

**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: March 28, 2024

### Auditor Information

Name: Mark McCorkle Email: markm@preaauditing.com

Company Name: Corrections Consulting, LLC

Mailing Address: P. O. Box 1071 City, State, Zip: Cypress, TX 77410

Telephone: (239) 223.0947 Date of Facility Visit: March 5-7, 2024

### Agency Information

Name of Agency: Federal Bureau of Prisons

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

Physical Address: 320 First Street, NW City, State, Zip: Washington, DC 20534

Mailing Address: 320 First Street, NW City, State, Zip: Washington, DC, 20534

The Agency Is:  Military  Private for Profit  Private not for Profit

Municipal  County  State  Federal

Agency Website with PREA Information:

### Agency Chief Executive Officer

Name: Collette S. Peters, Director

Email: BOP-RSD-PREACoordinator@bop.gov Telephone: (202) 598-1643

### Agency-Wide PREA Coordinator

Name: Adriana Restrepo, National PREA Coordinator (Acting)

Email: BOP-RSD-PREACoordinator@bop.gov Telephone: (202) 598-1643

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:** Federal Correctional Complex (FCC) Lompoc

**Physical Address:** 3901 Klein Blvd.

**City, State, Zip:** Lompoc, CA 93436

**Mailing Address (if different from above):**  
SAA

**City, State, Zip:** SAA

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:**

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

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

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

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

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

### Warden/Jail Administrator/Sheriff/Director

**Name:** Bryan Birkholz

**Email:** LOX-PREAComplianceMgr-S@bop.gov

**Telephone:** (805) 735-2771

### Facility PREA Compliance Manager

**Name:** Susana Barela

**Email:** LOX-PREAComplianceMgr-S@bop.gov

**Telephone:** (805) 735-2771

### Facility Health Service Administrator N/A

**Name:** Jason Christopher

**Email:** LOX-PREAComplianceMgr-S@bop.gov

**Telephone:** (805) 735-2771

### Facility Characteristics

**Designated Facility Capacity:**

Camp: 328; FCI: 900; USP: 2016 = 3,244

**Current Population of Facility:**

Camp: 364; FCI: 909; USP: 1920 = 3,193

**Average daily population for the past 12 months:**

Camp: 383; FCI: 945; USP: 1406 = 2,734

**Has the facility been over capacity at any point in the past 12 months?**

Yes  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:	Camp: 19-78    FCI: 19-83    USP: 19-78	
Average length of stay or time under supervision:	3 Years	
Facility security levels/inmate custody levels:	Security Levels: Minimum/Low; Custody Levels: In/Out/Community	
Number of inmates admitted to facility during the past 12 months:	Camp: 104 FCI: 426 USP: 993	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	Camp: 104 FCI: 426 USP: 993	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	Camp: 84 FCI: 400 USP: 953	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input 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: <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	402	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	59	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	7	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	13	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	108	
<b>Physical Plant</b>		

<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	94
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	16
<p><b>Number of single cell housing units:</b></p>	0
<p><b>Number of multiple occupancy cell housing units:</b></p>	9
<p><b>Number of open bay/dorm housing units:</b></p>	7
<p><b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b></p>	144
<p><b>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)</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p><b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Medical and Mental Health Services and Forensic Medical Exams</b></p>	
<p><b>Are medical services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Are mental health services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></p>	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:)

## Investigations

### Criminal Investigations

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

0

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

- Facility investigators
- Agency investigators
- An external investigative entity

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

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

### Administrative Investigations

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

253

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

- Facility investigators
- Agency investigators
- An external investigative entity

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

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

## Summary of Audit Findings

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

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

### Standards Exceeded

**Number of Standards Exceeded:** 7

**List of Standards Exceeded:** 115.21; 115.22; 115.31; 115.33; 115.42; 115.53; 115.71

### Standards Met

**Number of Standards Met:** 38

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:**

# Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	March 5, 2024
2. End date of the onsite portion of the audit:	March 7, 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:	Southern California Poverty Law Center; North County Rape Crisis Center
Audited Facility Information	
4. Designated Facility Capacity:	3,244
5. Average daily population for the past 12 months:	2,734
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.	16
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
Inmates/Residents/Detainees



8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	3,193
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:	17
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:	12
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:	3
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:	2
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:	77
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:	14
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:	7
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	1
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
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:	27
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0
23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other</i>	

<i>information that could compromise the confidentiality of any persons in the facility.</i>	
<i>Staff, Volunteers, and Contractors</i> <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i>	
<b>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:</b>	402
<b>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:</b>	13
<b>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:</b>	108
<b>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.</b>  <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>	
<b>Interviews</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<i>Random Inmate/Resident/Detainee Interviews</i>	
<b>28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	33
<b>29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other (describe) <input type="checkbox"/> None (explain)
<b>30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?</b>	Inmates were selected from an alphabetized list by housing location.
<b>31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:</b>	
<b>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.).</b>  <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>	

*Targeted Inmate/Resident/Detainee Interviews*

<p><b>33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></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>17</p>
<p><b>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	
<p><b>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:</b></p>	<p>2</p>

<p><b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	

<p><b>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:</b></p>	<p>1</p>
<p><b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	
<p><b>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:</b></p>	<p>1</p>
<p><b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	
<p><b>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:</b></p>	<p>1</p>
<p><b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	
<p><b>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:</b></p>	<p>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>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>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>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>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>	<p>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><b>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:</b></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><b>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:</b></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>Based on information input into the PAQ; conversations with the PCM; Conversations with the Warden; Memorandum from the Warden</p>
<p><b>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.).</b></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><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><i>Random Staff Interviews</i></p>	
<p><b>46. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>
<p><b>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (describe)</p> <p><input type="checkbox"/> None (explain)</p>
<p><b>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>

<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews</p> <p><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).</p> <p><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.</p> <p><input type="checkbox"/> Other (describe)</p>
<p>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:</p>	
<p>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, 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><i>Specialized Staff, Volunteers, and Contractor Interviews</i>  <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></p>	
<p>50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>24</p>
<p>51. Were you able to interview the Agency Head?</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 Agency Head:</p>	
<p>52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</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 Warden/Facility Director/Superintendent or their designee:</p>	
<p>53. Were you able to interview the PREA Coordinator?</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 PREA Coordinator:</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>55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):</p>	<p><input checked="" 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 checked="" 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>

	<input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe)
<b>56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):</b>	<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
<b>57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):</b>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</b>  <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>	

**Site Review and Documentation Sampling**

**Site Review**



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

59. Did you have access to all areas of the facility?	<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.	
<b>Was the site review an active, inquiring process that included the following:</b>	
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.	
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.	
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

<p>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).</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>	
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<b>Documentation Sampling</b>	
<i>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.</i>	
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
<p>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, 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>	

<b>Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility</b>
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### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

*Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.*

*Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.*

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate</u> sexual abuse	4	0	4	0
<u>Staff-on-inmate</u> sexual abuse	2	0	1	0
Total	6	0	5	0

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

**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

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

### 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><b>a. If you were unable to provide any of the information above, explain why this information could not be provided.</b></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
Inmate-on-inmate sexual abuse	1	1	3	0
Staff-on-inmate sexual abuse	0	1	2	0
Total	1	2	5	0

<p><b>a. If you were unable to provide any of the information above, explain why this information could not be provided.</b></p>	
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*Sexual Harassment Investigation Outcomes*

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

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

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

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

<p><b>a. If you were unable to provide any of the information above, explain why this information could not be provided.</b></p>	
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**72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

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

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

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	
<p><i>Sexual Abuse and Sexual Harassment Investigation Files Selected for Review</i></p>	
<p><u><i>Sexual Abuse Investigation Files Selected for Review</i></u></p>	
<p>73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>6</p>
<p>a. If 0, explain why you were unable to review any sexual abuse investigation files:</p>	
<p>74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><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)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p>75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><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 abuse investigation files)</p>
<p>77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><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)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p>78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><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)</p>
<p>80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No  <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><u><i>Sexual Harassment Investigation Files Selected for Review</i></u></p>	
<p>81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. If 0, explain why you were unable to review any sexual harassment investigation files:</p>	<p>No harassment allegations.</p>
<p>82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No  <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p>83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No  <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<b>85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
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**Staff-on-inmate sexual harassment investigation files**

<b>86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
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<b>87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
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<b>88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
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<b>89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>  <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>	
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**Support Staff Information**

**DOJ-certified PREA Auditors Support Staff**

<b>90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit?</b>  <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
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<b>a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:</b>	
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**Non-certified Support Staff**

<b>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</b>  <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
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<b>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</b>	
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**Auditing Arrangements and Compensation**

**92. Who paid you to conduct this audit?**

- The audited facility or its parent agency
- My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Type 115.11

## **Documents Reviewed**

- Federal Bureau of Prisons Program Statement 5324.12, Sexually Abusive Behavior Prevention, and Intervention Program (FBOP Program Statement 5324.12)
- FCC Lompoc Complex Supplement 5324.12a, Sexually Abusive Behavior Prevention Program (Supplement 5324.12a)
- Memorandum of Understanding
- PREA Agency Audit Report

## **Interviews**

- PREA Coordinator
- FCC Lompoc PREA Compliance Manager (PCM)
- Southern California Poverty Law Center

FBOP Program Statement 5324.12 states that, "The intent of this Program Statement is to ensure that:

- Staff and inmates are informed of the Bureau's zero-tolerance philosophy in regard to sexually abusive behavior.
- Standard procedures are in place to detect and prevent sexually abusive behavior at all Bureau and contract facilities.
- Victims of sexually abusive behavior receive prompt and effective response to their physical, psychological, and security needs.
- Allegations of sexually abusive behavior receive prompt intervention upon report.
- The perpetrators of sexually abusive behavior will be disciplined and, when appropriate, prosecuted in accordance with Bureau policy and Federal law."

FBOP Program Statement 5324.12 says the agency shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

This same Program Statement articulates the National PREA Coordinator's responsibilities include developing, implementing, and overseeing the Bureau's compliance with PREA. The National PREA Coordinator provides oversight to all Regional PREA Coordinators. The National PREA Coordinator assists the Information Technology and Data Division (ITDD) in providing the required information to the U. S. Department of Justice, Bureau of Justice Statistics, through their collection agent (U.S. Census Bureau), of all incidents of sexually abusive behavior. The National PREA Coordinator also coordinates with the Privatization Management and Residential Reentry Management Branches to ensure contract facilities comply with this provision of the PREA standard.

In a Memorandum of Understanding (MOU) authored from the Assistant Director, Correctional Program Division, it is stated that the responsibilities of the National PREA Coordinator will include:



- Serving as the agency's point of contact regarding all PREA related matters;
- Providing consultation and guidance to regional and field staff with respect to PREA implementation and monitoring;
- Providing PREA training oversight;
- Reviewing policy to determine compliance with PREA;
- Reviewing contract language for private/contract facilities relative to PREA;
- Coordinating the development or location of materials required for PREA;
- Maintaining and processing allegations of sexual abuse in third-party reporting instances and Office of the Inspector General's forwarded inmate reports of sexual abuse allegations;
- Preparing an annual report of for the agency utilizing each facility's findings and corrective actions

The language in this MOU further demonstrates the agency's commitment to compliance with this Standard.

The agency's National PREA Compliance Coordinator (PCC) was interviewed and stated they have sufficient time and authority to accomplish the PREA responsibilities for the FBOP. They also said guidance is provided to six regional PREA Coordinators and 122 institutions PCMs. The organizational chart shows that the PCC reports to the Assistant Director of Reentry Services Division and has sufficient, upper-level, agency-wide authority. The National PREA Coordinator also coordinates with the Privatization Management and Residential Reentry Management Branches to ensure contract facilities comply with this provision of the PREA standard.

Agency Directive(s) and BOP PREA Plan address(es) the position of the agency PREA Coordinator, which outlines the roles and responsibilities of the position and calls for the position being allowed enough time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in each facility.

FBOP Program Statement 5324.12 requires that each institution shall designate a PCM who shall have sufficient time and authority to coordinate the facility's efforts to comply with PREA Standards.

This same Program Statement states that the Warden at each facility shall ensure that all aspects of the Program Statement are implemented, shall assign an institution PCM, who except in rare circumstances will be an Associate Warden, for the overall responsibility of the institution's PREA program.

Program Statement 5324.12 states the Institution PCM maintains responsibility for the Sexually Abusive Behavior Prevention and Intervention Program. They must provide supervisory oversight to ensure the coordination of institution departments in prevention, detection, intervention, and response, as specified in this Program Statement. The Warden may appoint supervisory staff as PREA points of contact in each key department (Correctional Services, Psychology Services, Health Services, etc.) to assist the Institution PCM with the implementation of this policy.

Supplement 5324.12a, says that FCC Lompoc will ensure compliance with a zero-tolerance approach to the preventing, detecting, and responding to sexual abuse and sexual harassment. To ensure a coordinated response to a report of sexually abusive behavior, the Human Resource Manager will ensure the discussion of the Sexually Abusive Behavior Prevention and Intervention Program is conducted during both Institution Familiarization, Annual Training, and for all contractors. Additionally, the FBOP's zero-tolerance for sexual abuse and sexual harassment information will be continuously posted on the psychology bulletin boards in the housing units, the electronic bulletin board, and readily available to inmates in Psychology Services.

During the on-site phase of the audit, the Auditor interviewed the FCC Lompoc PCM and verified they have sufficient time and authority in their position to accomplish the PREA responsibilities for the institution. Interviews with the PCM and Warden made it clear that the PCM has the authority, responsibility, and time to carry out the duties.

During the pre-onsite audit phase, the Auditor contacted the Southern California Poverty Law Center to see if it had received any correspondence or contact regarding sexual safety issues at Lompoc. Then center stated that no comments had been received regarding the complex in Lompoc.

Based on a thorough review of the documentation listed at the outset of this standard, interviews with the National PREA Coordinator, FCC Lompoc Warden, and the PCM, the Auditor has determined that the facility is in compliance with this PREA Standard.

## 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.*

### **Documents Reviewed**

- Program Statement 5324.12

### **Interviews**

- Agency Contract Administrator

Program Statement 5324.12, Agency Directive(s) and BOP PREA Plan address(es) this provision. The agency reported there were a total of zero contracts for the confinement of inmates and 160 Residential Reentry Centers (RRCs) that the agency had entered or renewed with private entities or other government agencies.

A review of the agency directive reflected all contracts will meet the required entity's obligation to adopt and comply with the PREA standards.

If the agency contracted the confinement of its inmates, the agency's Contract Administrator would be required to maintain regular contact with every inmate placed in a contract facility. If there are concerns, agency protocol requires the inmate be removed from the facility and the facility allows time to make corrective action and address the concerns.

Corrective actions are addressed before the facility is reconsidered. Notification would also be made to law enforcement. The Contract Administrator would annually collect credentialing documentation for each facility: facility license; staff licenses or certifications; daily schedule; and monitoring reports or the licensing agency's website regarding the facility's status; and tours the facility. The BOP is no longer actively soliciting new contracts with private facilities.

Based on a thorough review of the documentation stated above, coupled with the interview with the Agency Contract Administrator, the Auditor has determined that the agency is in compliance with this standard.

## **Standard 115.13: Supervision and monitoring**

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

### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes    No    NA

### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes    No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes    No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes    No

### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes    No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes    No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes    No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

## **Documents Reviewed**

- Program Statement 5324.12
- FBOP FCC Lompoc Salary/Workforce Utilization Committee Meeting Minutes (Staffing Plan) (4)
- FBOP Institution Duty Officer – Unannounced Institutional *Rounds* (16)

## **Interviews**

- Warden
- PREA Coordinator
- PCM
- Intermediate or Higher-Level Facility Staff

Program Statement 5324.12, states the agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any inadequacy from internal or external oversight bodies;
- Any findings of inadequacy from Federal investigative agencies;
- All the components of the facility's physical layout (including blind spots);
- Composition of inmate population;
- Number of and placement of supervisory staff;
- Institution programs specific to each shift;
- All applicable State or local laws;
- Prevalence of substantiated and unsubstantiated incidents of sexual abuse;
- Any other relevant factors.

