

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

Interim Final

Date of Report 7/17/2019

Auditor Information

Name: E. Richard Bazzle Email: richard.bazzle@nakamotogroup.com

Company Name: The Nakamoto Group, Inc.

Mailing Address: 11820 Parklawn Dr., Suite 240 City, State, Zip: Rockville, MD 20852

Telephone: 864-941-0383 Date of Facility Visit: June 25-27, 2019

Agency Information

Name of Agency: Governing Authority or Parent Agency (If Applicable):

Federal Bureau of Prisons 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

Telephone: 202-307-3198 Is Agency accredited by any organization? Yes No

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

Municipal County State Federal

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

Agency Website with PREA Information: www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

Agency Chief Executive Officer

Name: Hugh Hurwitz Title: Acting Director

Email: BOP-CPD/PREACoordinator@BOP.GOV Telephone: 202-616-2112

Agency-Wide PREA Coordinator

| | |
|--|---|
| Name: Jill Roth | Title: National PREA Coordinator |
| Email: BOP-CPD/PREACoordinator@BOP.GOV | Telephone: 202-616-2112 |
| PREA Coordinator Reports to: James C. Wills, Acting Assistant Director, Reentry Services Division | Number of Compliance Managers who report to the PREA Coordinator: None |

Facility Information

| | | | |
|---|---|---|---|
| Name of Facility: | Federal Correctional Institution (FCI) Oxford | | |
| Physical Address: | County Road G & Elk Avenue, Oxford, Wisconsin 53952 | | |
| Mailing Address (if different than above): | P.O. Box 500, Oxford, Wisconsin 53952 | | |
| Telephone Number: | 608-584-5511 | | |
| The Facility Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for profit | <input type="checkbox"/> Private not for profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input type="checkbox"/> State | <input checked="" type="checkbox"/> Federal |
| Facility Type: | <input type="checkbox"/> Jail | <input checked="" type="checkbox"/> Prison | |

Facility Mission: It is the mission of the FCI Oxford, Oxford, Wisconsin, to provide a safe, secure, and humane environment for inmates and staff. Opportunities for self-improvement including work, education, vocational training, and religious and counseling programs are provided. These programs are designed to assist inmates during confinement and upon release, as well as to facilitate the orderly operation of the institution.

Facility Website with PREA Information: www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

Warden/Superintendent

| | |
|--|--------------------------------|
| Name: Matthew Marske | Title: Warden |
| Email: OXF/PREAComplianceMgr@bop.gov | Telephone: 608-584-5511 |

Facility PREA Compliance Manager

| | |
|--|--------------------------------|
| Name: Michel J. Lejeune | Title: Associate Warden |
| Email: OXF/PREAComplianceMgr@bop.gov | Telephone: 608-584-5511 |

Facility Health Service Administrator

| | |
|------------------------------|--|
| Name: Mary Beth Pence | Title: Acting Health Services Administrator |
| Email: | Telephone: 608-584-5511 |

Facility Characteristics

| | |
|---|---|
| Designated Facility Capacity: 796 | Current Population of Facility: 929 |
| Number of inmates admitted to facility during the past 12 months | 740 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | 740 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | 740 |
| Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: | 0 |
| Age Range of Population: | Youthful Inmates Under 18: 0 Adults: 19-75 |
| Are youthful inmates housed separately from the adult population? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |
| Number of youthful inmates housed at this facility during the past 12 months: | 0 |
| Average length of stay or time under supervision: | 124 months |
| Facility security level/inmate custody levels: | Medium/Minimum;In/Out/Community |
| Number of staff currently employed by the facility who may have contact with inmates: | 237 |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates: | 9 |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | 9 |

Physical Plant

| | |
|--|--|
| Number of Buildings: 42 | Number of Single Cell Housing Units: 0 |
| Number of Multiple Occupancy Cell Housing Units: | 11 |
| Number of Open Bay/Dorm Housing Units: | 0 |
| Number of Segregation Cells (Administrative and Disciplinary): | 40 |

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

FCI Oxford employs digital video recording cameras strategically placed throughout the facility to enhance safety and security of staff and inmates.

Medical

| | |
|---|---|
| Type of Medical Facility: | Care Level1 |
| Forensic sexual assault medical exams are conducted at: | Divine Savior Healthcare - Portage, Wisconsin |

Other

| | |
|--|-----|
| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | 12 |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | 253 |

Audit Findings

Audit Narrative

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

PRE-AUDIT PREPERATION

Prior to the on-site visit, a management analyst from the ACA/PREA Section of the External Auditing Branch, Program Review Division, Federal Bureau of Prisons (BOP), conducted an on-site "pre-audit" of the facility to aid in preparation for the audit. The Management Analyst forwarded to the auditor all policy and supporting documentation, including the completed Pre-Audit Questionnaire, for examination prior to the on-site visit. The policy and documentation were in the form of Program Statements (PS), Institution Supplements (IS) and other forms/memos, etc. Program Statements are agency-wide governing policies and Institution Supplements stipulate institution specific policies when there is no agency-wide policy or when site-specific policy is required to expand on agency Program Statements. The results of the "pre-audit" were discussed with the auditor prior to the beginning of the audit.

DAY ONE, ON-SITE AUDIT - ENTRANCE BRIEFING, TOUR, AND INVESTIGATIONS REVIEW

The on-site Prison Rape Elimination Act (PREA) audit of the Federal Correctional Institution (FCI) Oxford in Oxford, WI was conducted from June 25-27, 2019. The audit was completed by The Nakamoto Group, Inc. certified auditor E. Richard Bazzle. FCI Oxford is a medium security level facility, the inmate population on the first day of the audit was 999. This is the second PREA audit for this facility. An entrance meeting was held the first day of the audit with the Warden and Associate Warden/PREA Compliance Manager to discuss any concerns regarding the audit process and to finalize the facility tour and interview schedules.

