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

PREA Facility Audit Report: Final

Name of Facility: USP Atlanta
Facility Type: Prison / Jail
Date Interim Report Submitted: NA
Date Final Report Submitted: 06/15/2024

Auditor Certification	
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.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: James Kenney	**Date of Signature:** 06/15/2024

AUDITOR INFORMATION	
Auditor name:	Kenney, James
Email:	kenney.consult@gmail.com
Start Date of On-Site Audit:	05/07/2024
End Date of On-Site Audit:	05/09/2024

FACILITY INFORMATION	
Facility name:	USP Atlanta
Facility physical address:	601 McDonough Boulevard Southeast, Atlanta, Georgia - 30315
Facility mailing address:	

Primary Contact

Name:	
Email Address:	
Telephone Number:	

Warden/Jail Administrator/Sheriff/Director	
Name:	A. Thomas III
Email Address:	ATL-PREAComplianceMgr-S@bop.gov
Telephone Number:	404-635-5100

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	B. Patrick
Email Address:	ATL-PREAComplianceMgr-S@bop.gov
Telephone Number:	404-635-5100

Facility Characteristics	
Designed facility capacity:	2270
Current population of facility:	1681
Average daily population for the past 12 months:	1677
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males

Age range of population:	20-77
Facility security levels/inmate custody levels:	Admin/Low/Minimum/High/Max
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	391
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	4
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	23

AGENCY INFORMATION	
Name of agency:	Federal Bureau of Prisons
Governing authority or parent agency (if applicable):	U.S. Department of Justice
Physical Address:	320 1st Street Northwest, Washington , Dist. Columbia - 20534
Mailing Address:	
Telephone number:	2023073250

Agency Chief Executive Officer Information:	
Name:	Colette S. Peters, Director
Email Address:	bop-rsd-preacoordinator@bop.gov
Telephone Number:	(202) 307-3250

Agency-Wide PREA Coordinator Information			
Name:	Adriana Restrepo	**Email Address:**	arestrepo@bop.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	
1	• 115.65 - Coordinated response
Number of standards met:	
40	
Number of standards not met:	
0	
Not audited at the facility level: Audited at the agency-level, and not relevant to the facility-level audit because the facility has no independent responsibility for the operation of these standards.	4

AGENCY AUDIT FINDINGS

Summary of Audit Findings

These standards were audited at the agency-level. For more information, please see the attached agency audit report found at the end of this document.

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	
0	
Number of standards met:	
10	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION	
GENERAL AUDIT INFORMATION	
On-site Audit Dates	
1. Start date of the onsite portion of the audit:	2024-05-07
2. End date of the onsite portion of the audit:	2024-05-09
Outreach	
10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International, Grady Memorial Rape Crisis Center.
AUDITED FACILITY INFORMATION	
14. Designated facility capacity:	2270
15. Average daily population for the past 12 months:	1677
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes (●) No ( ) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	1634
38. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	21
39. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	22
40. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	18
41. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	16
42. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	326
43. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	7

44. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	7
45. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	1
46. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	29
47. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	391
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	23

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	4
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	21
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor randomly selected three individuals from each housing unit, selecting the 15th person down on page one, the 10th person up on page two, and the fourth person down on page three. The auditor ensured the random selections met different ages, races, and lengths of stay.

56. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	21
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/ resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
60. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2

62. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
64. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	5
65. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
66. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
67. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	1
68. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	6

69. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed the SHU roster and the sexual abuse allegations to ensure there were no individuals in segregation.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	16

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	21
76. Were you able to interview the Agency Head?	◉ Yes ○ No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	◉ Yes ○ No

78. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
79. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☑ Agency contract administrator ☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☑ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☑ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☑ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff

	☑ Other
If "Other," provide additional specialized staff roles interviewed:	Grievance coordinator, Mail room, Food service.
81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☑ Religious ☐ Other
82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☑ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No

88. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	15	0	0	15
Staff-on-inmate sexual abuse	0	0	0	0
Total	15	0	0	15

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	4	11	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	4	11	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	1
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	1	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	15

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	15
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff	
116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No
AUDITING ARRANGEMENTS AND COMPENSATION	
121. Who paid you to conduct this audit?	○ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ◉ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other
Identify the name of the third-party auditing entity	Corrections Consulting Services

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (*Policies, directives, forms, files, records, etc.*) 1. Program Statement (PS) 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* 2. *Federal Bureau of Prisons Organizational Chart* 2. Interviews: 1. PREA coordinator 2. PREA compliance manager **Findings (by provision):** **115.11(a).** The Federal Bureau of Prisons and United States Penitentiary (USP) Atlanta has adopted a comprehensive written policy that mandates zero-tolerance toward all types of sexual abuse and sexual harassment. The agency provided