Program Statement 5324.12 prescribes that the Human Resource Management Division and Administration Division, Central Office, must consider PREA factors and safety, in general, when allocating overall staffing resources. At FCC Lompoc, the Salary/Workforce Utilization Committee Meeting Minutes serves as the staffing plan.

The Program Statement also says that circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. Deviations are documented in the remarks section of the Salary/Workforce Utilization Committee Meeting Minutes.

Program Statement 5324.12 states whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA Coordinator required by §115.11, the agency shall assess, determine, and document whether adjustments are needed to:

- The staffing plan established pursuant to policy;
- The facility's deployment of video monitoring systems and other monitoring technologies; and
- The resources the facility has available to ensure adherence to the staffing plan.

Program Statement 5324.12 says at minimum, the most recent Salary/Workforce Utilization Committee Meeting Minutes are annually compiled by the Regional PREA Coordinator by May 1, and submitted to the National PREA Coordinator by June 1. According to the information contained in the PAQ, FCC Lompoc had no deviations from the staffing plan that occurred in the 12 months prior to the on-site visit.

During the on-site visit, the Auditor conducted an interview with the Warden who confirmed there were no deviations from the staffing plan in the previous 12 months. The Warden also confirmed that if a deviation had occurred, such noncompliance with the staffing plan would be documented in the remarks section of the Salary/Workforce Utilization Committee Meeting Minutes.

During the Auditor's interview with the Warden regarding the FCC Lompoc staffing plan, the Warden discussed how staffing levels are discussed at the Budget and Planning Committee meeting as well as during Quarterly Salary/Workforce Utilization Committee meetings. The Warden additionally said that when developing a staffing plan, several items are taken into consideration, such as internal reviews, components of the physical plant, composition of the inmate population, the prevalence of substantiated and unsubstantiated allegations of sexual abuse, inmate-on-inmate assaults, and uses of force.

The Warden explained that weekly camera updates are provided to the Executive Staff to ensure all video equipment is working appropriately or if necessary, work orders have been submitted if cameras require repair. To ensure compliance with the staffing plan, the Warden indicated compliance is monitored through meetings, meeting minutes, staffing reports, and regular communications with Associate Wardens, the PCM, Human Resource Manager, and Financial Management Administrator.

During the on-site visit, the Auditor interviewed PCM and the National PREA Coordinator; both reaffirmed the process of developing a staffing plan as previously described by the Warden.

Also, during the on-site visit, the Auditor reviewed the average daily number of inmates' report, staff shift rosters, facility blueprint, and daily inmate activity schedules to verify adequate staff coverage in comparison to inmate population, inmate movement, and facility size and layout.

Program Statement 5324.12 says at each agency operating a facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit 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.

Program Statement 5324.12 states that unannounced rounds by supervisory staff conducted with the intent of identifying and deterring sexual abuse and sexual harassment are conducted every week, including all shifts and all areas. The Institution Duty Officer (IDO) conducts and documents the unannounced rounds. At the end of the IDO's tour week, the documentation is forwarded to the Institution PCM for retention.

During the on-site visit, the Auditor reviewed 24 unannounced round logs and verified the unannounced rounds are being conducted and documented in accordance with the facility policy and the PREA Standard. The logs reviewed by the Auditor covered several weeks in multiple months and included all shifts. The Auditor did not detect any identifiable patterns in the unannounced round logs.

The Auditor interviewed two supervisory level staff and asked each how they conducted unannounced rounds. Each said the rounds are conducted by observing individual housing and work areas and are completed without the staff's prior knowledge. They also indicated that they attempted to alter the times of day and monitored facility radio transmissions to ensure prior warnings were not given to staff.

During the on-site visit, the Auditor toured the facility and observed the daily operational functions, including inmates in work areas, recreation, educational areas, in the Medical Facility, Hobby Crafts, and general inmate movement. staff interacting with inmates, general inmate movement. The observations by the Auditor provided additional evidence of adherence to policy and to the PREA Standard.

Based on the Auditor's thorough review of agency and facility documentation, interviews with the Warden, PREA Coordinator, PCM, intermediate level supervisory staff, and personal observations, the Auditor has determined that the facility is in compliance with this standard.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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



## 115.14 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed

- Program Statement 5324.12
- 

### Interviews

- Warden
- PCM

Program Statement 5324.12, states youthful inmate shall not be placed in a housing unit which the youthful inmate will have sight, sound, or physical contact with any adult inmate though use of a shared dayroom or other common space, shower areas, or sleeping quarters.

The PAQ completed by FCC Lompoc indicates the facility does not house youthful inmates. This was confirmed during interviews with the Warden and the PCM.

During the Auditor’s tour of the facility, informal conversations with staff reiterated the fact that no youthful inmates were housed at the facility. There were also no indications of any youthful inmates present while the Auditor was on-site.

Based on a review of the documentation provided by the facility, interviews with the Warden and PCM, along with informal conversations with staff and the Auditor’s observations, it has been determined that the facility is in compliance with this standard.

115.15

## 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.*

#### Documents Reviewed

- Program Statement 5324.12
- Program Statement 5521.06. Searches of Housing Units, Inmates and Inmate Work Areas
- FCC Lompoc Complex Statement 5324.12a
- FBOP PREA Training Curriculum, Correctional Fundamentals
- Memorandums from the FCC Lompoc Warden (2)

#### Interviews

- Warden
- PCM
- Random Sample of Inmates
- Transgender Inmates
- Random Sample of Staff

Program Statement 5324.12 states the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners.

A memorandum from the FCC Lompoc Warden said that there were no cross-gender strip searches or cross-gender visual body cavity searches conducted during the last 12 months.

During the on-site visit, the Auditor interviewed the Warden and the PCM and each confirmed that no cross-gender strip searches or cross-gender visual body cavity searches were conducted.

Program Statement 5521.06 states to further the safe, secure, and orderly running of its institutions, the Bureau of Prisons conducts searches of inmates and of inmate housing and work areas to locate contraband and to deter its introduction and movement. Staff shall employ the least intrusive method of search practicable, as indicated by the type of contraband and the method of suspected introduction.

Program Statement 5324.12 says an inspection of an inmate using the hands does not require the inmate to remove clothing. The inspection includes a search of the inmate's clothing and personal effects. Staff may conduct a pat search of an inmate on a routine or random basis to control contraband. Staff of the same gender as the inmate shall make the search, except where circumstances are such that delay would mean the likely loss of contraband. Where staff of the opposite gender makes a visual search, staff shall document the reasons for the opposite gender search in the inmate's central file.

During the on-site visit, the Auditor observed facility operations in all areas of the facility, including corridors, housing areas, recreation areas, educational classrooms, and staff performing pat-down searches. In all cases male officers were searching male inmates. A review of the shift rosters and the Auditor's observations indicated there are males and females working all shifts, however there are sufficient male staff present to conduct any necessary searches.

During the on-site visit, the Auditor formally interviewed 33 inmates, who had been randomly selected from a roster of all inmates at the facility. Each of those inmates were specifically asked about cross-gender searches and all said that they had not ever been searched by a female and were not aware of that ever occurring at the facility.

In addition, the Auditor interviewed three inmates who identified as transgender, and all three stated they had no issue with being searched by a male staff member and were not aware of any cross-gender searches at the facility.

Program Statement 5324.12, states the facility shall implement policies and 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

This same Program Statement also states that inmates should only shower, perform bodily functions, and change clothing in designated areas (e.g. cells, shower rooms, bathrooms). Housing unit officers of the opposite gender, or any other cross-gender staff, may view breasts, buttocks, or genitalia only in an exigent circumstance, or when incidental to security checks of these designated areas of the housing unit.

During the Auditor's interview with the 33 randomly selected inmates, 31 said they felt they had sufficient privacy while showering or using the toilet. One of the other two said they did not have enough privacy using the toilet in his cell, primarily due to its location at the front of the cell. The other inmate, who stated he did not have enough privacy, said there was little that could be done that would enable him to feel as if he had enough privacy.

Program Statement 5324.12 states staff are not required to make announcements when responding to temporary and unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order of a facility or when incidental to routine cell checks, to include circumstances such as responding to alarms, contraband detection, or detecting behavior that would constitute an inmate prohibited act.

Program Statement 5324.12 says inmates will be notified of the presence of opposite -gender staff members in several ways:

- Inmates are advised of the requirement to remain clothed, and the presence of cross-gender staff generally, during the Intake Screening process and the Admission and Orientation process;
- The following notice must be posted on inmate bulletin boards and signs within housing units, including segregated housing areas: "NOTICE TO INMATES: Male and female staff routinely work and visit housing areas";
- For housing unit officers, an announcement is made at the beginning of primary shifts, or at other appropriate time to be determined locally. The verbal announcement to each housing unit, including segregated housing areas, will be "Notice: Opposite-gender staff will be in housing units during this shift."

This announcement is made using the facility public address system from either Control or Lieutenants' Office. If the public address system does not cover these areas, an individual announcement in each housing area, including segregated housing areas, is made.

During the on-site visit, the Auditor, the auditor was informed by supervisors and observed that the schedule is posted in the unit so inmates can be aware when a female staff member may be assigned. For staff members with offices in the housing units, (the Unit Team), the most recent schedule is posted in the unit, so inmates are aware when opposite-gender staff are present.

Each of the 33 inmates interviewed by the Auditor was asked about announcements of opposite gender staff entering housing, or other areas. Thirty of the 33 said those announcements are made on a regular basis. One inmate said he believed the announcements were made, but that he was not always paying attention. Two inmates said announcements are never made.

The Auditor also interviewed a random sample of 12 staff members. All 12 staff members said that opposite gender announcements were made.

During the on-site tour of FCC Lompoc, the Auditor and those on the tour (which included two female staff members) entered dozens of areas of the facility. In all but on occasion was an announcement made regarding the females being present. These observations, coupled with the interviews with inmates and staff affirmed that the facility has made it a consistent practice.

Program Statement 5324.12 states facility staff shall not search or physically examine a transgender inmate or intersex inmate for the sole purpose of determining the inmate's genital status. If the genital status is unknown it can be determined through conversation 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.

Program Statement 5324.12 also says the agency shall train custody staff in how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. In a memorandum from the Warden, it was stated that the facility has had zero searches of a transgender or intersex for the sole purpose of determining the inmate's genital status.

The Auditor interviewed three inmates who identified as transgender, and all three stated they had not been searched in such a manner. Two of the three stated they had previously identified as transgender prior to arriving at FCC Lompoc. Both said they were treated professionally by staff. The other inmate who identified as transgender stated they had not previously notified staff that they were transgender but did it at a later time with a facility psychologist.

The Auditor reviewed the training records and PREA training curriculum provided to custody staff who may have contact with inmates, how to perform cross-gender pat-down searches and searches of transgender and intersex inmates.

After a review of the training records, it indicated custody staff received training on the BOP's PREA policies, and included the following:

- how to perform cross-gender pat-down searches annually
- cross-gender pat-down searches
- searches of transgender and intersex inmates
- policy prohibiting search of inmates for the sole purpose of determining the inmate's genital status
- defining exigent circumstances
- conducting searches in a professional and respectful manner

Following a thorough review of existing policies, training curriculum, training records, facility documentation, interviews with the Warden, a random sample of inmates, a random sample of staff, interviews with transgender inmates, combined with the Auditor's observations, the Auditor has determined that the facility is in compliance with this standard.

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

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

### 115.16 (a)

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

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

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed

- Program Statement 5324.12
- FBOP Inmate Admission & Orientation Handbook (multiple languages)
- FBOP Zero-tolerance Policy Bulletins (multiple languages)



- FBOP Contract with LanguageLine Solutions, LLC
- FBOP Contract with Independent Living Resource Center, Inc.
- Memorandum from Warden

## Interviews

- Warden
- Inmates with Disabilities and Limited English Proficient (LEP)
- Random Sample of Staff

Program Statement 5324.12 states the agency shall 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.

Program Statement 5324.12 also says such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision.

An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans with Disabilities Act, 28 CFR 35.164.

Program Statement 5324.12 states the IPCM should reach out to local disabilities assistance offices, as a resource, to ensure the facility is providing effective communication accommodations when a need for such an accommodation is known. Staff take reasonable action to ensure that available methods of communication are provided to all inmates with disabilities for complete access to its efforts of preventing, detecting, and responding to sexual abuse and sexual harassment.

The auditor interviewed the PCM during the on-site visit and she discussed what steps FCC Lompoc takes to ensure that all inmates have an equal opportunity to participate in the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The PCM detailed the efforts made by the facility to ensure impaired inmates are provided opportunities and benefits equal to those of unimpaired inmates. Inmates with either disabilities or LEP inmates are provided with alternatives to accommodate participation in the PREA program such as videos and brochures tailored to the inmate's primary language.

Additionally, every effort is made to provide all training in a format that will be easily understood by inmates who have a physical or developmental impairment or who have limited English proficiency.

FCC Lompoc presents PREA-related information both verbally and in writing to all inmates. Additionally, FCC Lompoc has contracts for American Sign Language, interpreters, Language Line interpreters, Video Relay System conferencing, telephone access, and electronic messaging access. These services were confirmed in a memorandum, and interview with the Warden.

Program Statement 5324.12 states the agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants 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 standard 115.64, or the investigation of inmate's allegations.

During the pre-audit phase, the Auditor reviewed existing, enforced contracts between LanguageLine Solutions to provide telephonic interpretive services, and with Independent Living Resource Center to provide sign language and note-taking interpretive services.

The Auditor interviewed 12 random staff members, and all were familiar with the use of translation services and were able to articulate how they can be accessed by inmates, or by staff when necessary. Each of the staff members was also familiar with policies on the prohibition of using inmate interpreters, unless exigent circumstances exist.

The Auditor interviewed a total of six inmates with a physical, cognitive, hearing, visual disability, and LEP.

All acknowledged receiving PREA related information in a manner in which they could comprehend. All six stated they received PREA orientation within the first 48 hours they were at the facility, and all said it was delivered in a manner they could understand.

During the on-site tour, and throughout the visit, the Auditor observed PREA information, bulletins posted in all housing locations, work locations, and nearly all areas inmates may be within the facility. These postings included the PREA Zero-Tolerance informational bulletins in both English and Spanish.

Based on a complete review of BOP policies, the Inmate Handbook, interviews with inmates and facility staff, coupled with observations made during the on-site visit, the Auditor has determined the facility is in compliance with this standard.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

### 115.17 (g)

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

### 115.17 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed

- Program Statement 5324.12
- FBOP Program Statement 3000.03, Human Resource Management Manual
- FBOP Program Statement 3420.11, Standards of Employee Conduct
- FBOP Pre-Employment Guide SF85P (Questionnaire for Public Trust Positions)

- Personnel Files

## Interviews

- Administrative/Human Resource staff

Program Statement 5324.12 states that:

(a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor, who may have contact with inmates, who:

(1) 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);

(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. (b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

Program Statement 5324.12 also says that before hiring new employees who may have contact with inmates, the agency shall:

(1) Perform a criminal background records check; and

(2) 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.

The Program statement goes on to say the agency shall also perform a criminal background record check before enlisting the services of any contractor who may have contact with inmates. The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.

The same Program Statement says the agency shall 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The BOP's policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Unless prohibited by law, the agency shall 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. The Bureau complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules, and regulations.

Program Statement 3000.03 Human Resource Management Manual, PS 3420.11, Standards of Employee Conduct, the Pre-Employment Guide, SF85P (Questionnaire for Public Trust Positions) and a BOP recruitment document also address the requirements of this standard. All employees who have contact with inmates have had a full field background investigation in addition to fingerprinting and inquiry into the FBI's National Crime Information Center (NCIC). Employee backgrounds are re-checked every five years. Contractors and volunteers who have regular contact with inmates also have criminal background checks completed prior to having contact with inmates. Volunteer and contractor background checks are repeated yearly.

The facility does not hire or promote anyone who may have contact with inmates and does not enlist the services of any contractor who may have contact with inmates who have engaged in any type of sexual abuse/harassment (no exceptions). Employees have a duty to disclose such misconduct and material omissions regarding such misconduct would be grounds for termination. Submission of false information by any applicant is grounds for not hiring the applicant.