Following the entrance meeting, the auditor was given a complete and comprehensive tour of the facility. The tour included the receiving and discharge area, all housing units including the Special Housing Unit (SHU), the Health Services Department, the Laundry, all recreation areas, Food Service, facility support areas, the Chapel, the Visiting Room, the Psychology Services Department and other programming areas. During the tour, it was noted that there was sufficient staffing, security mirrors and surveillance cameras to ensure a safe environment for inmates and staff. Signs were posted in English and Spanish, informing inmates that employees of the opposite gender were present in the housing units. Also, during the tour, staff made verbal announcements such as "female on the unit" when the tour group entered

each housing unit. The housing areas of the facility are designed to allow inmates to shower, dress and use the toilet facilities without exposing themselves to employees of the opposite gender. During the tour, numerous informal and formal conversations with both employees and inmates regarding the PREA standards were conducted. Postings that detailed PREA violation reporting and the agency's zero-tolerance policy for sexual abuse and sexual harassment were prominently displayed in all housing units, meeting areas and throughout the facility, to include the visiting area. Audit notice postings with the PREA auditor's contact information were also located in the same areas. These notices were posted thirteen weeks prior to the audit. The auditor did not receive any letters as a result of the audit notification postings. The facility has been accredited by the American Correctional Association.

DAYS TWO & THREE, ONSITE AUDIT – STAFF/INMATE INTERVIEWS

On day two of the audit, the auditor selected thirty inmates to be interviewed. The inmates were randomly selected by the auditor using an inmate roster provided by the PREA Compliance Manager that included the various special categories of inmates. The interviewed inmates were from all the facility housing units, of various ages, nationalities and ethnic backgrounds. The interviews included one inmate who self-identified as being transgender. None of the inmates interviewed claimed prior sexual aggression during the intake screening process. The balance of the inmates interviewed was a random sample. No inmates refused to be interviewed. There were no inmates in protective custody status for any PREA related issue. Overall, all inmates interviewed demonstrated a good understanding of the PREA compliance program, the intake screening process, the prevention and protection process and reporting methods for sexual abuse/sexual harassment. The inmates stated staff were responsive to their needs and that they felt safe from sexual abuse at the facility.

During the three-day audit process, the auditor chose at random available staff to be interviewed from a roster provided by the PREA Compliance Manager. All BOP employees at the institution are considered correctional workers first; this includes unit staff. Ten randomly selected staff members were interviewed and Correctional Officers from all shifts were included in the interview process. Staff were aware of the agency's zero-tolerance policy, their responsibilities to protect inmates from sexual abuse and sexual harassment and they were knowledgeable of their duties as first responders as part of a coordinated response. The Agency Director, the Agency PREA Coordinator and the Agency Contract Administrator were previously interviewed (the auditor is in receipt of the completed interview questionnaires). All specialized staff members were also interviewed during the audit, to include the Warden, the AW/IPCM, the Chief of Psychology Services, an Investigator, the Retaliation Monitor, the Human Resource Manager, three Intake staff, one Intermediate or Higher Level staff member, three staff members who perform intake screenings for risk of victimization or abusiveness and the Health Services Administrator. No volunteers or contractors were available to be interviewed. A community victim advocate was contacted via U.S. mail, but did not reply to the request for facility information. A representative of Just Detention International (JDI) was also contacted for information regarding PREA matters relating to the facility and that agency had no available information for the auditing period. All individuals interviewed demonstrated an understanding of the PREA and their duties and responsibilities under this program, relative to

their position in or with the organization and employment status. No individuals refused to be interviewed.

INVESTIGATIONS

A review of the investigations opened during the previous twelve months alleging sexual abuse or sexual harassment was conducted. During the audit period, there were two allegations of sexual abuse. None of the cases required forensic evidence collection by a SANE service provider in the community. One allegation was determined to be unfounded and the other was found to be unsubstantiated. Both investigations were completed promptly and thoroughly and were well documented.

Facility Characteristics

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

FCI Oxford, Wisconsin, located approximately 70 miles north of Madison, is a medium security level male facility, with a minimum-security Satellite Prison Camp (SCP). The institution is comprised of a total of 640 acres or one square mile, with 66 acres inside the secure perimeter fence. FCI Oxford's staffing complement provides all services to the Camp. FCI Oxford consists of 42 buildings and structures, providing work areas for the authorized staff complement of 234, to include security, administration, education, medical and psychology services, unit management and other support functions (food service, safety, maintenance, recreation, etc.). Staff members are professional, dedicated and committed to excellence in achieving the mission of providing the highest quality of custody, care and programming opportunities to inmates, while emphasizing the importance of emergency preparedness and their obligation to the community to provide a high degree of security and public safety. There are ten inmate housing units, with unit staff located in each unit, as well as a Special Housing Unit (SHU). The Camp consists of one main structure, which includes four wings utilized for inmate housing.

The construction of FCI Oxford began in 1970 and was completed in late 1972. The facility was to be operated as the "State of Wisconsin Youthful Offenders Institution". However, with the gubernatorial veto of the "Youthful Offenders Act", the State of Wisconsin entered negotiations with the Federal Government to sell the institution to the Bureau of Prisons. In June of 1973, U.S. Congress and the State Legislature completed legislative action authorizing the sale and purchase of the institution.

In October 1973, FCI Oxford received its first group of inmates. A total of 48 minimum security inmates transferred from other institutions to form a work cadre to put the finishing touches on the institution.

In March 1984, construction began on the Satellite Prison Camp and was completed in May 1985. The SCP was officially opened on May 6, 1985, when it received several inmates from the Federal Correctional Institution in Sandstone, Minnesota.

The FCI provides inmate work assignments for those who have been medically cleared, in food service, education/recreation, the laundry, business office, commissary, health services and Federal Prison Industries (UNICOR). There is also a sanitation worker, unit orderly (janitor) and institution maintenance assignments. Inmates are provided the opportunity to participate in the facility's education programs. The educational philosophy at FCI Oxford focuses primarily upon the academic "basics". Academic programs are directed toward assisting students in attaining basic literacy goals, to include General Educational Development (GED), that will enable them to function in a world which requires the knowledge of reading, writing, and arithmetic. The Education Department also provides vocational training programs in industrial skills. Courses in Parenting and English as a Second Language are also available. Leisure and law libraries are also provided in the Education Department.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

At the conclusion of the three-day on-site audit, an out-briefing was held to discuss the overall audit process with the Warden, the Institution PREA Compliance Manager and the BOP Management Analyst.

