing of the victim and the perpetrator, to include transfer of the inmates. In the past 12 months there were no inmates held in involuntary segregated housing for one to 24 hours awaiting completion of assessment and none held in involuntary segregated housing for longer than 30 days, while awaiting alternative placement. Staff interviews, as well as an examination of documentation, confirmed compliance to this standard.

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 addresses the requirements of this standard. The SIS conducts administrative investigations within the facility and refers criminal investigations to the FBI or OIG. The local Assistant U.S. attorney would also be consulted to determine if prosecution will be pursued. There were no criminal prosecutions during the previous 12 months. According to the Warden, the facility fully cooperates with any outside agency conducting an investigation. The Special Investigative Supervisor serves as the facility liaison who provides requested information to the outside agency and provides access to the inmates. A review of policy and staff interviews confirmed compliance to this standard.

Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 addresses the requirements of this standard. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The investigations examined utilized this standard. A review of policy, an examination of investigations and staff interviews confirmed compliance to this standard.

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 addresses the requirements of this standard. There was one investigation conducted during the previous 12 months that required inmate notification per this standard. Documentation of this notification was in the investigation file. The documentation confirmed that the facility is in compliance with this standard. An alleged victim was interviewed by the auditor, and stated he was notified in writing of the outcome of the investigation. Staff and inmate interviews, as well as an examination of documentation, confirmed compliance to this standard.

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 3420.11 addresses the requirements of this standard. Staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There have been no reported cases of inmates engaging in sex with staff in the past 12 months, and no staff members were disciplined, terminated or resigned (prior to termination) for violation of agency policy. The agreement between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees dated 7/1/2014 - 7/20/2017, allows for disciplinary sanctions against staff, including termination, for sexual abuse or sexual harassment of an inmate. Staff interviews, as well as an examination of documentation, confirmed compliance to this standard.

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 3420.11 addresses the requirements of this standard. Policy complies with all required actions concerning contractors and volunteers relevant to this standard. In the past 12 months, there have not been any contractors or volunteers accused of sexual abuse or sexual harassment of an inmate. Staff interviews and an examination of documentation confirmed compliance to this standard.

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 addresses the requirements of this standard. Inmates are subject to disciplinary sanctions pursuant to formal disciplinary process following a finding that the inmate engaged in inmate-on-inmate sexual abuse. There were no criminal findings of guilt for inmate-on-inmate sexual abuse within the previous 12 months. There have been no investigations of staff and inmates engaging in sex during the previous 12 months. Therapy services would be available for victims and abusers at the facility. The local rape crisis center would also provide therapy services for victims. Policy does not allow consensual sex of any nature. Inmates having sexual contact with staff will be disciplined, if it is not consensual. The Bureau of Prisons does not discipline inmates who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Interviews with SIS investigators and a review of documentation confirmed that the facility is in compliance with this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 addresses the requirements of this standard. Interviews with unit staff, medical staff, and mental health staff confirmed the facility has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. In the past 12 months, all inmates who disclosed prior victimization during screening were offered a follow up meeting with medical or mental health staff. Treatment services are offered without financial cost to the inmate. All information is handled confidentially. Interviews with staff and inmates confirmed that the facility is in compliance with this standard.

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 and corresponding local policy address the requirements of this standard. FCI Jesup has had no inmates in need of access to emergency medical or mental health treatment relevant to the PREA within the previous year. If a need occurred, the facility would comply with all actions required by this standard (free treatment, documentation of services, information about sexually transmitted disease, confidentially). A review of policy and interviews with staff confirmed that the facility is in compliance with this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 addresses the requirements of this standard. FCI Jesup offers ongoing medical and mental health evaluations and as appropriate, treatment to all inmates who have been victimized by sexual abuse. Services are consistent with a community level of care, without financial cost to the inmate. Known inmate abusers are evaluated and treatment is offered as indicated. A review of documentation and interviews with medical and mental health staff confirmed that this facility is in compliance with this standard.

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 addresses the requirements of this standard. Administrative or criminal investigations are completed on all allegations of sexual abuse or sexual harassment. The Special Investigative Supervisor was interviewed and found to be very knowledgeable concerning his duties and responsibilities, and provides information to the incident review team. The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was proven to be unfounded. Based on interviews with members of the incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, other status or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision. The review team consists of executive level staff. The sexual abuse incident review reporting form is completed as required. Members of the incident review team were interviewed and policy was reviewed, confirming compliance to this standard.

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 meets the requirements of this standard. The facility collects accurate uniform data for every allegation of sexual abuse and sexual harassment by using a standardized instrument. The agency tracks information concerning sexual abuse utilizing SIS data, Office of Internal Affairs data, inmate data and SENTRY (BOP data management system) data. The data collected includes the information necessary to answer all questions needed to complete the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The agency aggregates and reviews all data annually (including data provided from contractors). FCI Jesup provides the required information to the Regional and BOP PREA Coordinator.

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Bureau of Prisons and FCI Jesup staff review and assess all sexual abuse/sexual harassment data at least annually, to improve the effectiveness of its sexual abuse prevention, detection and response policies and to identify any trends, issues or problematic areas and take corrective action if needed. The PREA Compliance Manager provides data to the respective BOP Regional PREA Coordinator, which is forwarded to the National Coordinator. An annual report is prepared and placed on the BOP web site. The Annual Report was reviewed by the auditor. Staff interviews and an examination of documentation confirmed compliance with this standard.

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12 outlines the requirements of this standard. The National PREA Coordinator reviews data compiled by the Regional PREA Coordinators and issues a report to the BOP Director on an annual basis. The data is retained in a secure file and published on the BOP web site. The report covers all data required by this standard. Staff interviews and an examination of documentation confirmed compliance with this standard.

AUDITOR CERTIFICATION

I certify that:

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

Glynn Maddox

June 23, 2016

Auditor Signature

Date