The Agency Head designee was interviewed and confirmed that the agency HR attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The Agency Head designee also confirmed that the agency provides 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. The agency notifies appropriate licensing/certifying agencies when professional staff members are terminated for substantiated allegations of sexual abuse or sexual harassment. A review of policy, personnel forms, and relevant supporting documentation, including staff interviews, confirms compliance with this standard.

The Auditor interviewed Administrative/Human Resource personnel who confirmed the Bureau conducts the required criminal background checks prior to hiring a new employee, employees who are considered for promotions, or enlisting the services of a contractor or volunteer and at least once every five years. The HR Staff Member confirmed the FBOP's requirement imposed upon all employees to disclose any previous misconduct and the Bureau's requirement to provide information regarding a former employee upon request of another institution or Bureau. In addition, the HR management staff member also confirmed in addition to utilizing the Bureau utilizes the National Crime Information Center (NCIC) the background investigation encompasses law enforcement and criminal record checks, credit checks, and inquires with previous employers, and personal references.

In the previous 12 months, the facility reported through its PAQ that it had hired 59 personnel who had criminal background checks completed. Additionally, seven (7) contract employees had criminal background checks performed.

During the on-site visit, the Auditor reviewed the personnel files of 14 employees and contractors. The files represented tenured employees, new hires, contractors, and those promoted within the past 12 months. All files contained the requisite information required by this standard.

Based on a review of the policy, personnel records, and interview with the HR management staff member, the Auditor has determined that the facility is in compliance with this standard,

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed

- Program Standard 5324.12
- Memorandum from Warden (2)

## Interviews

- Warden
- PCM

Program Statement 5324.12 states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. The Program Statement also says that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse.

All new facility designs and upgrades of technology will include consideration of how it could enhance the Bureau's ability to protect against sexual abuse.

Based on a memorandum from the Warden the facility has made a number of upgrades to its video surveillance system. The previous NICE Vision operating system was upgraded to the QVMS management system, which the Warden says has been an improvement. This new system has better compression capabilities thus yielding more storage capacities. It also allows for more control of users and lessens the possibilities of loss of recorded data. This new system has also provided a redundant backup server to take over and continue operating in the event of the original server failure, thus allowing for continued system recording and functionality in the event of a server failure.

At the same time this system also provides each recorder a redundancy backup protection in the event any single recorder fails, it has a failsafe back up recorder to take over and continue to record and store video, shortening outages and downtime due to equipment failures. We have also re-evaluated and adjusted privacy masks at restroom areas to insure more privacy for the individual in the recorded video footprint.

According to this same memo, FCC Lompoc equipment has been upgraded from the five- recorder system in 2018, to the eight-recorder system that they now have. This has allowed for the recording retention of stored video to increase from the original 14 days to a new 30- day limit of recorded video for each camera. By adding additional recorders, we have also allowed the option and ability to add additional cameras that are digital and at a higher quality video resolution.

Based on the memo, FCC Lompoc has added 10 new digital IP cameras to our South and North Camp and upgraded 45 additional analog cameras to a new higher quality digital IP camera throughout the complex. Thus, providing a much more visible image to see that is less pixelated and providing a larger covered area

The Warden and PCM were both interviewed by the Auditor during the onsite visit and discussed the considerations when adding any new technology or changing/enhancing facility design. Each said that the sexual safety of the inmates and staff was of paramount importance.



Both the Warden and PCM said that the addition of more video cameras and enhancement to software and hardware were at the core of them, providing greater safety for everyone who enters FCC Lompoc.

Based on a review of the Program Statement, review of the documents provided by the facility, and interviews conducted with the Warden and PCM, the Auditor has determined that the facility is in compliance with this standard.

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

## **Documents Reviewed**

- FBOP Program Statement 5324.12
- Complex Supplement 5324.12a
- FBOP contract with North County Rape Crisis Center
- MOU between FBOP and the Federal Bureau of Investigation (August 1996-ongoing)
- SANEs / SAFEs Uniform Evidence Protocol
- FBOP Sexual Assault Crisis Intervention – First Responder Guide
- FBOP Training Curriculum – Forensic Medical Examinations: An Overview for Victim Advocates
- DOJ/OIG PREA Training curriculum
- FBI Domestic Investigations and Operations Guide

## **Interviews**

- PCM
- Random Sample of Staff
- SANE/SAFE Staff
- Inmates who Reported Sexual Abuse

Program Statement 5324.12 states to the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Program Statement 5324.12 also says the protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the 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.

This same Program Statement states the agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFE/SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

Program Statement 5324.12 says the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or qualified agency staff member.

Program Statement 5324.12 states the Institution PCM, with the assistance of Psychology Services, attempts to enter into agreement with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence. If an agreement is not reached, efforts must be documented. Properly trained Psychology or Chaplaincy Services staff members may provide victim services locally, if a rape crisis center is not available.

This Program Statement adds that as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

During the pre-audit phase, the Auditor reviewed the existing Memorandum of Understanding (MOU) between the FBOP and the Federal Bureau of Investigation. The MOU establishes interagency operational procedures and guidelines for the FBI and the FBOP with regard to violations of deferral criminal statutes occurring in FBOP facilities, on FBOP property, or which involve FBOP staff. Additionally, the MOU defines the respective roles and responsibilities of the FBOP and the FBI, to include policy, training, and practice compliance with regulations and standards. The MOU also establishes and in accordance with Title 28 CFR §115.21(g) (2), the FBI shall follow a uniform evidence protocol consistent with §115.21(a)-(f).

The Auditor conducted an interview with an FCC Lompoc Special Investigative Agent (SIA) who confirmed the responsibilities of an investigator, reviewed the process of an investigation, and confirmed the use of a uniform evidence protocol for the collection of physical evidence.

The SIA provided a clear and complete overview of the investigative process as it relates to sexual abuse and sexual harassment. The SIA is responsible for conducting administrative sexual abuse investigations within the facility. All criminal sexual abuse investigations either are referred to the Office of Internal Affairs (OIA), Office of the Inspector General (OIG) or when appropriate, the Federal Bureau of Investigation (FBI).

The OIA, OIG, and FBI have assigned, trained, and qualified staff who have the legal authority to conduct criminal investigations. During the pre-on-site phase of the audit, the Auditor reviewed the DOJ/OIG PREA Training curriculum and the FBI Domestic Investigations and Operations Guide that confirmed compliance with all investigatory requirements under the PREA standards.

The Auditor also reviewed provided documentation, which included the SANES/SAFEs evidence protocol, FBOP Sexual Assault Crisis Intervention – First Responder Guide. Additionally, the Auditor reviewed staff member certificates documenting completion of the Forensic Medical Exam: An Overview for Victim Advocates course, and the contract between FBOP and the North County Rape Crisis Center. The contract outlines the responsibilities the Center undertakes, the agency's responsibilities, and the reporting and documentation requirements for each.

The Santa Barbara County Sexual Assault Response Team (SART) is a countywide program providing care to individuals who have been sexually assaulted or sexually abused. An

interagency program SART coordinates with law enforcement, Rape Crisis Centers, Victim Witness Assistance, Child Welfare Services, Child Abuse Listening and Mediation (CALM) and a medical team of trained professionals, nurses, and physicians. Services offered through SART include forensic medical exams, forensic interviews, emotional support, advocacy, counseling referrals, prophylaxis for sexually transmitted infections and pregnancy, and other support services for the individual and his/her family.

The Auditor interviewed a certified SANE Examiner during the on-site visit. She explained to the Auditor the procedure of a forensic medical examination, to include following the Department of Justice (DOJ) National Protocol for Sexual Assault Medical Forensic Examinations Adults and confirmed that a SANE/SAFE Examiner is available 24/7. The SANE Examiner explained when a notification for services is requested from the facility, a qualified SANE/SAFE Examiner will immediately respond to the facility to conduct the forensic medical examination. The SANE Examiner confirmed there were no forensic medical examinations completed for FCC Lompoc during the past 12 months.

The North County Rape Crisis Center is a non-profit agency located in Lompoc, California. The Center is supported in part by the Office of Emergency Services, Santa Barbara County, the cities of Lompoc and Santa Maria, as well as community foundations and private donations in an effort to provide Education/Prevention and Intervention Services to the communities in northern Santa Barbara County. The purpose of the North County Rape Crisis Center is to reduce the incidence of vulnerability to sexual assault, child abuse, and human trafficking by providing education and prevention skills to alleviate the trauma experienced by survivors of such crimes by providing direct services.

The North County Rape Crisis Center provides inmates incarcerated at FCC Lompoc with advocacy services for victims of sexual abuse or sexual violence. The services provided by the North County Rape Crisis Center include support services related to sexual violence, hospital accompaniment for the inmate victim during the forensic medical exam process and investigatory interviews, and follow-up crisis counseling on request. Additionally, the Center provides a mailing address to FCC Lompoc inmates for written communication for support or advocacy services.

During the on-site visit, the Auditor interviewed a victim advocate from the Center, and she confirmed the current contract with the facility and provided a detailed description of services provided, all of which met the requirements of this standard. Those services included advocacy, one-on-one counseling provided to the inmates at FCC Lompoc, emotional support services, victim advocate upon request, and accompaniment during the forensic medical exam and investigatory interviews.

The Auditor interviewed three randomly selected staff specific to their duties as First Responders to an allegation of sexual abuse. Each was very articulate in detailing their roles and responsibilities, up to and including who is responsible for criminal and administrative investigation. All discussed the need to separate alleged victim and suspect, ensure that they do not wash, change clothes, or brush their teeth. All were clear on their responsibility to preserve the crime scene and make all proper notifications to supervisory staff. All three specifically discussed the need to ensure the alleged victim is medically treated and to make a notification to facility Mental Health staff.

The facility had zero forensic medical exams performed in the previous months. FCC Lompoc reported one forensic medical exam was conducted during months.

The Auditor interviewed the Warden and PCM during the on-site visit. Both confirmed there were no forensic exams in the past 12 months.

The Auditor was also able to interview one inmate who had alleged sexual abuse in the past 12 months while at the facility. He said he was able to meet with psychological staff the day the incident was reported, but he did not require any further follow-up. He also said he declined any outside advocacy or assistance.

Following a thorough review of all relevant policies, directives, and MOU's, combined with interviews with inmates, staff, and alleged victims of sexual abuse, the Auditor has determined the facility exceeds this standard.

## 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.*

### Documents Reviewed

- Program Statement 5324.12
- FBOP Program Statement 5508.02, Hostage Situations, or Criminal Actions Requiring FBI Presence
- MOU between FBOP and the Federal Bureau of Investigation (August 1996-ongoing)
- SANEs / SAFEs Uniform Evidence Protocol
- FBOP Sexual Assault Crisis Intervention – First Responder Guide
- FBOP Training Curriculum, Forensic Medical Examinations: An Overview for Victim Advocates
- DOJ/OIG PREA Training curriculum
- FBI Domestic Investigations and Operations Guide
- Investigative Cases (5)

### Interviews

- Agency Head
- Investigative Staff

Program Statement 5324.12 states the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency shall have in place a policy 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. The agency shall publish such policy on its website or make the policy available through other means. The agency shall document all such referrals.

Program Statement 5324.12 states if a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

The Agency Head was interviewed regarding how the agency ensures that an administrative or criminal investigation is completed for allegations of sexual abuse or harassment. The Agency Head explained the Office of the Inspector General (OIG) of the Department of Justice investigates potential criminal cases involving staff on inmate sexual abuse. The Office of Internal Affairs (OIA) of the Bureau of Prisons investigates administrative cases of staff on inmate sexual abuse or harassment. Institution investigative staff, the Special Investigative Supervisor (SIS), investigates all other cases. OIG, OIA, and SIS review the allegation(s) and predicated information. Substantiated allegations for administrative investigations or criminal prosecutions are based on corroboration of witnesses' and victim statements, predicated information, along with physical evidence.

Program Statement 5508.02 states the FBI has the investigative responsibility for criminal activities at all Bureau facilities. Additionally, in accordance with the existing MOU between the FBOP and the FBI, upon the occurrence of any incident that may involve a criminal act, the FBOP will take immediate action to preserve the scene of the incident and immediately notify the appropriate designated FBI representative of the incident.

The Auditor reviewed the existing MOU between the FBOP and the Federal Bureau of Investigation. The MOU establishes interagency operational procedures and guidelines for the FBI and the FBOP with regard to violations of deferral criminal statutes occurring in FBOP facilities, on FBOP property, or which involve FBOP staff. Additionally, the MOU defines the respective roles and responsibilities of the FBOP and the FBI, to include policy, training, and practice compliance with regulations and standards. The MOU also establishes and in accordance with Title 28 CFR §115.21(g) (2), the FBI shall follow a uniform evidence protocol consistent with §115.21(a)-(f).

During the on-site visit, the Auditor conducted an interview with the SIA, who confirmed the responsibilities of an investigator, reviewed the process of an investigation, and confirmed the use of a uniform evidence protocol for the collection of physical evidence. The SIA provided the Auditor with a detailed overview of the investigative process as it relates to sexual abuse and sexual harassment. The SIA is responsible for conducting administrative sexual abuse investigations within the facility. All criminal sexual abuse investigations either are referred to the Office of Internal Affairs (OIA), Office of the Inspector General (OIG) or when appropriate, the Federal Bureau of Investigation (FBI). Each branch, OIA, OIG, and FBI have assigned qualified staff who have the legal authority to conduct criminal investigations. The SIA demonstrated a thorough understanding of his responsibilities and clearly articulated the investigative process.

The Auditor reviewed DOJ/OIG PREA Training curriculum and the FBI Domestic Investigations and Operations Guide that confirmed compliance with all investigatory requirements under the PREA standards.



FBOP publishes agency policy regarding the referral of allegations of sexual abuse or sexual harassment for on the agency website

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

During the 12 months prior to the audit, FCC Lompoc reported six allegations of sexual abuse. The Auditor reviewed five administrative investigations (four closed cases, and one pending disposition). All allegations of sexual abuse were deemed to involve potentially criminal behavior. One investigation was terminated when it was determined that all “witness” statements were based on conjecture, and the alleged involved inmate denied the allegation. The staff member alleged to be involved resigned due to non-PREA related issues.

The Auditor thoroughly reviewed each investigative file to ensure each case contained all the necessary procedures, documentation, and that all processes were completed as required, to include the report findings for the four closed investigations.

The Auditor found each closed case contained all of the required documentation, and determined that each incident was investigated promptly, thoroughly, and objectively by a qualified SIA who has received training and education and has the authority to conduct such investigations.

The Auditor observed that all case files contained documentation to include the initial incident report, SIS report, PREA OneSource Checklist, Memorandums, Institution Medical Assessment, Psychology Report, Hospital Report (if applicable), 30-Day Sexual Abuse Incident Review, and 90-day Retaliation Checks.

The Auditor observed that each investigation file was well organized, extremely detailed, and contained all the required documentation. Each of the case files were uniformly “stacked,” which greatly simplified the examination process. The Auditor learned quickly where to find specific information in each case file.

The Auditor reviewed a multitude of documentation, policy and training curriculum related to this standard. Coupled with interviews and a review of investigative case files, the Auditor has determined that FCC Lompoc exceeds the PREA standard.

## 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.*

### Documents Reviewed

- Program Statement 5324.12
- FCC Lompoc PREA Training Curriculum
- FCC Lompoc Training Roster and Documentation of Attendance
- Personnel Training Records

### Interviews

Random Sample of Staff

Program Statement 5324.12 states the agency shall train all employees who may have contact with inmates on:

- It's zero-tolerance for sexual abuse and sexual harassment;
- How to fulfill their responsibilities under Bureau sexual abuse and sexual harassment;
- Prevention, detection, reporting, and response policies and procedures;
- Inmates' rights to be free from sexual abuse and sexual harassment;
- The right of inmates & employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse, sexual battery and sexual harassment in confinement;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened & actual sexual abuse;
- How to avoid inappropriate relationships with inmates;
- How to communicate effectively & professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and

- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;

Program Statement 5324.12 says such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa. Annual refresher training takes the gender of the inmate population at each facility into account. Transferring staff members receive gender-appropriate training, as needed.