After reviewing the documentation presented prior to the audit in the Pre-Audit Questionnaire, touring and inspecting the facility as it relates to the PREA and interviewing staff and inmates, the findings support a conclusion that FCI Oxford is in compliance with all applicable Prison Rape Elimination Act standards.

Throughout the review process, it was evident that the leadership and staff are committed to a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Staff members working at the facility were well informed as to their duties and responsibilities as they relate to the PREA.

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

Number of Standards Exceeded: 0

Number of Standards Met: 45

- §115.11; §115.12; §115.13; §115.14; §115.15; §115.16; §115.17; §115.18
- §115.21; §115.22
- §115.31; §115.32; §115.33; §115.34; §115.35
- §115.41; §115.42; §115.43
- §115.51; §115.52; §115.53; §115.54
- §115.61; §115.62; §115.63; §115.64; §115.65; §115.66; §115.67; §115.68
- §115.71; §115.72; §115.73; §115.76; §115.77; §115.78
- §115.81; §115.82; §115.83; §115.86; §115.87; §115.88; §115.89
- §115.401; §115.403

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

During the tour of the Education Department, the auditor noted a window that allowed observation into a classroom was covered by an opaque material; thereby, obstructing the view inside the classroom. Also, a vertical blind covering a window to an office was closed which obstructed the view. When these concerns were brought to the attention of the PREA Compliance Manager, facility maintenance was notified and corrective action was immediately taken to remove the opaque material from the classroom window and the vertical blind from the office window, allowing a clear and unobstructed view into both areas.

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.

Program Statement (PS) 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, and Institution Supplement (IS) 5324.12B, Sexually Abusive Behavior Prevention and Intervention Program address the requirements identified in the standard. The agency has appointed a psychologist as the National PREA Coordinator who reports directly to the Assistant Director, Reentry Services Division, for all PREA related issues. The Warden has appointed the Associate Warden as the Institutional PREA Compliance Manager (IPCM). The IPCM reports directly to the Warden regarding all PREA related concerns. Interviews with the agency PREA Coordinator and IPCM confirmed that each has sufficient time and authority to coordinate efforts to comply with PREA standards. The agency and facility directives outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Inmates are informed about the program and the facility zero-tolerance policy in the Admissions and Orientation (A&O) Handbook, the PREA pamphlet and through postings displayed throughout the facility (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or

read English. All interviews with staff and inmates confirmed that they were aware of the zero-tolerance policy towards all forms of sexual abuse/sexual harassment. The commitment to the enforcement and implementation of the PREA meets the required mandates of this standard. An examination of policy, postings and supporting documentation, as well as interviews, confirmed compliance with this 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 OR the response to 115.12(a)-1 is "NO".) 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.

A review of the documentation submitted confirmed the agency requires other entities contracted for the confinement of inmates (privatized prisons and residential reentry centers or "halfway houses") to

adopt and comply with the PREA standards. All agency contractual agreements have been modified to incorporate the language requiring all contractors to adopt and comply with PREA standards. The facility does not individually contract for the confinement of inmates. Compliance with this standard was confirmed through a review of contracts and staff interviews.

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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? 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.

PS 3000.03, Human Resource Management Manual; PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, PS 5502.11 Duty Officers; IDO Unannounced Rounds Report; PREA Annual Assurance Audit Memorandum; Supervision and Monitoring Memorandum; and facility staffing plan and quarterly Salary and Workforce Utilization Committee meeting minutes address the requirements of the standard. A review of the facility staffing plan and the quarterly Salary and Workforce Utilization Committee meeting minutes for the previous 12 months confirmed that PREA issues were considered when filling positions and developing work rosters/assignments. Interviews with the Warden and Human Resource Manager confirmed that the facility considers the items detailed in the standard when developing the staffing plan. The facility and the agency review the staffing plan at least quarterly. The IPCM is a member of the Salary and Workforce Utilization Committee and may provide input as to whether adjustments to the staffing plan may be required to meet PREA requirements.

There have been no judicial findings of inadequacy, findings of inadequacy from federal investigative agencies, or findings of inadequacy from internal or external oversight bodies relevant to this standard. All essential posts are filled each shift and no essential posts are kept open for salary savings. When programs are offered, staffing is increased to provide additional supervision. The review of Institution Duty Officer unannounced PREA rounds logs confirmed that intermediate-level or higher-level supervisors, including shift supervisors and department heads, at a minimum, conduct and document such visits throughout the institution, to include nights and weekends. Staff members are prohibited from alerting other employees regarding unannounced rounds. Interviews with inmates and housing unit officers also confirmed that random, unannounced rounds are conducted by Institution Duty Officers daily, nights and weekends. An examination of policy and supporting documentation, as well as all interviews, confirmed 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.

This facility does not house youthful offenders.

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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) 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 here for facilities with less than 50 inmates before August 20, 2017.) 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?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice 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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; PS 5521.06, Searches of Housing Units, Inmates, and Inmate Work Areas; Memorandum statements concerning limits to cross gender viewing and searches; and training records verifying staff completion of proper pat search techniques address the requirements of the standard. The facility's rated capacity exceeds 50 inmates and does not house female inmates. The facility does not permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. There were no cross-gender visual body cavity or strip searches conducted during the previous twelve months. Officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches, if they were to occur. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of inmates of the opposite sex, except in exigent circumstances. Staff interviews also confirmed that male and female officers had been trained to conduct cross-gender pat searches. Additionally, inmate interviews confirmed that inmates are not delayed or prohibited from attending regularly available programming or other opportunities in order to comply with this standard.

Observations during the tour of all housing units confirmed that inmates are permitted to shower, perform bodily functions and change clothing privately. The agency and facility have a "knock and announce" policy and procedures requiring staff of the opposite sex to announce their presence or

otherwise alert the inmates when entering an inmate housing unit. The entrance to each housing area has a sign posted in English and Spanish alerting inmates that female staff members work in the units. During interviews, inmates stated that female staff members/visitors announce their presence in this manner when entering housing units. The auditor observed this procedure during the facility tour. Staff members do not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Interviews with inmates, including one who had self-identified as being transgender, confirmed that they had been pat searched by officers properly and professionally. Interviews with staff and inmates, observations during the audit and an examination of policy and supporting documentation confirm 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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; and the Admissions and Orientation (A&O) Handbook address the requirements of the standard. Facility policy and practice ensures that inmates with disabilities have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. All printed PREA related information, including postings, brochures and handouts are available in English, Spanish and other languages. Additionally, FCI Oxford has Braille versions of the Sexually Abusive Behavior Prevention and Intervention Pamphlet (SABPIP) in both English and Spanish. Translation services are also available through a contracted language service for inmates, when needed. The institution has three Psychologists and a Special Education Teacher to assist inmates with intellectual, psychiatric or speech disabilities. Unit team and Psychology Services staff coordinate the procurement of accommodations for the inmate, commensurate with that inmate's disability, to include being Limited English Proficient (LEP), deaf, visually impaired or having limited reading skills, or being otherwise disabled. The facility does not rely on inmate interpreters, inmate readers or other types of inmate assistants in the performance of first responder duties or during the investigation of an inmate's PREA related allegations. Interviews with first responders, medical, mental health, and investigative staff confirmed their awareness of the prohibition of using inmate interpreters for inmate allegations of PREA incidents. Interviews with staff and inmates and a review of policy and supporting documentation confirmed 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, or 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.

PS 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 address the requirements of the standard. Review of pre-employment personnel files and interview with the Human Resource Manager by the auditor confirmed compliance with all aspects 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 annually. 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 has engaged in any type of sexual abuse/sexual harassment (no exceptions).

Policy states that employees have a continuing duty to disclose misconduct. Material omissions regarding such misconduct are grounds for termination. Submission of false information by any

applicant is grounds for not hiring the applicant. The Human Resource Manager stated that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. Also, the agency, not the facility Human Resource Department, provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee, upon receiving a request from an employer for whom such employee has applied to work. The agency, not the facility, 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 files and relevant supporting documentation, along with staff interviews, confirmed 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.

A review of submitted documentation, on-site observation of video systems and a discussion with FCI Oxford security managers indicated an on-going process of researching and upgrading technology to assist in ensuring PREA compliance. Currently, the facility has an adequate number of cameras and numerous security mirrors strategically placed to monitor inmate activity and provide safety without creating privacy issues.

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? Yes No
- 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 entity 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] 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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; IS 5324.12B Sexually Abusive Prevention Behavior and Intervention Program; PS 1350.01, Criminal Matter Referrals; the Guide for First Responder/Operations Lieutenant-When Approached with an Inmate Allegation of Sexual Abuse or Harassment; Memorandum of Understanding (MOU) with Hope House of South Central Wisconsin address the requirements of the standard. Interviews with correctional and health services personnel confirmed that they were all knowledgeable of the required procedures for obtaining, preserving and securing physical evidence, when sexual abuse is alleged. Staff members were aware that the institution's Special Investigative Services (SIS), the Office of Internal Affairs (OIA), the Office of the Inspector General (OIG) or the Federal Bureau of Investigation (FBI) conducted investigations relative to sexual abuse/sexual harassment allegations. The agency follows a uniform evidence protocol as described in the U.S. Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents."

Victims of sexual assault are referred to health services for initial examination and treatment. Such treatment would be for life preservation only and the victim would be transported to a community hospital for examination, treatment and forensic evidence gathering by a Sexual Assault Nurse Examiner (SANE). All sexual abuse victim advocacy, examinations, treatment, testing and follow-up care are provided without cost to the victim. Multiple facility staff members also have been trained as victim advocates. Routinely, administrative investigations are conducted by trained investigators who are full-time employees of the facility. The Warden generates the referral to the outside agency (OIG or FBI). The review of training records confirmed that investigators have received investigator training offered by the BOP on the investigation of sexual abuse and sexual harassment in confinement settings. Just Detention International, a national victim advocacy agency, was contacted by the auditor, but had no information pertaining to the facility during the audit period. A community victim advocate was contacted via U.S. mail, but did not reply to request for facility information. Interviews with staff, as well as an examination of policy and supporting documentation, also confirm compliance with 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 such publication 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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. Policy requires administrative or criminal investigations to be completed on all allegations of sexual abuse or sexual harassment. Administrative investigations are routinely assigned for completion by the Special Investigative Services Lieutenant (SIS Lt). If, during an investigation, evidence surfaces indicating criminal misconduct, the case would be initially referred to the FBI for criminal investigation. The Special Investigative Services Lieutenant was interviewed and was aware of his responsibilities in the investigative process. The FBI would conduct criminal investigations for the facility involving inmate-on-inmate sexual abuse and the OIG would investigate staff-on-inmate criminal sexual abuse. An investigation would never be terminated due to an inmate being transferred or released or an employee leaving the agency. A review of training documents confirmed that the SIS Lieutenant received instruction in conducting sexual assault investigations in a confinement setting. A review of training documents confirmed that the SIS Lt and the SIS Technicians assigned to the unit have received instruction in conducting sexual assault investigations in a confinement setting. Facility compliance with this standard was confirmed by interviews with staff and the investigator, as well as an examination of policy/supporting documentation.

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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; Annual Training Curriculum; and training sign-in sheets acknowledging receipt and understanding of training address the requirements of the standard. All BOP employees are considered correctional workers first. New employees attend training locally and at the Federal Law Enforcement Training Center. This training addresses all topics identified in the standard. Related education is provided annually during refresher training. The review of lesson plans, training logs and PREA Power Point Presentations confirmed that the provided training addressed all elements identified in the standard. Staff must acknowledge in writing their understanding of the PREA. Employees have PREA information noted on their desk computers and carry a PREA reference card. Staff annual training files were reviewed and contained documentation supporting compliance with this standard. All staff interviewed stated that they received the required PREA training initially and annually. General staff meetings are also held, addressing PREA issues. Officers receive additional PREA training/updates, when needed. Review of training documentation, the extensive training provided and staff knowledge of the PREA requirements confirmed compliance with 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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. The review of volunteer and contractor PREA training sign-in forms, files, and other documents by the auditor confirmed that all facility contractors and volunteers have received training related to their responsibilities concerning the PREA (zero-tolerance, detection, prevention, response and reporting requirements) during the previous twelve months and during annual refresher training. No volunteers or contractors were available for interviews on-site during the audit. A review of the PREA contractor and volunteer training presentation further confirmed that the level of instruction is appropriate for the services provided and emphasizes the facility's zero-tolerance and reporting policies. A review of policy/documentation and the training presentation confirmed 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 such education? 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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; Admissions and Orientation Handbook; and the PREA pamphlet, "Sexually Abusive Behavior Prevention and Intervention - An Overview for Offenders", address the requirements of the standard. During in-processing procedures, each inmate receives an Inmate Handbook and a PREA pamphlet which describe the agency's PREA compliance program. The information identifies the key elements of the program and informs inmates of the zero-tolerance policy regarding sexual abuse and sexual assault and multiple ways to report incidents or suspicions of sexual abuse or sexual harassment. The information also informs the inmates they will be free from retaliation for reporting an incident and that both male and female staff members routinely work in and monitor the housing units. The information is available in English, Spanish and other languages. A staff member conducts an education program regarding the PREA for all inmates within 30 days of their arrival at the facility. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies, and reporting modalities. Inmates sign and acknowledge the receipt of this information on a form that is placed in their file.