Program Statement 5324.12 also states current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

This same Program Standard states the agency shall document, through employee signature or electronic verification, that employees understand the training they have received. Participation must be documented through employee signature or electronic verification. Participation documentation will note that employees understood the training they have received.

The Auditor reviewed the training curriculum and documentation of staff attendance and their individual signatures, which verified training comprehension and attendance.

The training curriculum outlined the staff's responsibilities in preventing, detecting, and response to inmate sexual abuse and sexual harassment. The curriculum also provided staff with the importance of communicating effectively and professionally with inmates, understanding that inmates have the right to be free from sexual abuse and sexual harassment.

The curriculum the Auditor reviewed also included:

- An inmate's right to be free from sexual abuse and sexual harassment
- Reporting methods
- First Responder responsibilities
- Responding appropriately to victims of sexual abuse
- Administrative and criminal investigative processes.

The training also included the appropriate method to introduce and announce "opposite gender" correctional officers and supervision staff into an all-male or all-female housing unit and how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security correctional environments.

The Auditor found the training material to be extremely detailed with discussions of the required PREA standards and FBOP policies and procedures.

The Auditor interviewed 12 randomly selected staff, and three specifically as First Responders. Each of the staff members was able to articulate to the Auditor the zero-tolerance policy on sexual abuse and harassment, and their duties and responsibilities in the event of a sexual abuse, or sexual harassment event.

All had an complete understanding of their responsibility to communicate professionally with the inmates, and their duty to ensure the inmates right to be free from sexual abuse and harassment.

All 15 staff members interviewed confirmed to the Auditor that they receive annual refresher training on the subject matter related to this standard.

Based on a thorough review of policies and documents, coupled with interviews with staff, where each demonstrated a thorough understanding of the standards and their individual responsibilities, the Auditor has determined that the facility exceeds this standard.

## 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.*

## **Documents Reviewed**

- Program Statement 5324.12
- FCC Lompoc Volunteer & Contractor PREA Training Curriculum
- FCC Lompoc Volunteer & Contractor PREA Training Attendance (w/Signatures)

## **Interviews**

- FCC Lompoc Volunteer and Contractor who have contact with inmates

Program Statement 5324.12 states the agency shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Program Statement 5324.12 also says 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, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

This same Program standard states the agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. Participation must be documented through volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received. At the conclusion of the training, volunteers and contractors are asked to seek additional direction from Bureau staff, if necessary, to ensure understanding of the training.

The Auditor reviewed the training curriculum, which included the course, Sexually Abusive Behavior Prevention, and Intervention Program. Additionally, the Auditor was provided attendance rosters for contractors and volunteers. The attendance roster included signatures from each contractor and volunteer staff member confirming understanding of policies and training received. The Auditor confirmed the volunteer and contractor training was tailored based on the services they provide and the level of contact they have with inmates and included the Bureau's zero-tolerance policy regarding sexual abuse and sexual harassment along with how to report such incidents.

The Auditor interviewed volunteer and contract staff during the on-site visit. Each volunteer and contractor confirmed and acknowledged their understanding of the Bureau's zero-tolerance policy and PREA standards and reporting responsibilities.

After a review of the policy, curriculum, attendance rosters, and interviews with volunteer and contractor staff, the Auditor has determined the facility is in compliance with this standard.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

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

#### 115.33 (d)

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

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

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed

- Program Statement 5324.12
- FBOP Inmate Admission & Orientation Handbook (multiple languages)
- FBOP Inmate Acknowledgement of Receipt of PREA Orientation (w/Inmate signatures)
- FBOP Admission & Orientation Pamphlet – PREA (multiple languages)

### Interviews

- PCM
- Intake Staff
- Random Sample of Inmates
- Inmates with a disability (cognitive, LEP, hearing and vision impaired)



Program Statement 5324.12 states during the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

Program Statement 5324.12 also says the Bureau's Admission and Orientation (commonly referred to as the A&O) Pamphlet on Sexually Abusive Behavior Prevention and Intervention is provided to each inmate at intake screening. It describes the key elements of the program and informs inmates of the Bureau's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of sexual abuse. It also provides inmates notice that male and female staff routinely work and visit inmate housing areas.

This same Program Statement says within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and incidents. During the A&O Program, a staff member designated by the Warden, present the Sexually Abusive Behavior Prevention and Intervention Program. This presentation must include:

- Definitions of sexually abusive behavior and sexual harassment;
- Prevention strategies the inmate can take to minimize his/her risk of sexual victimization while in BOP custody;
- Methods of reporting an incident of sexually abusive behavior against oneself, and for reporting allegations of sexually abusive behavior involving other inmates, including reporting procedures directly to Regional Staff, if desired.
- Methods of reporting an incident of sexual harassment against oneself, and for reporting allegations of sexual harassment involving other inmates.
- Treatment options and programs available to inmate victims of sexually abusive behavior and sexual harassment.
- Monitoring, discipline, and prosecution of sexual perpetrators.
- Notice that male and female staff routinely work and visit inmate housing areas.

Program Statement 5324.12 states where inmates do not participate in a formal A&O Program (such as inmates in the Special Housing Unit), the Warden designates a staff member to ensure these inmates receive information on the Bureau's Sexually Abusive Behavior Prevention and Intervention Program within 30 days of intake. This is documented in the same manner as for inmates who participated during the regularly scheduled A&O session.

Program Statement 5324.12 says current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility.

This same Program Statement states the agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The agency shall maintain documentation of inmate participation in these education sessions. The A&O forms are filed in the Inmate Central File or pretrial, or holdover files.

Program Statement 5324.12 says in addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. In each housing unit, the following will be posted:

- A notice to inmates stating, “Male and female staff routinely work and visit inmate housing areas”
- A poster reflecting the FBOP’s zero-tolerance for sexual abuse and harassment and contact information for inmate reporting of sexual abuse allegations.

The Auditor reviewed documentation including the inmate PREA education curriculum and FBOP Inmate Acknowledgement of Receipt of PREA Orientation. A review of the inmate education curriculum indicated inmates are educated on PREA definitions, zero-tolerance, reporting methods, prevention techniques, counseling opportunities available for victims of sexual abuse, and information on the investigative process.

The Auditor reviewed 27 Inmate Acknowledgement of Receipt of PREA Orientation forms confirmed documentation of inmate attendance and acknowledgment of understanding of all material presented. Each form contained the initials of the staff member delivering the specific A&O modules and had the inmate signature at the bottom of the form.

The Auditor conducted interviews with the PCM and an Intake Staff Member during the on-site visit and discussed the inmate PREA orientation and documentation process. Both the PCM and Intake Staff member were able to provide detailed information on the process of educating inmates including upon arrival into the facility, and during the A&O process. Additionally, both confirmed the multiple additional information provided to inmates through PREA informational pamphlets, FBOP Inmate Admission & Orientation Handbook, and the signage posted throughout the facility.

During the on-site visit, the Auditor interviewed an inmate with a cognitive disability, a deaf inmate, an inmate with limited vision, and an inmate who was LEP. Each inmate acknowledged receiving PREA information upon immediate arrival at the facility. Each inmate also confirmed attending the comprehensive A&O process and that the PREA information was presented to them in a manner they could understand for each of their individual disabilities, and language comprehension.

During the Auditor’s tour of the facility PREA Bulletins were seen displayed in English and Spanish throughout the facility. They were posted near areas near the inmate telephones inside the housing units and in other conspicuous areas where inmates would be, including recreation areas, educational areas, the Hobby Craft buildings and throughout the compounds.

The bulletins contained telephone numbers and addresses for the victim advocate services and the OIG hotline and are displayed in multiple languages.

During the on-site visit, the Auditor interviewed 33 randomly selected inmates. The interviews were conducted in a private setting with the inmate’s approval. The Auditor used the PREA Compliance Audit Instrument – Interview Guide for Inmates for each of the interviews.

The Auditor requested a roster of all inmates by housing location and randomly selected inmates from the roster, ensuring that inmates from each housing area were included, and that a diverse group was selected to be interviewed.

Of the 33 inmates interviewed, 31 stated that they had attended the A&O process and received educational information regarding PREA. One inmate stated he may have received it but did not remember. He was, however, aware of FBOP's zero-tolerance policies. The other inmate stated he had not attended A&O but received the Inmate Handbook and was aware of PREA.

All 33 inmates were aware of the zero-tolerance policies and were able to articulate at least two reporting methods. Thirty of the 33 acknowledged that they had access the TRULINCS, a computer messaging system that allows inmates to contact staff, along with other functions.

Twenty-nine of the 33 inmates interviewed were familiar with third-party reporting measures, with nearly all of them saying that contacting family members would be their most likely method. Of the 29 that were aware of third-party reporting, 27 acknowledged that services and reporting mechanisms are posted in the housing areas.

Of the 33, 30 were aware that an anonymous PREA report could be submitted.

During the facility tour, the Auditor asked for a demonstration of the TRULINCS system. An inmate was selected randomly from the housing area and acknowledged he had access to TRULINCS and was familiar with its use. The inmate proceeded to demonstrate for the Auditor how the system works, which confirmed that a report can indeed be made through the system, and in a private manner.

Based on the answers provided during the interview of 33 randomly selected inmates, it was clear to the Auditor that the TRULINCS system is a reliable, and most preferable means to communicate.

Based on a thorough review of policy and documentation, coupled with interviews with inmates, who all articulated knowledge of PREA and resources available, and observations during the on-site tour, the Auditor has determined that the facility exceeds this standard.

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

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

#### **115.34 (a)**

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

#### **115.34 (b)**

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

### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed

- Program Statement 5324.12
- FBI Domestic Investigations and Operations Guide

- MOU between FBOP and the FBI (August 1996-ongoing)
- National Institute of Corrections Specialized Training: Investigating Sexual Abuse in Confinement Settings
- DOJ/OIG PREA Training curriculum
- FBOP SIS/SIA Training curriculum
- FBI Domestic Investigations and Operations Guide
- Training files

## Interviews

- Investigative Staff

Program Statement 5324.12 states in addition to the general training provided to all employees pursuant to §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 in confinement settings. The Chief of Correctional Services ensures his/her Special Investigative Supervisor/Special Investigative Agents are appropriately trained under this section. The Chief of the Office of Internal Affairs ensures his/her staff are appropriately trained under this section.

Program Statement 5324.12 says specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

This same Program Statement says the agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

The Auditor reviewed the existing MOU between the FBOP and the FBI. The MOU establishes interagency operational procedures and guidelines for the FBI and the FBOP with regard to violations of deferral criminal statutes occurring in FBOP facilities, on FBOP property, or which involve FBOP staff. Additionally, the MOU defines the respective roles and responsibilities of the FBOP and the FBI, to include policy, training, and practice compliance with regulations and standards. The MOU also establishes and in accordance with Title 28 CFR §115.21(g) (2), the FBI shall follow a uniform evidence protocol consistent with §115.21(a)-(f).

The Auditor interviewed the SIA who articulated the responsibilities of the investigator. The SIA was articulate in describing investigative process and spoke clearly about the use of a uniform evidence protocol in the collection of physical evidence.

During the interview the SIA provided a thorough overview of the investigative process as it relates to sexual abuse and sexual harassment and that the SIA is assigned, and very familiar with the facility.

The SIA stated that all criminal sexual abuse investigations are referred to either the Office of

Internal Affairs (OIA), Office of the Inspector General (OIG) or when appropriate, the FBI. The SIA said that each branch, OIA, OIG, and FBI have assigned qualified staff who have the legal authority to conduct criminal investigations.

The Auditor also reviewed the DOJ/OIG PREA Training curriculum, FBOP SIS/SIA Investigative Training curriculum, and the FBI Domestic Investigations and Operations Guide. A review of those materials confirmed compliance with all investigatory requirements under the PREA standards.

During the interview the SIA confirmed attendance and successful completion of the required specialized training curriculum from the National Institute of Corrections, Specialized Training: Investigating Sexual Abuse in Confinement Settings.

The SIA was able to clearly articulate the comprehensive training he received, including investigating sexual abuse and harassment in confinement settings, understanding the impact of victim trauma, techniques for interviewing sexual abuse victims, preservation of crime scene and evidence collection, proper use of the rights under Miranda and Garrity and the importance of each. He also articulated the criteria required for administrative action and prosecution referrals.

The Auditor reviewed training records, which included the specialized training curriculum from the National Institute of Corrections, Specialized Training: Investigating Sexual Abuse in Confinement Settings and training certificates of completion verifying investigative staff that conduct sexual abuse investigations attended and completed the required specialized training.

Following a thorough review of policy, training curriculum, the MOU with the FBI, and interview with the SIA, the Auditor has determined that the facility is in compliance with this standard.

## Standard 115.35: Specialized training: Medical and mental health care

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

#### 115.35 (a)

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

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

### 115.35 (b)

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

### 115.35 (c)

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

### 115.35 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## Documents Reviewed

- Program Statement 5324.12
- FBOP Medical & Mental Health Specialized Training Curriculum – PREA and Psychology Services
- FBOP Training Certificates (Medical and Mental Health Staff)

## Interviews

- Medical and Mental Health Staff

Program Statement 5324.12 states the agency shall ensure that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been training in:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;
3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
4. How and to who to report allegations or suspicions of sexual abuse and sexual harassment.

Program Statement 5324.12 says the Health Services Division ensures medical staff are appropriately trained under this section. The Reentry Services Division ensures mental health staff are appropriately trained under this section.

This same Program Statement states if medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard from either the agency or elsewhere. Medical and mental health care practitioners shall also receive the training mandated for employees under §115.31 or for contractors and volunteers under §115.32, depending upon the practitioner's status at the agency.

The Auditor reviewed training records of 29 medical and mental health staff currently assigned to the facility. The records included a roster of attendance, signature of the staff member acknowledging attendance and understanding of the training. The Auditor reviewed the training curriculum, which included all of the necessary elements to be compliant with the standard.

The Auditor interviewed one Medical and one Mental Health staff member. Both confirmed having received the specialized PREA training. Each confidently spoke about how to effectively and professionally respond to victims of sexual abuse and sexual harassment.

Each staff member discussed the agency's zero-tolerance to sexual abuse and sexual harassment. Both staff members also discussed the importance of preserving physical evidence collected. Both were able to articulate multiple ways in which inmates and staff can make reports of sexual abuse and sexual harassment.

After a thorough review of policies, training curriculum, training records, and interviews with Medical and Mental Health staff, the Auditor has determined that the facility is in compliance with this standard.



# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

## Standard 115.41: Screening for risk of victimization and abusiveness

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

### 115.41 (a)

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

### 115.41 (b)

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

### 115.41 (c)

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

### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No

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

#### Documents Reviewed

- Program Statement 5324.12
- FBOP PREA Intake Objective Screening Instrument
- Inmate assessment and reassessment records

#### Interviews

- PREA Coordinator
- Staff Responsible for Risk Screening
- Random sample of Inmates

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

Program Statement 5324.12 says all inmates entering an institution are screened as directed by Health Services, Psychology Services, and Unit Management policies. The following steps should be taken:

- Inmates with a history of sexual victimization while in BOP custody – when, during the intake screening process, staff identify inmates with a history of sexual victimization within BOP custody (e.g. from self-report or from review of available documents), they must refer the inmate to Psychology Services. If not previously documented on BOP records, staff must notify the Chief of Correctional Services of the inmate’s report of victimization to ensure appropriate steps have been taken.
- Inmates with a history of sexual victimization while in a non-BOP setting – if victimization occurred in a non-BOP setting, staff should document information, and appropriate psychological treatment and monitoring will be provided if needed.
- Inmates with a history of sexual predation – when, during the intake screening process, staff identify inmates with a history of sexual predation (self-report or from review of available documents), staff must refer the inmate to Psychology Services. If incidents of sexual predation have not previously been documented on BOP records, staff must notify the Chief of Correctional Services of the inmate’s history of predation to ensure appropriate steps have been taken.