Inmates also have access to TRULINCS, a computer program which also provides PREA information and a reporting outlet. Staff interpreters and telephonic translation services are available to inmates who are not proficient in English or are otherwise unable to communicate (deaf, blind, mentally impaired, etc.). Unit staff members routinely conduct "town hall" meetings (group meetings that provide information and a question/answer session) in the housing units to address issues that may include PREA discussions. Inmate interviews confirmed that they received PREA information and that they were aware of numerous reporting methods, to include anonymous and third-party reporting, the zero-tolerance policy and their right to be free from retaliation. The tour of the facility confirmed that several PREA education posters were prominently displayed in the receiving and discharge area, all housing units, the visiting room, hallways and other common areas. If an inmate is transferred to another facility, policy requires that this training process be repeated at the new institution. Interviews with staff and inmates, visual observations of posters and an examination of policy/documentation confirmed compliance with 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 have received 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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; SIS/SIA Training Lesson Plan; Sexual Violence PREA Training and DOJ/OIG PREA Training address the requirements of the standard. The facility investigators, OIA, OIG, and FBI investigators have received PREA specialized training through the Department of Justice as required by the standard. The auditor reviewed specialized training documentation, the BOP Course Completion List for Investigating Sexual Abuse in a Confinement Setting training and the OIG PREA Criminal Investigator Certification Training List. Administrative investigations are conducted by trained investigators who are full-time employees of the facility. When criminal investigations are indicated, they are conducted by the Federal Bureau of Investigation or the Office of the Inspector General. Interviews with staff and an SIS investigator and an examination of policy/documentation confirmed 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? Yes No
- 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? Yes No
- 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? Yes No
- 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? Yes No

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.) 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?
 Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? 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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and training lesson plans address the requirements of this standard. A review of training records indicated that all mental health and medical staff have received specialized training in detecting and assessing signs of sexual abuse and harassment, preserving physical evidence, effective and professional resources and understanding sexual trauma in custody. Training does not refer to certifications needed to conduct forensic examinations. All cases requiring the processing of sexual assault evidence collection kits are transported to a community hospital where Sexual Assault Nurse Examiners (SANE) are available. Specialized training is in addition to other mandated PREA training. Lesson plans and annual refresher training documentation were reviewed. Interviews with medical and mental health staff confirmed the provision of specialized training and that they are aware of their duty to report and address allegations and suspicions of sexual abuse/sexual harassment. A review of the training documentation and policy confirm 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, when 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, when 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, when 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 a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: 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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; PREA Intake Objective Screening Instrument; and Psychological Assessment Logs address the requirements of the standard. All inmates are immediately assessed for a history of sexual abusiveness and risk of sexual victimization during in-processing procedures performed in the receiving and discharge (R&D) area. Policy prohibits disciplining inmates for refusing to answer or for not disclosing complete information during the screening. If transferred to another facility, the inmate receives a completely new screening upon arrival. A member of the inmate's unit team (case manager or counselor) screens all new arrivals within the first 72 hours, but this activity ordinarily occurs within a few hours on the day of arrival. The review of 24 screening documents from the past twelve months by the auditor confirmed that inmates identified at high risk for sexual victimization or at risk of sexually abusing other inmates were referred to a mental health professional and all received further assessment. Staff members also conduct screenings by reviewing records or other information from other facilities, new referrals or for any other relevant reason. This procedure is an on-going process. A unit team member reviews all relevant

information from other facilities and continues to reassess an inmate's risk level within 30 days of his arrival. Information received during the screening process is confidential and only available to staff with a need-to-know and never to other inmates. The facility does not detain individuals solely for civil immigration purposes. Staff/inmate interviews, an examination of policy/documentation and observation of the intake process confirmed 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? Yes No
- 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? Yes No
- 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? 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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; Intake Screening Form; PREA Intake Objective Screening Instrument; and an institution procedural memo address this standard. Policy requires the use of an objective screening instrument to determine housing, work, education and programming assignments, with the goal of keeping inmates at high risk of being sexually abused from inmates at high risk of being sexually abusive. Housing and programming assignments are determined on a case-by-case basis. The transgender or intersex inmate's own views with respect to their safety are given consideration. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months. Transgender or intersex inmates are afforded the opportunity to shower separately and are not housed separately based solely on their sexual identity or status, as confirmed by an interview with a self-identified transgender inmate. No intersex or transgender inmates were assigned to SHU during the past 12 months. Compliance with this standard was determined by a review of policy and documentation, along with inmate and staff interviews.

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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses this standard. The Special Housing Unit (SHU) is a separate unit within the facility. Policy states inmates at high risk of sexual victimization shall not be placed in administrative detention unless an assessment of all available alternatives has been made and a determination has been made that there is no available means of separation from likely abusers. The basis for this concern and the reason why no alternative means of separation is available is documented. If an inmate is placed in administrative detention, the Warden stated a status review would be held weekly. Policy requires that an inmate in this status shall continue to have access to all programs, privileges, education or work opportunities, to the extent possible. If they are limited, the Captain ensures documentation includes the reasons for the limitation, the duration and the rationale for this action. During this reporting period, no inmate at FCI Oxford was placed in the SHU after being identified at risk for sexual victimization. Compliance with this standard was determined by a review of policy and documentation and staff interviews.

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? Yes No

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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; PS 3420.11, Standards of Employee Conduct; A&O Handbook; BOP website; and PREA postings address this standard. A review of documentation, interviews with staff and inmates and observation of postings indicated that there are multiple ways for inmates to report sexual misconduct verbally or in writing directly to staff, anonymously, through a third party, or a local private victim advocate organization. Additionally, information is provided for inmates to directly contact the Office of the Inspector General through TRULINCS, a computer program which also provides PREA information and a reporting outlet. Through TRULINCS, the inmate can contact the OIG anonymously, if he wishes, and the e-mail is untraceable at the facility level. During the tour, numbers of TRULINCS computers were observed for inmate use. The facility does not house inmates detained solely for civil immigration purposes. All staff members are trained to immediately document and report any allegation of sexual misconduct submitted by an inmate or information received through a third party. Policy also provides staff with a private avenue to

contact officials to privately report sexual misconduct. Compliance with this standard was determined by a review of policy and documentation, observation and inmate and staff interviews.

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 NA

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.

PS 1330.18, Administrative Remedy Program, addresses this standard. Policy allows inmates to file an Administrative Remedy Request concerning sexual misconduct without time limit constraints and without requiring the inmate to use any informal grievance process before filing an allegation involving sexual abuse/sexual harassment. A grievance filed alleging sexual abuse/sexual harassment results in the immediate opening of a formal investigation. The inmate may submit the request directly to the Regional Office, if the inmate believes the issue would place his safety or well-being in danger. The policy prohibits the request from having to be submitted to a staff member who may be the subject of the complaint. Additionally, the request may not be investigated by staff under the supervision of the person who may be the subject of the complaint. The policy contains time limits and procedures for responding to and processing the request alleging sexual abuse, as well as documenting third party filings, as required by the PREA standard. One grievance alleging sexual abuse/sexual harassment was filed at FCI Oxford during this reporting period. The grievance was investigated, and complaint was determined to be unfounded. Compliance with this standard was determined by a review of policy and documentation and staff interviews.

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? Yes No
- 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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; IS 5324.12B, Sexually Abusive Behavior Prevention and Intervention Program; Memorandum of Understanding (MOU) with

local victim advocacy organization; Inmate Handbook; and postings address this standard. The facility has a MOU with a local advocacy group to provide confidential support services to inmates at FCI Oxford. Additionally, facility staff members, including mental health treatment providers, have been trained as victim advocates. Information is provided to inmates on how to place a confidential call to this advocacy organization. Additionally, mailing addresses to the advocacy group are posted. Inmates also have available confidential email access to the Office of the Inspector General regarding any PREA related matter through the TRULINCS computer system. Inmates interviewed were knowledgeable of how to contact the community advocates and the OIG. Information pertaining to the confidentiality of calls made by inmates to the advocacy group is contained in the inmate handbook. Compliance with this standard was determined by a review of policy and documentation, as well as inmate and staff interviews.

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.

The BOP website; Admissions and Orientation Handbook; and public postings address this standard. Information regarding third party reporting of sexual abuse or sexual harassment on behalf of inmates is posted on the BOP website, www.bop.gov. Additionally, information regarding third party reporting is publicly posted in the facility's visiting room. Compliance with this standard was determined by a review of policy and documentation and staff interviews.

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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses this standard. Interviews with staff at all levels confirmed that they were acutely aware of agency policy and their responsibility to immediately report to the Operations Lieutenant, and document any allegation of sexual abuse, sexual harassment or retaliation against individuals who report such incidents, or any staff neglect or violations of responsibilities that may have contributed to an incident or retaliation. This includes reports received from third party sources. The information concerning the identity of the alleged victim and the specific facts of the case are limited to staff who have a need-to-know due to their involvement with the victim's welfare and the investigation of the incident. The IPCM refers incidents for investigation to the appropriate office. Compliance with this standard was determined by a review of policy and documentation and staff interviews.

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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses this standard. All interviewed staff members were knowledgeable of agency policy and their required duty and responsibility to protect an inmate, if they became aware, he was at substantial risk of imminent sexual abuse. During interviews, staff described steps to be taken to protect inmates and the reporting requirements. All staff interviewed had in their possession a pocket-size PREA Standard/First Responder Card, issued by the facility, outlining the actions to be taken by staff members who became aware of sexual abuse or sexual harassment. During this reporting period, there were no instances in which the facility staff determined that an inmate was subject to a substantial risk of sexual abuse. Compliance with this standard was determined by a review of policy and documentation and staff interviews.

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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, and supporting documentation address this standard. Agency policy requires the Warden to report any PREA related allegation by an inmate that occurred at another facility to the Warden of the facility where the alleged incident occurred, as soon as possible, but always within 72 hours of receiving the allegation. Such notifications are documented. In cases alleging sexual abuse by staff at another BOP facility, the Warden also refers the matter directly to the Office of Internal Affairs. When the inmate reports sexual abuse/sexual harassment from state, non-Bureau privatized facilities, jails, juvenile facilities and Residential Reentry Centers (halfway houses), the Warden contacts the appropriate office of the facility and/or notifies the Residential Reentry Management Branch of the BOP, if appropriate. Policy also requires the facility receiving the information to investigate the allegation. There were no allegations of sexual abuse that occurred at another correctional facility reported at FCI Oxford during this auditing period. Neither has the Warden received information from another facility that an inmate alleged he was sexually abused at FCI Oxford. Compliance with this standard was determined by a review of policy and documentation and staff interviews.

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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; One Source Guide for First Responder/Operations Lieutenant; and review of documentation address this standard. All staff members are trained in the duties of first responders. Interviewed staff members were very knowledgeable of their responsibilities as first responders. Interviewed staff indicated that, after separating the alleged victim and abuser and not allowing any evidence to be destroyed, the first responder would be required to preserve the crime scene and notify the Operations Lieutenant. The Operations Lieutenant would continue to protect the victim and notify medical, mental health and administrative staff. All staff members are issued and carry a pocket-sized PREA first responder card for quick reference. The facility has a specially trained Evidence Recovery Team to gather all evidence. The investigation, in coordination with the agency to which the case may be referred, must follow the guidance given in agency policies and practices concerning evidence gathering and processing procedures. During this reporting period, there were two allegations at FCI Oxford that an inmate had been sexually abused. A staff member responded as a first responder in one of the alleged incidents. A review of the documentation of the incident indicated that the staff member involved took appropriate action to safeguard the inmate making the allegation. Compliance with this standard was determined by a review of policy and documentation and staff interviews.