Program Statement 5324.12 states intake screening shall ordinarily take place within 72 hours of arrival at the facility. Such assessments shall be conducted using an objective screening instrument. The PREA Intake Objective Screening Instrument should be completed using only information available to staff at the time of intake, and with the purpose of referring the inmate for further assessment if needed.

This same Program Statement states if further assessment is needed after documenting and applying the criteria, an inmate is considered “at-risk” until a final determination is made by Psychology Services or Correctional Services. Referrals to Psychology Services or Correctional Services are documented at the local level.

Program Statement 5324.12 goes on to state inmates are encouraged to disclose as much information as possible for the agency to provide the most protection possible under this policy. If an inmate chooses not to respond to questions relating to his/her level of risk, he/she may not be disciplined.

FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, & Intervention Program* states the intake screening shall 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;
2. The age of the inmate;
3. The physical build of the inmate;
4. Whether the inmate has previously been incarcerated;
5. Whether the inmate’s criminal history is exclusively nonviolent;
6. Whether the inmate has prior convictions for sex offenses against an adult or child;
7. Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
8. Whether the inmate has previously experienced sexual victimization;
9. The inmate’s own perception of vulnerability; and
10. Whether the inmate is detained solely for civil immigration purposes.

The Same Program Statement says the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. In the case of inmates “at risk” for perpetration, Correctional Services should be notified by Psychology Services.

Program Statement 5324.12 states within a set time, not to exceed 30 days from the inmate’s arrival at the facility, the facility will reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

Program Statement 5324.12 says an inmate’s risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness.

This same Program Statement states the agency shall implement 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. Any information related to sexual victimization or abusiveness, is limited to a need-to-know basis for staff, only for the purpose of treatment and security and management decisions (housing and cell assignments, work, education and programming assignments).

During the on-site phase of the audit, the Auditor reviewed twenty-seven PREA Intake Objective Screening Instrument screening forms completed during this audit period. All forms were filled out completely and in accordance with the agency policy and the requirements of the PREA standard.

The Auditor conducted an interview with a staff member responsible for conducting screenings for risk of victimization and abusiveness. The staff member provided a thorough overview of the inmate risk screening process to include how all inmates are screened the same day of arrival. He said that all risk screening interviews are conducted in private, and any information obtained in the interview is strictly used to determine an inmate’s risk of sexual victimization or abusiveness and confirmed such sensitive information are limited to staff for the purpose of security, management, and treatment decisions (housing, programming, work assignments, etc.).

The staff member was asked what they would do if an inmate were uncooperative and refused to answer questions, and what, if any actions would be taken against the inmate. The staff member responded that inmates are not required to answer questions and would not be disciplined if they failed to answer.

The Auditor reviewed 22 inmate records, including those that had been involved in an inmate sexual abuse investigation, inmates who reported sexual victimization during intake, length at facility, and inmates that disclosed sexual orientation as gay, bisexual, or transgender. Each file reviewed by the Auditor contained the initial risk screening form as well as the 30-day reassessment form; all were filled out completely and in accordance with the facility's policy.

The Auditor interviewed four inmates who disclosed prior sexual victimization (three of the inmates disclosed their victimization at risk screening, while another did not, but later disclosed to a mental health clinician at the facility). All four inmates confirmed to the Auditor that they were offered the opportunity to meet with a medical or mental health care practitioner during the risk screening process. All four inmates also confirmed meeting with the mental health care practitioner within a day or two after the initial screening process.

The Auditor also conducted 33 interviews with a random sample of inmates. All of the inmates interviewed recalled the initial screening process, including those who had been at the facility for a period of time greater than 12 months.

Seven of the 33 interviewed had been at the facility for less than 12 months. All seven recalled the initial risk screening assessment interview as well as the second risk assessment interview occurring with a Psychology Services staff member and within a month from the initial assessment.

The National PREA Coordinator was interviewed on how the facility protects sensitive information, particularly an inmate's risk assessment. The National PREA Coordinator explained the policy mandates such sensitive information is limited to staff who have a need to know and will vary depending on what is recommended within the risk assessment. The National PREA Coordinator provided the Auditor with the following example: If there is an elevated risk level with recommendations on cell assignment and work assignment, then the Correctional Counselor will be notified since that individual is responsible for those assignments. Executive staff and supervisors are made aware in all instances due to security concerns.

After a thorough review of policies, the intake screening form, inmate records, along with interviews with inmates and information received from the National PREA Coordinator, the Auditor has determined that the facility is in compliance with this standard.

## 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.*

### Documents Reviewed

- Program Statement 5324.12
- FBOP PREA Intake Objective Screening Instrument

### Interviews

- PREA Coordinator
- PCM
- Staff Responsible for Risk Screening
- Transgender Inmates

Program Statement 5324.12 states the agency shall use information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.



Program Statement 5324.12 says the agency shall make individualized determinations about how to ensure the safety of each inmate.

This same Program Statement states in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

Program Statement 5324.12 states placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.

The same Program Statement says a transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

During the on-site phase of the audit, the Auditor reviewed 27 completed PREA Intake Objective Screening Instrument forms. All forms were completed thoroughly and in accordance with the agency policy and requirements of the PREA standard. The records were well organized and systematic, which made the review process for the Auditor very efficient.

The Auditor conducted an interview with a staff member responsible for conducting screenings for risk of victimization and abusiveness. The staff member provided the Auditor with a detailed overview of the inmate risk screening process, including how all inmates are screened on the day of arrival. The staff member confirmed that all risk screening interviews are conducted in private, and any information obtained in the interview is strictly used to determine an inmate's risk of sexual victimization or abusiveness and she confirmed such sensitive information is limited to staff for the purpose of security, management, and treatment decisions (housing, programming, work assignments, etc.).

The Auditor asked what staff does when an inmate refuses to answer questions, and he said that inmates are not required to provide answers to any questions asked, and that no disciplinary or punitive action would take place.

The Auditor reviewed 22 inmate records, including those that had been involved in an inmate sexual abuse investigation, inmates who reported sexual victimization during intake, length at facility, and inmates that disclosed sexual orientation as gay, bisexual, or transgender. Each file reviewed by the Auditor contained the initial risk screening form as well as the 30-day reassessment form; all were filled out completely and in accordance with the facility's policy.

The Auditor interviewed the PCM on how the facility uses information obtained from the risk screening assessment to keep inmates from being sexually victimized or being sexually abusive. The Institution PCM described the risk screening process and explained how depending upon the responses given by the inmate; the information obtained in the screening process is used to ensure inmates are properly referred for treatment and to ensure appropriate housing.

The Auditor also asked how the facility determines housing and program assignments for transgender or intersex inmates. The Institution PCM explained that housing for a transgender or intersex inmate is determined on a case-by-case basis. The inmate's safety as well as the safety and the security of facility will be taken into consideration when making the housing determination.

The Auditor interviewed six inmates who identify as either gay, bisexual, or transgender. Each inmate was questioned whether they were placed in a housing area only for gay, bisexual, or transgender inmates. All six acknowledged being housed in a general population housing area for all inmates of the same level of classification.

The inmates who identified as transgender (3) were questioned if each transgender is allowed to shower alone, without other inmates and all three transgender inmates acknowledged yes.

The National PREA Coordinator was interviewed and said the agency ensures against placing lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities or wings. The National PREA Coordinator said that the Bureau of Prisons does not have any facilities, units, or wings, dedicated to lesbian, gay, transgender, or intersex inmates.

After a thorough review of policy, intake screening instruments, inmate records, along with the interviews of inmates and the National PREA Coordinator, the Auditor has determined that the facility exceeds this standard.

## 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.*

## **Documents Reviewed**

- Program Statement 5324.12
- Memorandum from the Warden

## **Interviews**

- Warden
- Staff who Supervise Inmates in Segregated Housing

Program Statement 5324.12 states inmates at high risk for sexual victimization shall not be placed 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. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

Program Statement 5324.12 says inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

1. The opportunities that have been limited;
2. The duration of the limitation; and
3. The reasons for such limitations

Program Statement 5324.12 states the facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If an involuntary segregated housing assignment is made, the facility shall clearly document:

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

Program Statement 5324.12 states every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

The Auditor conducted an interview with the Warden regarding inmates at high risk of victimization. The Warden explained inmates at high risk for sexual victimization should not be placed 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. He added that if the assessment cannot be completed immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours, or review for placement in one of our neighboring facilities while completing the assessment. Any limits on programming due to the involuntary segregated housing must be documented.

The Auditor interviewed staff member who supervise inmates in segregated housing. The Auditor asked if an inmate is placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, what restrictions are placed on the inmate. The staff member said that inmates placed in the Special Housing Unit (SHU) do not have restrictions and retain the same privileges as inmates in general population housing, including participating in programs and education opportunities. The staff member explained if an inmate has restrictions, it would be limited, and the Chief of Correctional Services ensures that proper documentation exists reflecting the limitations, duration, and rationale for the limitations.

During the 12 months prior to the audit, the facility reported in the PAQ and in a memorandum from the Warden, there were no inmates at risk of sexual victimization being assigned to involuntary segregated housing. Based on that information, there were no inmates to interview in segregated housing related to this standard.

The Auditor interviewed the Warden and the PCM and each confirmed the information previously provided by the facility in the PAQ and the memorandum.

After a review of policy, the memorandum from the Warden, coupled with the interviews documented above, the Auditor has determined that the facility is in compliance with this standard.

## REPORTING

### Standard 115.51: Inmate reporting

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

##### 115.51 (a)

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

##### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No

- Does that private entity or office allow the inmate to remain anonymous upon request?  
 Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  
 Yes  No  NA

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed

- Program Statement 5324.12
- FBOP Program Statement 3420.11, Standards of Employee Conduct
- FBOP contract with North County Rape Crisis Center
- FBOP Inmate Handbook (English/Spanish)
- FBOP Admission & Orientation Pamphlet – PREA (multiple languages)
- FBOP PREA Zero-tolerance Poster (English/Spanish)

#### Interviews

- PCM

- Random Sample of Staff
- Random Sample of Inmates

Program Statement 5324.12 states during the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

Program Statement 5324.12 says the agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

This same Program Statement 5324.12 states inmates 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 (North County Rape Crisis Center).

Program Statement 5324.12 states the agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. Inmates are provided contact information and access to the Office of the Inspector General to make such reports.

The same Program Statement goes on to say staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Program Statement 5324.12 states the agency shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates. Staff may privately contact any supervisory staff at the local institution, Regional staff, or Central Office staff, including the Regional PREA Coordinators, and the National PREA Coordinator. Allegations involving staff members may also be reported to the Office of Internal Affairs or the Office of the Inspector General.

The Auditor reviewed the contract between FBOP and the North County Rape Crisis Center. The North County Rape Crisis Center is a non-profit agency located in Lompoc, California. The Center is supported in part by the Office of Emergency Services, Santa Barbara County, the cities of Lompoc and Santa Maria, as well as community foundations and private donations to provide Education/Prevention and Intervention Services to the communities in northern Santa Barbara County.

The purpose of the North County Rape Crisis Center is to reduce the incidence of vulnerability to sexual assault, child abuse, and human trafficking by providing education and prevention skills to alleviate the trauma experienced by survivors of such crimes by providing direct services. In accordance with the contract between the FBOP and the North County Rape Crisis Center provides inmates held at FCC Lompoc with advocacy services for victims of sexual abuse or sexual violence. The services provided by the North County Rape Crisis Center include support services related to sexual violence, hospital accompaniment for the inmate victim during the forensic medical exam process and investigatory interviews, and follow-up crisis counseling on request.

Additionally, the Center provides a mailing address to FCC Lompoc inmates for written communication for support or advocacy services.

The Auditor interviewed a victim advocate from North County Rape Crisis Center, and she confirmed the existing contract agreement with the facility. She provided a thorough description of the advocacy services and one-on-one counseling provided to the inmates at FCC Lompoc to include emotional support services, victim advocate upon request, and accompaniment during the forensic medical exam and investigatory interviews.

The Auditor conducted 33 interviews with a random sample of inmates. The Auditor asked Inmates how they would report an incident of sexual abuse or sexual harassment if it happened to them or another inmate. Twenty-six of the 33 said they would use the TRULINCS system or notify a staff member. Thirty of the 33 said they would call a family member as their source outside the facility. Thirty-two of the 33 were aware of third-party reporting, while one – even when asked for examples, said he would simply mind his own business.

Twenty-nine of the 33 inmates interviewed were aware of the availability of submitting an anonymous PREA report.

The he Auditor-conducted interviews with 12 random sample of staff members and asked each how an inmate can privately report sexual abuse and sexual harassment or retaliation by other inmates or staff for previously reporting sexual abuse and sexual harassment. Every staff member interviewed was able to articulate the various methods an inmate may privately report an allegation of sexual abuse or sexual harassment (supervisory staff at the local institution, the Regional PREA Coordinators, or by notifying the Office of the Inspector General).

Staff members also explained that reports concerning sexual abuse or sexual harassment, whether reported verbally or in writing, are considered confidential and must be documented immediately.

The Auditor asked each staff member how they would report an allegation of sexual abuse or sexual harassment of inmates privately. Staff responses included either calling the Office of the Inspector General or telling their immediate supervisor. Staff members were confident in reporting either to the OIG or privately to his/her supervisor and no one reported fear of retaliation.



The Auditor conducted interviewed the PCM to confirm reporting methods for sexual abuse or sexual harassment allegations that are available for inmates and staff. The PCM verified the multiple methods of reporting available for inmates and staff, these reports can be made either verbally, in writing, by a third party and may be done so in private or anonymously and all reports, no matter the method used to report, are confidential and handled promptly and professionally. The PCM also said that inmates could report anonymously through TRULINCS or by mailing the North County Rape Crisis Center.

During the Auditor's on-site tour PREA informational bulletins were observed posted in every housing area as well as various locations throughout the facility and compound. These PREA bulletins (Zero-tolerance Policy bulletins) are posted in multiple languages, located throughout each unit, as well as several posted in common areas (food service, educational and vocational buildings) throughout the compound.

After a thorough review of policy, and interviews with inmates, staff and the PCM, the Auditor has determined that the facility is in compliance with this standard.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

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

#### 115.52 (c)

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

### 115.52 (d)

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

### 115.52 (e)

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

### 115.52 (f)

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

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed

- Program Statement 5324.12
- FBOP Program Statement 1330.18, Administrative Remedy Program
- FBOP Inmate Admission & Orientation Handbook

### Interviews

- Inmates who Reported a Sexual Abuse

Program Statement 1330.18 states the agency shall establish procedures for the filing of an emergency grievance where an inmate is subject to a substantial risk of imminent sexual abuse.

Program Statement 1330.18 says after receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision shall document the agency's determination whether the inmate is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

This same Program Statement says the agency shall 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 and such grievance are not referred to a staff member who is the subject of the complaint.

FBOP Program Statement 1330.18 states third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and shall also be permitted to file such requests on behalf of inmates.

FBOP Program Statement 1330.18 says 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.

The same Program Statement states the agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

The Auditor reviewed the FBOP Inmate Handbook and confirmed the handbook contains information about the grievance process to include explanation of the two types of grievance, informal and formal. If an inmate cannot resolve an issue informally, they are encouraged to file a Request for Administrative Remedy Form. The Inmate may obtain a form from their Correctional Counselor, and once completed, return it to the Correctional Counselor. The form is then forwarded to the Administrative Remedy Coordinator. The facility has 20 days to respond to the complaint, but may extend, if necessary, with formal notice to the aggrieved inmate.

If the inmate does not concur with the resolution, he may appeal to the Regional Director. The inmate has 20 days to file the appeal from the date a resolution was determined by the facility. If the inmate is not satisfied with the response from the Regional Director, he may then file an appeal with the General Counsel in the Central Office. The General Counsel's Office has 40 days to respond to the appeal.

During the 12 months prior to the audit, FCC Lompoc reported six allegations of sexual abuse.

During the on-site visit, the Auditor interviewed one inmate who had alleged that he was a victim of sexual abuse. His allegation was not made through the formal grievance process, but verbally shared with staff. The inmate confirmed he had been formally notified of the results of the investigation.