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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; IS 5324.12B, Sexually Abusive Behavior Prevention and Intervention Program; and One Source First Responder Reference Guide address this standard. The agency and FCI Oxford have developed policy and the One Source First Responder Reference Guide, a comprehensive checklist for all personnel that must be involved in responding to an allegation of sexual abuse. The checklist describes in detail the actions to be taken by staff in the event any PREA related incident occurs. Annual training is required for all personnel to ensure each is familiar with their duties and responsibilities. Staff interviewed, formally and informally, indicated a clear understanding of their responsibilities relating to PREA. Compliance with this standard was determined by a review of policy and documentation and staff interviews.

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.

FCI Oxford submitted for review a copy of the Collective Bargaining Agreement (CBA) between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees, effective July 21, 2014-July 20, 2017. This agreement allows the BOP and FCI Oxford to reassign an employee to another job within the facility or remove the employee from the facility pending investigation of the matter. This agreement complies with the standard. The CBA is currently being renegotiated and will contain the required language in its final form.

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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses this standard. Agency and facility policy forbid any type of retaliation towards any staff member or inmate who has reported an incident of sexual abuse or sexual harassment or who has cooperated with an investigation into such matters. FCI Oxford may use multiple protection measures to ensure the safety and well-being of both an inmate and staff member involved in a PREA related incident. The Institution PREA Compliance Manager monitors staff and inmates who have reported sexual abuse allegations to protect them from retaliation for 90 days. In the case of inmates, periodic status checks occur to monitor the frequency of incident reports, housing assignments, program changes and any negative consequences for reporting sexual abuse. In the case of staff, the frequency of job reassignments and negative performance reviews would be monitored. Depending on circumstances, these checks may occur more frequently or be extended beyond 90 days. The facility reported no incidents of retaliation reported during this auditing period. Compliance with this standard was determined by a review of policy and documentation and staff interviews.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses this standard. Agency policy states inmates at high risk of sexual victimization or alleged sexual abuse shall not be placed in protective custody (SHU) unless an assessment of all available alternatives has been made, and a determination has been made that there is no available means of separation from likely abusers. The basis for this concern and the reason why no alternative means of separation is available is documented. If an inmate is placed in protective custody, a status review shall be held every 30 days. During the reporting period, FCI Oxford reported no inmates were placed in post-allegation protective custody status due to allegations or concerns of sexual assault. Staff interviewed and the tour of the facility indicated that there are usually viable alternatives to placing a victim of sexual abuse/sexual harassment in involuntary segregated housing. To the extent possible, access to programs, privileges, education and work opportunities would not be limited to inmates placed in the SHU for the purpose of protective custody. Compliance with this standard was determined by a review of policy and supporting documentation and staff interviews.

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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses this standard. Agency policy is comprehensive and requires that an investigation into an allegation of sexual abuse and sexual harassment be conducted promptly, thoroughly and objectively, including reports received from third parties and anonymously. The facility Special Investigative Services Lieutenant conducts administrative investigations within the facility and was interviewed by the auditor. If an inmate-on-inmate allegation appears to be criminal in nature, the SIS Lt, in conjunction with the BOP's Office of Internal Affairs and the Warden, will refer the incident to the FBI for a criminal investigation. Staff-on-inmate criminal investigations are conducted by the Office of the Inspector General. The FBI or OIG investigator consults with the U.S. Attorney for possible prosecution. A review of documentation indicated that investigative staff, as well as other law enforcement agencies, received specialized training in sexual abuse investigations. This training included gathering and preserving evidence from a crime scene and interviewing alleged victims, alleged perpetrators and witnesses, as well as reviewing complaints and reports of sexual abuse involving the suspected perpetrator, if previous complaints and reports were substantiated. The credibility of anyone involved will be assessed on an individual basis and not determined by the person's status as staff or inmate. No inmate is required to submit to a polygraph as a condition of proceeding with the investigation. Administrative investigations are required to determine if staff actions or failure to act, physical layout of facility, staffing patterns or institutional operations, etc. contributed to the abuse. FCI Oxford reported no substantiated allegations during this auditing period. Compliance with this standard was determined by a review of policy and documentation and staff interviews.

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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and the Collective Bargaining Agreement address this standard. Agency policy establishes the evidence standard as a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Compliance with this standard was determined by a review of policy and documentation and staff interviews.

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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses this standard. Agency policy requires that, following an investigation into an inmate's allegation that they have suffered sexual misconduct in the facility, the inmate is notified verbally or in writing by the SIS Lieutenant as to whether the allegation was substantiated, unsubstantiated or unfounded. Reports indicated that two allegations of sexual misconduct were received during this reporting period. The review of documentation verified that each inmate was notified by the SIS of the results of the investigation conducted. Compliance with this standard was determined by a review of policy and documentation and staff interviews.

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.

PS 3420.11, Standards of Employee Conduct; and PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, address this standard. Policy states that staff members are subject to administrative action, up to and including removal, for violation of the agency's zero-tolerance policy regarding sexual misconduct. A review of documentation indicated that, during the reporting period, no staff member resigned in lieu of termination or was terminated for violating agency sexual abuse or sexual harassment policy, and there were no substantiated cases against a staff member. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, may be reported to criminal investigators and to any law enforcement or relevant professional certifying/licensing bodies by the agency, unless the activity was clearly not criminal. Compliance with this standard was determined by a review of policy and documentation and staff interviews.

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.

PS 3420.11, Standards of Employee Conduct; and PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, address this standard. Agency policy states that inmate sexual relationship/contact by a contractor or volunteer is forbidden. Any allegation of sexual abuse is thoroughly investigated and, when appropriate, referred to any law enforcement or relevant professional certifying/licensing bodies by the agency, unless the activity was clearly not criminal. During the auditing period, there were no allegations of sexual misconduct with an inmate involving contractors or volunteers. Compliance with this standard was determined by a review of policy and supporting documentation, as well as staff interviews.