During the review of administrative investigative files, the Auditor confirmed that the notification had been made in writing and that the notification contained the inmate's signature.

Following a review of policies, the Inmate Handbook, and interview with an inmate, the Auditor has determined that the facility is in compliance with this standard.

## 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.*

### **Documents Reviewed**

- Program Statement 5324.12
- FBOP contract with North County Rape Crisis Center
- FBOP PREA Zero-Tolerance Bulletins (English / Spanish)
- FBOP Admission & Orientation Pamphlet – PREA (English / Spanish)
- FBOP Inmate Admission & Orientation Handbook (English / Spanish)

### **Interviews**

- Random Sample of Inmates
- Inmates who Reported a Sexual Abuse

Program Statement 5324.12 states the facility shall 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 were available, of local, State, or national victim advocacy or rape crisis organizations, and for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

Program Statement 5324.12 says the facility shall 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.

This same Program Statement states the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or qualified agency staff member.

Program Statement 5324.12 states the PCM with the assistance of Psychology Services, attempts to enter into agreement with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence. If an agreement is not reached, efforts must be documented. Properly trained Psychology or Chaplaincy Services staff members may provide victim services locally, if a rape crisis center is not available.

Program Statement 5324.12 says as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

The Auditor reviewed the FBOP Inmate Admissions & Orientation Handbook. The Handbook provides information regarding victim advocacy services for inmates and all information provided will be kept confidential, except information that requires mandatory reporting. During the on-site phase of the audit, the Auditor reviewed the contract between the FBOP and North County Rape Crisis Center.

The North County Rape Crisis Center provides inmates incarcerated at FCC Lompoc with advocacy services for victims of sexual abuse or sexual violence. The services provided by the North County Rape Crisis Center include support services related to sexual violence, hospital accompaniment for the inmate victim during the forensic medical exam process and investigatory interviews, and follow-up crisis counseling on request. Additionally, the Center provides a mailing address to FCC Lompoc inmates for written communication for support or advocacy services.

The Auditor conducted 33 interviews with a random sample of inmates. Inmates were asked if they were needed, are services available outside of the facility for dealing with sexual abuse. Thirty-one of the 33 inmates interviewed stated there are services available as they were explained to them during the A&O process and referred to the informational bulletins posted in the unit and throughout the facility, which provides specific details.

Of the 33 inmates interviewed, 27 acknowledged being provided mailing address and telephone numbers to victim advocacy services.

During the Auditor's on-site tour, informal conversations were held between the Auditor and 12 inmates in housing areas. All but one of the inmates had knowledge of services available to them, if necessary.

During the tout, the Auditor noted PREA Zero-Tolerance Bulletins displayed in all of the above areas and in buildings throughout the facility.

The Auditor conducted one targeted interview with an inmate who reported an incident of sexual abuse. The Auditor the inmate, after reporting, did the facility allow them to contact anyone. The inmate informed the Auditor that after reporting the incident, he met with a Psychology Services staff member. The inmate also confirmed being provided with information on advocacy services provided by North County Rape Crisis Center. The inmate stated he declined the advocacy services and had no further meetings with Mental Health at his choosing.

Based on a review of policy, the Inmate Admission and Orientation Handbook, coupled with the inmate interviews with inmates, which demonstrated the ease at which services are available, the Auditor has determined that the facility exceeds this standard.

## 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.*

### Documents Reviewed

- Program Statement 5324.12
- FBOP Inmate Admission & Orientation Handbook (multiple languages)
- FBOP Website [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)
- FBOP PREA Zero-Tolerance Bulletin (English / Spanish)

### Interviews

- Random Sample of Inmates

Program Statement 5324.12 states the agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.



During the tour of the facility the Auditor observed PREA informational bulletins posted. These PREA Zero-Tolerance bulletins are posted in multiple languages, located near the phones inside every unit as well as compound areas where phones are located outside the housing area. The bulletins were also posted in common areas (educational and vocational buildings) throughout the compound. The bulletins display multiple reporting instructions to include telling any staff member, file an administrative remedy, TRULINCS, or write to the Office of the Inspector General.

The Auditor conducted 33 interviews with a random sample of inmates. Thirty-two of the inmates interviewed recalled receiving both the initial PREA orientation upon arrival at the facility and the comprehensive orientation during the A&O. The one inmate who had not, had arrived at the facility less than 48 hours prior to the interview.

All 33 inmates acknowledged the zero-tolerance policy on sexual abuse sexual harassment and the various ways to report such incidents. When asked about third-party reporting, all 33 inmates interviewed acknowledged how to submit a third-party report. Additionally, 28 of the 33 specifically acknowledged the PREA bulletins posted throughout the facility as they contain directions on how to submit a third-party report.

The Auditor visited the agency's website and confirmed the availability for the public to submit a report of sexual abuse or sexual harassment on behalf of an inmate. Reports may also be submitted anonymously.

Following a review of policy, The Inmate A&O Handbook, the agency website, facility bulletin postings, and interviews of inmates, the Auditor has determined that the facility is in compliance with this standard.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

### 115.61 (b)

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

### 115.61 (c)

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

### 115.61 (d)

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

### 115.61 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed

- Program Statement 5324.12

### Interviews

- Random Sample of Staff
- Medical and Mental Health Staff
- Warden

Program Statement 5324.12 states the agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Program Statement 5324.12 says all 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 Standards of Employee Conduct.

This same Program Statement states apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Program Statement 5324.12 goes on to say unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to policy and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

Program Statement 5324.12 states if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

This same Program Statement states the facility shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators. Staff must report and respond to allegations of sexually abusive behavior, regardless of the source of the report. The PCM refers the incident for investigation to the appropriate office and reviews the incident for any further response. As the severity of sexually abusive behavior increases, so should the level of response.

The Auditor conducted interviews with 12 random samples of staff members. Each staff member interviewed articulated the agency's zero-tolerance policy on sexual abuse and sexual harassment, their role and responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, how to communicate effectively and professionally with inmates, and an inmate's right to be free from sexual abuse and sexual harassment.

Staff members also acknowledged that reports concerning sexual abuse or sexual harassment, whether reported verbally or in writing, are considered confidential and must be documented immediately.

The Auditor conducted interviews with one Medical and one Mental Health staff members regarding responsibilities to disclose to inmates the confidentiality limitations and reporting

incidents of sexual abuse or sexual harassment. Both the Medical and Mental Health Staff member articulated in detail step-by-step process when reporting incidents of sexual abuse or sexual harassment as well as expressed the requirement to report such incidents immediately.

Additionally, both Medical and Mental Health Staff members acknowledged disclosing the confidentiality limitation prior to the initiation of services with any inmate. The Auditor asked if any inmates had reported an incident of sexual abuse or harassment during the past 12 months to them and the Mental Health Staff member indicated they had received one report from an inmate and immediately reported the incident to the Operations Lieutenant.

The Auditor conducted an interview with the Warden and inquired how FCC Lompoc responds when an allegation of sexual abuse or sexual harassment is made by someone under the age of 18 or someone who is considered vulnerable adult under state law. The Warden explained that FCC Lompoc does not house inmates under the age of 18 nor inmates who are considered vulnerable adults.

The Auditor asked if allegations of sexual abuse and sexual harassment, to include third party and anonymous sources, reported to designated facility investigators. The Warden said all allegations of sexual abuse and sexual harassment, no matter the origin of reporting, are investigated in accordance with agency policy.

After a review of policy, and interviews with staff and the Warden, the Auditor has determined that the facility is in compliance with this standard.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

## **Documents Reviewed**

- Program Statement 5324.12
- Memorandum from the Warden

## **Interviews**

- Agency Head
- Warden
- Random Sample of Staff

Program Statement 5324.12 states that when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. In cases where the alleged perpetrator is another inmate, the Operations Lieutenant is notified immediately and immediately safeguards the inmate (which will vary depending on the severity of the alleged sexually abusive behavior and could include monitoring the situation, changing housing assignments, changing work assignment, placing alleged victim and perpetrator in Special Housing, etc.). The Operations Lieutenant promptly refers all inmates reported or suspected of being the victim of sexually abusive behavior to Psychology Services for assessment of vulnerability and treatment needs. The Operations Lieutenant also notifies the Institution PREA Compliance Manager.

Program Statement 5324.12 says that if the alleged perpetrator is a staff member, all options for safeguarding the inmate should be considered as described in the above paragraph. The decisions made to safeguard the inmate should take impact on staff members into account, in accordance with the Master Agreement. Removal from the facility is an extreme measure, and other options include reassignment to another unit or post, or other measures that will effectively separate the staff member from the inmate.

The Auditor conducted interviews with 12 random samples of staff and asked about their actions if they received information that an inmate was at imminent risk of sexual abuse. All staff members stated the agency's response protocol to receiving such information and all staff members interviewed confirmed the priority is to ensure the safety of the inmate. Staff members indicated that once the inmate who was at risk is secured, they would immediately notify the Operations Lieutenant and PCM.

The Auditor conducted an interview with the Warden and asked what action would be taken upon learning an inmate is subject to a substantial risk of imminent sexual abuse. The Warden said that if staff determine an inmate is subject to a substantial risk of imminent sexual abuse, the inmate will be safeguarded, and notifications will be made, to include the PCM, Operations Lieutenant, SIS, Medical, and Mental Health for appropriate follow-up, investigation, and care.

During the 12 months prior to the audit the facility had not recorded any inmate subject to a substantial risk of imminent sexual abuse. This was confirmed in a memorandum from the Warden, and in his interview.

The Agency Head was interviewed regarding what action is taken upon learning an inmate is subject to a substantial risk of imminent sexual abuse. The Agency Head stated if an inmate is at risk of imminent sexual abuse the first thing staff will be responsible for is safeguard the inmate by separating him from the potential danger. They said actions vary depending on the severity of the threat. If the possible threat is by another inmate, the facility may change the inmate's housing assignment, work assignment, or possibly place the inmate in the Special Housing Unit. If the possible threat is from a staff member, other options exist in addition to these, to include a change in the staff member's work assignment or removal from the facility while the investigation is conducted.

After review of the policy and interviews with staff members, the Warden and Agency Head, the Auditor has determined that the facility is in compliance with this standard.

## 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.*

## **Documents Reviewed**

- Program Statement 1524.12
- Memorandums from the Warden (2)

## **Interviews**

- Agency Head
- Warden

Program Statement 1524.12 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.

Program Statement 1524.12 says 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.

This same Program Statement states 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.

Program Statement 5324.12 states such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

In the twelve months prior to the audit, FCC Lompoc had not received any allegation from an FCC Lompoc inmate alleging he was a victim of sexual abuse while confined at another facility. FCC Lompoc reported no allegations of sexual abuse incidents were received from other facilities. This was confirmed in two memorandums from the Warden, and in the Warden's interview with the Auditor.

In the Warden's interview with the Auditor, he was asked what the process is when the facility received an allegation from another facility or Bureau that an incident of sexual abuse or sexual harassment occurred at the facility. The Warden said that the allegation would be investigated in accordance with policy.

The Agency Head was interviewed and was asked if another agency or facility refers allegations of sexual abuse or sexual harassment that occurred within one of your facilities, is there a designated point of contact. The Agency Head explained that typically, other agencies make the referral directly to the institution, specifically to the Warden. On other occasions, the agencies contact the Bureau of Prisons National PREA Coordinator if they are unsure how to contact the institution directly. In these cases, the National PREA Coordinator will forward the referral directly to the Warden of the institution. For notifications involving a facility within the agency, if the notification does not go directly to the Warden of the institution, the staff who receive the notification immediately forward it to the Warden so that the allegation can be appropriately investigated. The Warden determines whether the allegation(s) can be investigated locally or if it should be referred to the Office of Internal Affairs (OIA).

After review of the policy, memorandums from the Warden, and interviews with the Warden and Agency Head, the Auditor has determined that the facility is in compliance with this standard.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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

### Auditor Overall Compliance Determination

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



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

### **Instructions for Overall Compliance Determination Narrative**

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

### **Documents Reviewed**

- Program Statement 5324.12
- FCC Lompoc PREA Training Curriculum
- FCC Lompoc Training Roster and Documentation of Attendance

### **Interviews**

- Security Staff First Responders
- Non-Security Staff First Responders
- Random Sample of Staff
- Inmates who Reported Sexual Abuse

Program Statement 5324.12 states upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser;
- Preserve and protect any crime scene until appropriate steps can be taken to collect evidence;
- If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and
- If the alleged abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser 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 first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Program Statement 5324.12 states the staff first responder must preserve the crime scene. SIS staff are responsible for collecting information/evidence. The investigation, in coordination with the agency to which the case may be referred, must follow the guidance given in agency policies and practices concerning evidence gathering and processing procedures.

The auditor reviewed all of the training curriculum related to this standard and found that it contained all of the necessary elements to fulfill this standard. Additionally, the Auditor inspected staff training documentation, which included proof of attendance, acknowledgement of understanding, and signature of the attending employee.

The Auditor interviewed 12 random custody staff four interviews (Security Staff who act as First Responders) regarding their role as a First Responder to an allegation of sexual abuse. Each staff member was able to provide specific details of their responsibilities as a First Responder. These responsibilities include separating the victim and abuser, safeguarding the inmate victim, preserving, and protecting the crime scene, requesting that the alleged victim not take any actions that could destroy physical evidence, ensuring the alleged abuser does not take any actions, which would destroy physical evidence, and to immediately notify the Operations Lieutenant.

In addition, each Custody Staff Member acknowledged the importance of the agency's response protocol to a sexual abuse allegation as well as his or her role as a First Responder. Every Staff Member was able to articulate the responsibilities of a First Responder and the importance of their responsibility when responding to an incident of sexual abuse or sexual harassment.

The Auditor also interviewed a non-security staff member (teacher) and asked what his responsibilities would be in the event an inmate alleged sexual abuse or sexual harassment. The staff member was able to clearly articulate separating the alleged victim, assuring they were safe, and notifying custody staff immediately.

During the 12 months prior to the audit, FCC Lompoc reported six allegations of sexual abuse.

The Auditor conducted a targeted interview with the inmate who reported an incident of sexual abuse. He was asked after reporting the incident, how did the facility respond and what did staff do when the incident was reported. The inmate said that staff escorted him to Medical for an evaluation and then he said he was interviewed about the alleged incident.

Based on a review of policy, training curriculum, training records, interviews with First Responders, and an inmate who had alleged sexual abuse, the Auditor has determined that the facility is in compliance with this standard.

## **Standard 115.65: Coordinated response**

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

#### **115.65 (a)**

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

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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

### **Documents Reviewed**

- Program Statement 5324.12
- FCC Lompoc Response Protocol

### **Interviews**

- Warden

Program Statement 5324.12 states the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Program Statement 5324.12 says all staff report incidents of sexual abuse to the Operations Lieutenant. The Operations Lieutenant immediately safeguards the inmate. The Operations Lieutenant promptly refers all inmates reported or suspected of being the victim of sexually abusive behavior to the Health Services for physical assessment and documentation of injuries and to Psychology Services for assessment of vulnerability and treatment needs.

This same Program Statement 5324.12 states the Operations Lieutenant ensures that the SIS, Chief of Correctional Services, PCM, and Warden are notified.

The Program Statement goes on to say the PCM will review relevant factors and make a determination whether or not to proceed with full activation of the Response Protocol. Once the PCM determines that the intervention should continue, a sensitive and coordinated response is necessary. Services will be provided in an environment that meets both security and therapeutic needs.

Program Statement 5324.12 states the full Response Protocol, monitored by the PCM, involves the following components:

- Correctional Services safeguard the inmate; engage in evidence collection and preservation at the institution, including inmate clothing and footwear; investigate cases involving inmate perpetrators; arrange for outside medical trips if necessary; and ensure that STG categories for victims and predators are entered into SENTRY.
- Psychologists are responsible for crisis intervention, assessment of treatment needs, documentation of the evaluation results, treatment, psychiatric referral, and other treatment options related to the alleged victim. Psychologists also notify the qualified agency staff member or the outside victim advocate, if necessary, to assist the inmate.
- Properly trained Health Services clinicians are responsible for assessment, examination, documentation, and treatment of inmate injuries arising from incidents of sexual abuse, including testing when appropriate for pregnancy, HIV, and other sexually transmissible infections (STIs). Where indicated, medical staff, trained in the collection of sexual assault evidence should conduct an examination for physical evidence that may be used later in formal investigations, or refer the inmate to trained health care professionals from the local community or the local community facility equipped to evaluate and treat sexual assault victims.