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)

- 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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses this standard. Agency policy states inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. Any sanctions are 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. If mental disabilities or mental illness is a factor, the facility considers the offer of therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. All sexual contact between inmates is prohibited. Inmates are not disciplined for allegations of sexual misconduct made in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegations. During the auditing period, there were no disciplinary sanctions against inmates issued as a result of sexual misconduct with other inmates or staff. Compliance with this standard was determined by a review of policy and supporting documentation, along with staff interviews.

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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses this standard. Medical, mental health and specialized staff interviews confirmed that the facility has a comprehensive system for collecting medical/mental health information relevant to the PREA, with the ability to provide continued re-assessment and follow-up services. A review of 24 intake screening documents from the audit period indicated screening for prior victimization is conducted by unit team staff and mental health staff during in-processing procedures. This screening process includes screening for previous sexually assaultive behavior in an institutional setting or in the community. The review of completed Psychology Services' "Risk of Victimization" and "Risk of Sexual Abuse" Forms indicated that inmates who disclose prior victimization or abusiveness are offered a follow-up meeting with medical/mental health staff within fourteen days. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for the purpose of determining treatment plans, housing, work and program assignments and other management decisions. Treatment services are offered without financial cost to the inmate. Procedures require signed and dated consent forms be obtained from inmates before reporting prior sexual victimization that did not occur in an institutional setting. Compliance with this standard was determined by a review of policy and supporting documentation, as well as staff interviews.

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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses this standard. Review of policy and interviews with medical and mental health staff members indicated that inmate victims of sexual abuse would receive timely, unimpeded access to emergency medical/mental health treatment and crisis intervention services within the facility or be transported to a local medical facility with SANE services. Victim advocacy is offered through an agreement with a community provider or one of the trained staff members. Inmate victims are offered information about, and timely access to, information on sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, when medically appropriate. Follow-up mental health testing and treatment for sexually transmitted diseases are provided by the facility. The victim incurs no financial cost for related medical, mental health and advocacy services. There were no allegations of sexual abuse/assault, during this auditing period, that required an assessment and forensic evidence collection by a local SANE. Compliance with this standard was determined by a review of policy and supporting documentation, along with inmate and staff interviews.

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.) 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.) 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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses this standard. Agency policy states medical and mental health evaluation and, as appropriate, treatment is offered to all inmates who have been victimized by sexual abuse in any prison, jail, lock-up, or juvenile facility. Evaluation and treatment include follow-up services, a treatment plan and, if necessary, referrals for continuing care following transfer or release. All care provided to inmates is consistent with the community level of care. If an inmate is sexually abused while incarcerated, he is offered testing for sexually transmitted infections. Treatment services shall be provided without financial cost. The facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such incidents. Compliance with this standard was determined by a review of policy and documentation, as well as staff interviews.

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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses this standard. Agency policy requires a review team to meet at the conclusion of an investigation, unless the allegation was determined to be unfounded. The Incident Review Team is made up of Executive Staff members who review the incident to assess the facility's response to the allegations, with input from investigators, supervisors, medical and mental health practitioners and the local union representative. In reviewing incident reports and interviews with Incident Review Team members, it was determined that all factors noted within the PREA standard were considered.

The Institution PREA Compliance Manager documents the review in a report, including recommendations for improvements, if any. If an unsubstantiated allegation involves a staff member, the report would not include the staff member's personally identifiable information. The report is submitted to the Warden, who ensures implementation of the recommendations or documents the reason for not following them. In cases of substantiated sexual abuse, Incident Review Team members review the incident, with input from investigators, supervisors, medical and mental health practitioners and the local union representative. The report is submitted to the Warden, who ensures implementation of the recommendations or documents the reason for not following them. A copy of this report is also forwarded to the Regional Director through the Regional PREA Coordinator. There was one unsubstantiated sexual abuse allegation at FCI Oxford during this reporting period. The other allegation of inmate-on-inmate sexual abuse was determined to be unfounded. Compliance with this standard was determined by a review of policy and documentation and staff interviews.

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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses this standard. A review of documents confirmed that the facility collects accurate, uniform data for every allegation of sexual abuse/sexual harassment with a standardized instrument. The agency tracks information concerning sexual abuse using data from the facility's Special Investigative Services, the agency's Office of Internal Affairs, and SENTRY, the BOP's computerized data management program. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The agency aggregates and reviews all data annually. Upon request, the agency would provide all such data to the Department of Justice no later than June 30. Compliance with this standard was determined by a review of policy and documentation and staff interviews.

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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses this standard. The Bureau of Prisons and the facility review and assess all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, to identify any trends, issues, or problematic areas and to take corrective action, if needed.

The IPCM forwards data to the respective BOP Regional PREA Coordinator and the National BOP Coordinator. An annual report is prepared and placed on the BOP website. The Annual Report was reviewed and can be found on the BOP website (www.bop.gov). Compliance with this standard was determined by a review of policy and documentation and staff interviews.

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.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses this standard. The National PREA Coordinator reviews data compiled by each BOP facility, from Sentry, from each Regional PREA Coordinator, from the Information, Policy and Public Affairs Division of the BOP, and from the Office of Internal Affairs and issues a report to the Director on an annual basis. Facility data is maintained in locked files or on computer databases that are user ID and password protected. Agency PREA data is securely retained and published on the BOP website, after removing all personal identifying information. The required reports cover all data noted in this standard and are retained in a file. Compliance with this standard was determined by review of policy and documentation and staff interviews.

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.

This is the second PREA audit for this facility. The previous PREA audit was conducted July 12-14, 2016. All BOP facilities have received at least one PREA audit since August 20, 2012. At least one-third of the facilities were audited during the one-year period after August 20, 2012. During the on-site portion of the audit, the auditor was allowed complete access to all parts of the facility, received and reviewed all relevant documents requested and privately interviewed inmates and staff. The postings notifying inmates and staff of the scheduled audit were observed throughout the facility in English and Spanish, to include the mailing address of the auditor. No mailings were received from any inmate at FCI Oxford or an outside third party.

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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 agency has posted all Final Audit Reports on its website within ninety days of completion.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

E. Richard Bazzle

7/17/2019

Auditor Signature

Date

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

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