The Auditor reviewed the FCC Lompoc Response Protocol. The plan is detailed, provides systematic instructions, and outlines the roles and responsibilities for all staff, including first responders, Health Services, Psychology Services, investigators, and facility leadership, responding to an incident of sexual abuse.

The Auditor interviewed the Warden and asked about the implementation of the FCC Lompoc Response Protocol. The Warden provided a detailed description of the response plan. He articulated each of the components as stated above, up to and including investigators and facility leadership.

Following a review of all of the policies, the response protocol, interviews, and the Auditors observations, the Auditor has determined that the facility is in compliance with this standard.

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

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

#### **115.66 (a)**

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

#### **115.66 (b)**

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## Documents Reviewed

- Program Statement 5324.12
- FBOP and Council of Prison Locals, American Federation of Government Employees Master Agreement
- American Federation of Government Employees, Council of Prison Locals 33 (Local 3048, Local 4048) FCC Lompoc, CA Local Supplemental Agreement

## Interviews

- Agency Head

Program Statement 5324.12 states neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Federal Bureau of Prisons has entered into or renewed a collective bargaining agreement as indicated by documentation provided titled, Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees Master Agreement.

According to the Master Agreement, specifically Article 30, Section g. titled Disciplinary and Adverse Actions, the employer (agency) may elect to reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter, in accordance with applicable laws, rules, and regulations.

The Collective Bargaining Agreement (CBA) examined by the auditor, between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees, dated July 21, 2021, complies with this standard. The agreement does not limit 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. The auditor was advised that the CBA is currently being renegotiated and will contain the required language in its final form.

The Agency Head was interviewed regarding collective bargaining agreements and confirmed their current enforcement. Additionally, the Agency Head explained in Article 30(g) of the Master Agreement permits the agency to remove an employee from an institution when an allegation adversely affects the agency's confidence in the employee or the security of the institution. The employee may be removed from the institution setting pending an investigation and resolution of the matter, in accordance with applicable laws, rules, and regulations.

Based on a review of policy, labor agreements, and the interview with the Agency Head, the Auditor has determined that the facility is in compliance with this standard.

## 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.*

### **Documents Reviewed**

- Program Statement 5324.12
- Investigative Case Files

### **Interviews**

- Agency Head
- Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Inmates who Reported a Sexual Abuse

Program Statement 5324.12 states the agency shall establish a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff and shall designate which staff members or departments are charged with monitoring retaliation.

FBOP Program Statement 5324.12 says the agency shall 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.

This same Program Statement states for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation.

Program Statement 5324.12 states items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of inmates, such monitoring shall also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. An agency's obligation to monitor shall terminate if the agency determines the allegation is unfounded.



The Auditor interviewed the PCM, who is responsible for monitoring inmates and staff to ensure there is no retaliation for alleging or reporting sexually abusive behavior. For inmates, this monitoring (90 days) includes housing and cell assignments, work assignments, programming changes, and disciplinary action. For staff, the monitoring (90 days) includes reassignment of work, posts, performance evaluations, and shift changes. If a concern that potential retaliation might occur beyond the 90 days, the PCM would continue to monitor conduct and treatment until the issue or threat is resolved.

The Auditor reviewed the five investigative files (as stated earlier, one of the six investigations of alleged sexual abuse had been terminated) and each file contained forms showing the retaliation monitoring interviews that were conducted with inmates who previously alleged sexual abuse or sexual harassment. Each form provided a detailed explanation of the interview, statements from the inmate, and comments from the PCM. The monitoring interviews were conducted at the 30-, 60-, and 90-day review dates, or up until the inmate had left the facility.

The Auditor interviewed the one inmate remaining at the facility who had reported sexual abuse. The inmate was asked after the alleged incident was reported if he felt he had been protected against any form of retaliation. He said that he has not felt unsafe and confirmed meeting multiple times with the PCM, who spoke to him to ensure his ongoing safety.

The inmate said that he had one initial visit with Mental Health staff but did not feel he needed any further services. He also said that he had been offered advocacy services but declined.

The Auditor reviewed the inmate's specific investigative file and confirmed the retaliation document was completed thoroughly.

During the twelve months prior to the audit, FCC Lompoc reported no allegations of retaliation were reported nor were any inmates placed in segregated housing due to risk of sexual victimization.

The Auditor interviewed the Warden and asked what different measures are taken to protect inmates and staff from retaliation for reporting allegations of sexual abuse or sexual harassment. The Warden confirmed appropriate measures would be taken to protect inmate victims if retaliation is suspected, such as a review of housing, work, and program assignments to aid with their protection. For staff victims where retaliation is suspected a thorough review of performance and assignment to aid with their protection would occur. For the suspected perpetrators of retaliation, investigations would take place and disciplinary measures would be pursued when appropriate.

The Agency Head was interviewed and asked how the agency protects inmates or staff from retaliation for sexual abuse or sexual harassment allegations. The Agency Head explained the PCM monitors inmates and staff to ensure there is no retaliation for alleging or reporting sexually abusive behavior. For inmates, this monitoring includes housing and cell assignments, work assignments, programming changes, and disciplinary action. For staff, the monitoring includes reassignment of work, posts, performance evaluations, and shift changes.

The Auditor asked if an individual cooperates with an investigation expresses a fear of retaliation, what measures does the Bureau take to protect that individual against retaliation. The Agency Head stated the individual would be monitored in the same manner as the individual who reported the allegation and would be protected against such retaliation. The protection can take the form of changing housing or work assignments, transfers, changing work supervisors, or other actions that prevent retaliation.

After a review of policy, and interviews with the Warden, inmate, and Agency Head, the Auditor has determined the facility is in compliance with this standard.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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#### Documents Reviewed

- Program Statement 5324.12
- FBOP Form BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation
- Memorandum from the Warden

#### Interviews

- Warden
- Staff who Supervise Inmates in Segregated Housing

Program Statement 5324.12 states any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.43.

Program Statement 5324.12 says inmates at high risk for sexual victimization shall not be placed 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. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

This same Program Statement states inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

1. The opportunities that have been limited;
2. The duration of the limitation; and
3. The reasons for such limitations.

Program Statement 5324.12 states the facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If an involuntary segregated housing assignment is made, the facility shall clearly document:

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

Program Statement 5324.12 states every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

The Auditor interviewed the staff member who supervises inmates in segregated housing. He was asked if an inmate who is placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, what restrictions are placed on the inmate. The staff member said that inmates placed in the SHU do not have restrictions and retain the same privileges as inmates in general population housing, including participating in programs and education opportunities. He said if an inmate has restrictions, it would be limited, and the Chief of Correctional Services ensures that proper documentation exists reflecting the limitations, duration, and rationale for the limitations.

During the 12 months prior to the audit, the facility reported there were no inmates who reported sexual abuse being assigned to involuntary segregating housing. which was confirmed in a memorandum from the Warden

During the Auditor's review of investigative files, there was no evidence that any inmates were placed involuntarily into segregated housing. Based on that, there were no inmates to interview regarding this standard.

Additionally, during the twelve months prior to the audit, the agency reported no allegations of retaliation were reported and there were no inmates placed in segregated housing due to risk of sexual victimization.

The Auditor conducted an interview with the Warden regarding inmates who alleged sexual abuse. The Warden said that inmates at high risk for sexual victimization or who have alleged sexual abuse shall not be placed 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. The Warden explained that inmates placed in involuntary segregated status would be held until an alternative means of separation from abusers can be arranged, which shall not ordinarily exceed a period of 30 days.

After reviewing policy, the memorandum from the Warden, interview with staff responsible for supervising the SHU, and the interview with the Warden, the Auditor has determined that the facility is in compliance with this standard.

## 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.*

### Documents Reviewed

- Program Statement 5324.12
- Program Statement 5508.02, Hostage Situations or Criminal Actions Requiring FBI Presence
- Investigative Case files (5)
- DOJ/OIG PREA Training curriculum
- FBI Domestic Investigations and Operations Guide

### Interviews

- Investigative Staff

Program Statement 5324.12 states when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Program Statement 5324.12 says where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to §115.34.

This same Program Statement states investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Program Statement 5324.12 states when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Program Statement 5324.12 says the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The Program Statement goes on to say administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of physical and testimonial evidence, the reason behind credibility assessments, and investigative facts and findings.

Program Statement 5324.12 states criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Program Statement 5324.12 says substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

This same Program Statement states the agency shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Program Statement 5324.12 states the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Program Statement 5324.12 says any State entity or Department of Justice component that conducts such investigations shall do so pursuant to agency policy.

The Program Statement also says when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Program Statement 5508.02 states the FBI has the investigative responsibility for criminal activities at all Bureau facilities. Additionally, in accordance with the existing MOU between the FBOP and the FBI, upon the occurrence of any incident that may involve a criminal act, the FBOP will take immediate action to preserve the scene of the incident and immediately notify the appropriate designated FBI representative of the incident.

The Auditor reviewed the existing MOU between the FBOP and the FBI. The MOU establishes interagency operational procedures and guidelines for the FBI and the FBOP about violations of deferral criminal statutes occurring in FBOP facilities, on FBOP property, or which involve FBOP staff. Additionally, the MOU defines the respective roles and responsibilities of the FBOP and the FBI, to include policy, training, and practice compliance with regulations and standards. The MOU also establishes and in accordance with Title 28 CFR §115.21(g) (2), the FBI shall follow a uniform evidence protocol consistent with §115.21(a)-(f).

The Auditor conducted an interview with an SIA who confirmed the responsibilities of an investigator, reviewed the process of an investigation, and confirmed the use of a uniform evidence protocol for the collection of physical evidence. The SIA provided the Auditor with a complete overview of the investigative process as it relates to sexual abuse and sexual harassment. The SIA is responsible for conducting administrative sexual abuse investigations within the facility. All criminal sexual abuse investigations either are referred to the OIA, OIG or when appropriate, the FBI. Each branch, the OIA, OIG, and FBI have assigned qualified staff who have the legal authority to conduct criminal investigations.

The Auditor reviewed DOJ/OIG PREA Training curriculum and the FBI Domestic Investigations and Operations Guide and confirmed that each complied with all investigatory requirements under the PREA standards.

During the 12 months prior to the audit, FCC Lompoc reported six allegations of sexual abuse. The Auditor reviewed five administrative investigations (one investigation was terminated prior to completion). The Auditor conducted a thorough review of each case to ensure they contained all of the correct procedures, completed documentation, and that all processes were completed as required, to include the report findings.

The Auditor found each case contained all the appropriate documentation, and determined that each incident was investigated promptly, thoroughly, and objectively by a qualified SIA. The Auditor confirmed through training documentation that the SIA has received training and education and has the authority to conduct such investigations. The Auditor determined that each file contained documentation including the initial incident report, SIS report, PREA OneSource Checklist, Memorandums, Institution Medical Assessment, Psychology Report, Hospital Report (if applicable), 30 Day Sexual Abuse Incident Review, 90-day Retaliation Checks, SENTRY documentation, and Victim Notification. The Auditor noted each case file was well organized, extremely detailed, and contained all the required documentation.

Upon completion of reviewing all case files, the Auditor determined that the facility (to include but not limited to Staff First Responders, Operations Lieutenant, Institution PREA Compliance Manager, Health Services, Psychology Services, and Facility Leadership, etc.) followed the required steps and processes for all reported allegations. At the time of the Auditor's review, there were no cases referred for prosecution.

The Auditor conducted one targeted interview with the inmate who reported an incident of sexual abuse. The Auditor asked the inmate, did the facility or investigator require him to submit to a polygraph test as a condition for proceeding with the investigation. The inmate informed the Auditor that no one required him to complete a polygraph test as a condition of proceeding with the investigation.

After a review of policy, training curriculum, the interview with the SIA, who demonstrated thorough knowledge of the tenants in this standard, and the interview with the inmate, the Auditor has determined that the facility exceeds this standard.

## **Standard 115.72: Evidentiary standard for administrative investigations**



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

### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed

- Program Statement 5324.12

### Interviews

- Investigative Staff

Program Statement 5324.12 states the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The FBOP applies this section in accordance with its disciplinary/adverse action process and collective bargaining agreement, and applicable laws, rules, and regulations.

The Auditor interviewed the SIA who confirmed the responsibilities of an investigator, reviewed the process of an investigation, and confirmed the use of a uniform evidence protocol for the collection of physical evidence. The SIA provided the Auditor with a complete overview of the investigative process as it relates to sexual abuse and sexual harassment. The SIA is responsible for conducting administrative sexual abuse investigations within the facility.

The SIA stated the investigative process beginning with initial notification, investigation of the allegation, understanding the impact of victim trauma, techniques for interviewing sexual abuse victims, preservation of crime scene and evidence collection, proper use of Miranda and Garrity, and criteria required for administrative action and prosecution referrals. The Auditor inquired to the SIA what standard of evidence is required to substantiate allegations of sexual abuse or sexual harassment.

The SIA explained that the agency should impose no standard higher than a preponderance of the evidence.

Based on a review of policy and interview with the SIA, the Auditor has determined the facility is in compliance with this standard.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been indicted on a charge related to sexual abuse within the facility?

Yes  No

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes  No

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed

- Program Statement 5324.12
- FBOP PREA Investigative Case – Victim Notifications
- Investigative Files

### Interviews

- Warden
- Investigative Staff

Program Statement 5324.12 states following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Special Investigative Lieutenant provides all notifications to inmates required under this provision.

Program Statement 5324.12 says if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.

This same Program Statement states following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined the allegation is unfounded) whenever:

1. The staff member is no longer posted within the inmate's unit;
2. The staff member is no longer employed at the facility;
3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Program Statement 5324.12 states following an inmate's allegation that he or she has been sexually abuse by another inmate, the agency shall subsequently inform the alleged victim whenever:

1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
3. All such notifications or attempted notifications shall be documented.

Program Statement 5324.12 states an agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

During the on-site audit, the Auditor conducted an interview with an inmate who reported sexual abuse. The Auditor asked the inmate if the facility notified him of the final decisions made regarding their allegation and were they notified in writing. The inmate confirmed to the Auditor was notified in writing, by staff of the case disposition. The Auditor verified the notification while reviewing the investigative files and the inmate notification contained the date, case disposition, and inmate signature.

During the Auditor's review of the other case files, it was determined that all required notifications of dispositions had been made, and that each document contained the signature of the inmate.

The Auditor conducted an interview with the SIA and asked about the agency's notification procedures, to an alleged victim of sexual abuse, when the case is closed and whether the allegation has a final determination of substantiated, unsubstantiated, or unfounded. The SIA confirmed such notifications are completed by the Special Investigative Lieutenant, which is documented, and the notification is retained in the case file.

The Auditor conducted an interview with the Warden and asked how the facility notifies an inmate who makes an allegation of sexual abuse when the case is closed and a determination as to either substantiated, unsubstantiated, or unfounded. The Warden confirmed that the Special Investigative Lieutenant completes the victim notification process.

Based on a review of the policy, investigative files, interview with the inmate and the Warden, the Auditor has determined that the facility is in compliance with this standard.

## 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.*

## Documents Reviewed

- Program Statement 5324.12
- Memorandum from the Warden

## Interviews

- Administrative (Human Resources) Staff

Program Statement 5324.12 states staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Program Statement 5324.12 says termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

The same Program Statement states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be 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.

Program Statement 5324.12 states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The facility reported no staff violations or terminations of the agency's sexual abuse or sexual harassment policies during the 12 months prior to the audit. This was confirmed in a Memorandum from the Warden.

The Auditor conducted an interview with Human Resource staff who confirmed that FCC Lompoc had no staff members violate or terminated for violating the agency's policy against sexual abuse or sexual harassment during the past 12 months.

Following a review of policy, Memorandum from the Warden, and interview with Human Resource staff, the Auditor has determined that the facility is in compliance with this standard.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed

- Program Statement 5324.12
- Memorandum from the Warden

### Interviews

- Warden

Program Statement 5324.12 states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Program Statement 5324.12 says the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The facility reported there have been no contractor or volunteer violations or terminations of the Bureau's sexual assault, sexual abuse, sexual harassment, or sexual misconduct policies during the 12 months prior to the audit. This was confirmed in a Memorandum from the Warden.

The Auditor conducted an interview with the Warden regarding any violation of the facility's sexual abuse or sexual harassment by a contractor or volunteer. The Warden stated that FCC Lompoc employs the national policy, which requires any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Additionally, they would be prohibited from further contact with inmates.

Based on a review of policy, the memorandum from the Warden, and an interview with the Warden, the Auditor has determined that the facility is in compliance with this standard.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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



## 115.78 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed

Program Statement 5324.12

### Interviews

- Warden
- Medical and Mental Health Staff

Program Statement 5324.12 states inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

Program Statement 5324.12 says sanctions shall be 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.

The same Program Statement states the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Program Statement 5324.12 states if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

Program Statement 5324.12 says the agency may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent to such contact.

This same statement states for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Program Statement 5324.12 states an agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

The Auditor interviewed the Warden and discussed the facility's policy on disciplinary sanctions for an inmate after an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. The Warden said that based on policy that an inmate would be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate abuse.

The Auditor conducted an interview with one Medical and one Mental Health staff members and discussed the victim advocate services available to inmates and counseling services available for abusers. Each Medical and Mental Health staff member explained the services provided at the facility and through the local county crisis center, including one-on-one counseling, and support groups. These services are offered for victims of sexual abuse or sexual harassment as well as offenders of sexual abuse.

Following a review of policy and interviews with the Warden and Medical and Mental Health staff, the Auditor has determined that the facility is in compliance with this standard.

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

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

### 115.81 (b)

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

### 115.81 (c)

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

### 115.81 (d)

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

### 115.81 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed

- Program Statement 5324.12
- FBOP PREA Intake Screening Instrument

### Interviews

- Inmates who Disclose Sexual Victimization at Risk Screening
- Staff Responsible for Risk Screening

Program Statement 5324.12 states if the screening pursuant to §115.41 indicates that a prison inmate or jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Statement 5324.12 says if the screening pursuant to §115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

This Program Statement also says any information relating to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, state, or local law.

Program Statement 5324.12 states medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18.

The Auditor reviewed 22 PREA screening forms completed during this audit period. All forms were completed in accordance with the agency policy and the requirements of the PREA standard.

The Auditor conducted an interview with a staff member responsible for conducting screenings for risk of victimization and abusiveness. The staff member provided the Auditor with a thorough overview of the inmate risk screening process including how all inmates are screened the same day of arrival. The staff member confirmed that all risk screening interviews are conducted in private and any information obtained in the interview is strictly used to determine an inmate's risk of sexual victimization or abusiveness and she confirmed such sensitive information is limited to staff for the purpose of security, management, and treatment decisions (housing, programming, work assignments, etc.).

The Auditor asked the staff member what actions are taken against inmates who refuse to cooperate or answer the questions in the risk screening process. The staff member responded that inmates are not required to provide answers. The staff member confirmed that inmates are not disciplined for refusing to cooperate or answer the questions in the risk screening process.

During the on-site phase of the audit, the Auditor reviewed 22 inmate records. These records were selected based upon the inmate sexual abuse investigations, inmates who reported sexual victimization during intake, length at facility, and inmates that disclosed sexual orientation as gay, bisexual, or transgender. Each file contained the initial risk screening form as well as the 30-day reassessment form; all were completed and in accordance with the facility's policy.

During the on-site visit, the Auditor conducted interviews with four inmates who disclosed prior sexual victimization. The Auditor asked if they were offered the opportunity to meet with a medical or mental health care practitioner during the risk screening process. All four inmates confirmed meeting with the mental health care practitioner within a day or two after the initial screening process.

Based on a review of policy, PREA Risk Screening Forms, inmate files, and interviews with inmates who had reported being victims of sexual abuse, the Auditor has determined that the facility is in compliance with this standard.

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

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

#### 115.82 (a)

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

#### 115.82 (b)

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

#### 115.82 (c)

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

#### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed

- Program Statement 5324.12
- Medical Records

### Interviews

- Medical and Mental Health Staff
- Inmates who Reported Sexual Abuse
- Security Staff First Responders
- Non-Security Staff First Responders

Program Statement 5324.12 states inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature, and scope of which are determined by medical and mental health practitioners according to their professional judgment.

Program Statement 5324.12 says if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to §115.62 and shall immediately notify the appropriate medical and mental health practitioners.

The same Program Statement states inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Program Statement 5324.12 states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

During the on-site visit, the Auditor reviewed secondary medical records of inmates who reported an allegation of sexual abuse. These records include Institution Medical Assessment and Psychology Report. The forms contain specific requirements to complete and/or make notations as to why the question or process was not completed. All protocols are completed by licensed and trained medical and mental health staff.

The Auditor conducted interviews with one Medical and one Mental Health staff member at the facility. Both Medical and Mental Health staff members confirmed that inmate victims are

provided immediate access to medical treatment as well as crisis intervention, therapy, and counseling services. The Medical and Mental Health staff explained the services provided at the facility and through the local county rape crisis center, include one-on-one counseling, and support groups. These services are offered for victims of sexual abuse or sexual harassment as well as offenders of sexual abuse.

During the on-site audit, the Auditor conducted interviews with a random sample of security staff members. Each security staff member interviewed articulated the agency's zero-tolerance policy on sexual abuse and sexual harassment, their role and responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, how to communicate effectively and professionally with inmates, and an inmate's right to be free from sexual abuse and sexual harassment. Security Staff members also acknowledged that reports concerning sexual abuse or sexual harassment, whether reported verbally or in writing, are considered confidential and must be documented immediately.

The Auditor conducted one interview with the inmate who reported an incident of sexual abuse. The Auditor asked the inmate, after reporting, did the facility allow them to contact anyone. The inmate said that after reporting the incident, he was able to meet with a Psychology Services staff member. The inmate also confirmed being provided with information on advocacy services provided by North County Rape Crisis Center. The inmate said he had declined advocacy services.

After a review of policy, secondary medical records, interviews with Medical and Mental Health staff, and an interview with an inmate who had reported sexual abuse, the Auditor has 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**

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

#### **115.83 (a)**

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

#### **115.83 (b)**

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

#### **115.83 (c)**

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

### 115.83 (d)

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

### 115.83 (e)

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

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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



## Documents Reviewed

- Program Statement 5324.12

## Interviews

- Medical and Mental Health Staff
- Inmates who Reported Sexual Abuse

Program Statement 5324.12 states the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Program Statement 5324.12 says the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

The same Program Statement states the facility shall provide such victims with medical and mental health services consistent with the community level of care.

Program Statement 5324.12 states inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Program Statement 5324.12 says treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

This same Program Statement states all prison shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The Auditor conducted an interview with one Medical and one Mental Health staff member at the facility. Both Medical and Mental Health staff members confirmed that inmate victims are provided immediate access to medical treatment as well as crisis intervention, therapy, and counseling services. The Medical and Mental Health Staff explained the services provided at the facility and through the local county crisis center and include one-on-one counseling and support groups. These services are offered for victims of sexual abuse or sexual harassment as well as offenders of sexual abuse.

The Auditor interviewed one inmate who reported an incident of sexual harassment or sexual abuse. The Auditor asked the inmate, after reporting, did the facility allow them to contact anyone. The inmate told the Auditor that after reporting the incident, he was able to meet with a Psychology Services staff member. The inmate also confirmed being provided with information on advocacy services provided by North County Rape Crisis Center. The inmate said he declined advocacy services.

After review of the policy and interviews with Medical and Mental Health Staff, and the interview with the inmate who reported sexual abuse, the Auditor has determined that the facility is in compliance with this standard.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

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

#### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed

- Program Statement 5324.12
  - FBOP 30 Day Sexual Abuse Incident Reviews
  - Investigative Case files
- Interviews**
- Warden
  - Incident Review Team

Program Statement 5324.12 states the facility shall conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

Program Statement 5324.12 says such review shall ordinarily occur within 30 days of the conclusion of the investigation.

The same Program Statement states the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
2. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity; LGBTI identification, status, or perceived status or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

4. Assess the adequacy of the staffing levels in that area during different shifts;
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
6. Prepare a report of its finding including, but not necessarily limited to, determinations made pursuant to the above considerations and any recommendations for improvement and submit such report to the facility head and Institution PREA Compliance Manager (IPCM).

Program Statement 5324.12 states the facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

During the past 12 months, FCC Lompoc reported six investigations of alleged sexual abuse or sexual harassment (one case was terminated), Two of the five remaining cases was determined to be unfounded. In each of the other four cases incident reviews were completed within 30 days.

During the on-site phase of the audit, the Auditor reviewed the four investigative cases and their 30-Day Sexual Abuse Incident Reviews. The reviews were completed in their entirety and within the required time limits.

During the on-site audit, the Auditor conducted an interview with an Incident Review Team member and asked if the Sexual Abuse Incident Review (SAIR) Team considers whether an incident or allegation was motivated by race, ethnicity, or gender identity and if the SAIR Team examines the area in the facility where the incident allegedly occurred. The Incident Review Team member confirmed the SAIR Team does consider whether the incident was motivated by race, ethnicity, or gender identity, and gang affiliation.

The SAIR Team also tours the area where the alleged incident occurred as well as considering if additional monitoring technology should be deployed or augmented to supplement supervision by staff. The Incident Review Team member explained how touring the area in conjunction with reviewing monitoring technology provides the team with the best possible representation of an incident and assists the SAIR Team in determining if changes or additions to monitoring technology is warranted.

The Auditor conducted an interview with the Warden and discussed the Sexual Abuse Incident Review (SAIR) process. The Warden stated the SAIR Team includes upper-level management with input from line supervisors, investigators, and medical or mental health practitioners. The SAIR Team always seeks input from Inspectors, Line Staff, and Medical and Mental Health personnel. The Warden articulated the process of the incident review, including stating the elements required per the PREA standard. The Warden explained how the SAIR Team uses the information obtained from the review to help uncover whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.

After a review of policy, inspection of completed 30-Day Sexual Abuse Incident Reports, interview with a SAIR Team member, and interview with the Warden, the Auditor has determined that the facility is in compliance with this standard.

## **Standard 115.87: Data collection**

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

### 115.87 (a)

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

### 115.87 (b)

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

### 115.87 (c)

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

### 115.87 (d)

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

### 115.87 (e)

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

### 115.87 (f)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

## Documents Reviewed

- Program Statement 5324.12
- FBOP Annual PREA Reports (2021 & 2022)

Program Statement 5324.12 states the agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Program Statement 5324.12 says the agency shall aggregate the incident-based sexual abuse data at least annually. The National PREA Coordinator, with the assistance of the Regional PREA Coordinators aggregates and reviews data from all sources annually.

The same Program Statement says the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The Information Technology and Data Division collects and reports on the data used in the Bureau of Justice Statistics Survey of Sexual Violence.

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

The Auditor reviewed the 2021 and 2022 Annual PREA Reports, which contained annual aggregation of incident-based sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews.

After a review of the policy and the 2021 and 2022 FBOP Annual PREA Reports, the Auditor has determined that the facility is in compliance with this PREA standard.

## 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.*

### Documents Reviewed

- Program Statement 5324.12
- FBOP Annual PREA Reports (2021-2022)

### Interviews

- PCM
- PREA Coordinator

- Agency Head

Program Statement 5324.12 states the agency shall review data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:

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

Program Statement 5324.12 says the National PREA Coordinator reviews data compiled by the Regional PREA Coordinators, the Information Technology and Data Division, and the Office of Internal Affairs, and issues a report to the Director on an annual basis.

The Auditor reviewed the 2021 and 2022 Federal Bureau of Prisons Annual PREA Reports, which contained annual aggregation of incident-based sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews. FBOP publishes the current annual report on the agency website.

During the on-site audit, the Auditor conducted an interview with the Institution PCM and inquired if the agency reviews data collected and aggregated pursuant to §115.87. The Institution PREA Compliance Manager (IPCM) explained how the agency collects data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies. The Institution PCM confirmed the data reviews are completed during FCC Lompoc departmental Operational Reviews and perpetual audits to ensure compliance with appropriate PREA standards. Correctional Programs, Correctional Services, Health Services, Human Resources, and Psychology Services participate in the departmental Operational Reviews.

The National PREA Coordinator was interviewed regarding how data is collected pursuant to PREA Standard §115.87. The National PREA Coordinator said that the data collected is securely retained and the agency takes corrective action on an ongoing basis or as needed, based on the collected data. The National PREA Coordinator confirmed the agency prepares an annual report, which is made public on the agency website. The National PREA Coordinator confirmed the agency complies with the Freedom of Information Act (FOIA) and all other applicable laws, rules, and regulations. No information that identifies victims or perpetrators is included in the report, nor is any information that could potentially threaten the security of the institution. If information needs to be redacted, the nature of the redacted material would be indicated.

The Agency Head was interviewed and asked how the Bureau uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. The Agency Head explained if the incident-based sexual abuse data shows patterns, such as the LGBTI inmates being targeted or a significant number of assaults occurring in a particular area of an institution, then our policies, procedures, or training may be modified. The agency continues to emphasize inmate education of the zero-tolerance policy and to report incidents of sexually abusive behavior to staff. The Auditor inquired as to who is responsible for approving annual reports written



pursuant to §115.88. The Agency Head confirmed, as the Federal Bureau of Prisons Director, she is responsible for reviewing and approving the annual PREA report prior to being placed on the public website.

After review of the policy, annual reports, and interviews conducted with the PCM, PREA Coordinator, and the Agency Head, the Auditor has determined the facility is in compliance with this standard.

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

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

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## Documents Reviewed

- Program Statement 5324.12
- FBOP Annual PREA Reports (2021 and 2022)

## Interviews

- PREA Coordinator

Program Statement 5324.12 states the agency shall ensure that data collected pursuant to §115.87 are securely retained. The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website, or through other means.

Program Statement 5324.12 says before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The Bureau complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules, and regulations.

The Auditor reviewed the 2021 and 2022 Annual PREA Reports, which contained annual aggregation of incident-based sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews. FBOP publishes the current annual report on the agency website.

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

Based on a review of the policy, annual PREA Reports, and the interview with the PREA Coordinator, the Auditor has determined that the facility is in compliance with this standard.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Federal Bureau of Prisons, FCC Lompoc had its first PREA Audit conducted on December 9 - 11, 2014; the second year of the first three-year auditing cycle. The facility had its second PREA Audit conducted on May 15 - 17, 2018; the second year of the second three-year auditing cycle. This audit was the facility's third audit and was conducted on May 25 - 27, 2021; the second year of the third three-year auditing cycle. The facilities most recent and fourth audit took place on March 5-7, 2024.

The Auditor was provided access to and observed all areas of the facility and outside compound. The Auditor was permitted to request and receive copies of any relevant documents.

The Auditor was permitted to conduct private interviews with inmates and staff. The Auditor verified the posting of the audit notifications including posting of the audit in all housing units and common areas accessible and visible for inmates and staff. The Auditor verified through inmate and staff interviews that inmates and staff were permitted to send confidential correspondence to the Auditor in the same manner as if they were communicating with legal counsel.

## 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 Federal Bureau of Prisons publishes PREA Audit Reports for all facilities within the FBOP on the agency website. During the pre-on-site phase of the audit, Auditor reviewed the facility's prior PREA Audit Reports from 2014, 2018 and 2021.

# AUDITOR CERTIFICATION

I certify that:

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

## Auditor Instructions:

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

Mark McCorkle

March 28, 2024

**Auditor Signature**

**Date**

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

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