	Program Statement (PS) 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*, which outlines their zero-tolerance sexual abuse policy. The PS clearly describes the agency's approach to the prevention, detection, intervention, and response to sexual assault incidents in their correctional facilities and establishes immediate reporting guidelines of such incidents. This procedure provides the definitions for sexual abuse and sexual harassment that are consistent with the prohibited behaviors in the PREA standards. Based upon this analysis, the auditor finds the institution in compliance with this provision. **115.11(b).** The agency has designated an agency wide PREA coordinator who reports to the Assistant Director, Reentry Services Division of the Federal BOP. The agency's organizational chart was provided for review and shows the PREA coordinator's position in the Reentry Services Division of the BOP. There is no question as to the authority level of the PREA coordinator at this agency. The National PREA coordinator develops, implements, and oversees the Bureau's compliance with PREA. The Bureau appoints a Regional PREA coordinator to ensure policy guidelines are addressed in institutions within each region. The National PREA coordinator provides oversight to all the Regional coordinators. Based on the information in the PS and the organizational chart the auditor understands the PREA coordinator has both the time and authority necessary to be successful and meet the standard. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.11(c).** The agency has designated PREA compliance managers to handle the responsibilities at their correctional facilities. The Warden at each institution must assign an Institution PREA Compliance Manager (IPCM), who, except in rare circumstances, will be an Associate Warden. At USP Atlanta the IPCM is Associate Warden Lynn Early. The IPCM maintains responsibility for the Sexually Abusive Behavior Prevention and Intervention Program and must provide supervisory oversight to ensure the coordination of institution departments in prevention, detection, intervention, and response, as specified by the agency's Program Statement. Through an interview with the IPCM, the auditor was able to determine the IPCM clearly understands her role and is well educated on the PREA standards. The auditor learned the IPCM spent many years working in Health Services before volunteering to take on the role of IPCM at USP Atlanta. She has been in the role for the last five (5) months and, based on the auditor's observations, has done a fantastic job stepping into the role, evaluating the facility's compliance to the standards, and making positive changes for the safety of the incarcerated individual population. The IPCM indicated that there was sufficient time to complete duties as the IPCM, as it was a required part of the Associate Warden's responsibilities. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.12	**Contracting with other entities for the confinement of inmates**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion

	The following evidence was analyzed in making the compliance determination:
	
	1. Documents: (*Policies, directives, forms, files, records, etc.*)
	    1. Memorandum – From BOP Assistant Director
	2. Interviews:
	    1. None
	
	Findings (by provision):
	
	115.12(a). The agency provided a Memorandum from the BOP Assistant Director. The memo states, in summary, that the Agency, pursuant to the President's Executive Order, no longer engages in contracting for incarcerated individual confinement. The memo also states that there are no plans to engage in contracts to house incarcerated individuals in the near future.
	
	Pursuant to the memo, the auditor was not provided further information from the Bureau's Contract Administrator. Based on this analysis, the auditor finds the institution in compliance with this provision.
	
	115.12(b). Pursuant to the memo, the auditor was not provided further information from the Bureau's Contract Administrator. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.13	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in making the compliance determination:
	
	1. Documents: (*Policies, directives, forms, files, records, etc.*)
	    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
	    2. *USP Atlanta Annual Salary/Workforce Utilization Plan FY24*
	    3. *Annual PREA Assurance Memo – Staffing Deviations*
	    4. *USP Atlanta Institutional Duty Officer Unannounced Institution Rounds*
	2. Interviews:
	    1. PREA Coordinator
	    2. Agency Head
	    3. Random Inmates

4. Random Staff
5. Specialized Staff

3. Site Review Observations:
    1. Control room (electronic monitoring)
    2. Programs and work areas
    3. Housing units
    4. Kitchen
    5. Health services

Findings (by provision):

115.13(a). In the PAQ, the agency provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The PS states that the Human Resource Management Division and Administration Division must consider PREA factors and safety, in general, when allocating overall staffing resources. At each institution, the *Salary/Workforce Utilization Committee Meeting Minutes* are utilized to monitor staffing and constitute the institution's Staffing Plan. The auditor was provided USP Atlanta's Committee Meeting Minutes for the prior 12-month period.

The staffing plan mandated in this provision must take into account 11 considerations:

1. Provision 115.13(a)(1) – Generally accepted detention and correctional practices – The Bureau creates posts throughout the BOP in line with national correctional practice and was developed based on direction from the National Institute of Corrections (NIC) and US Department of Justice's "*Guidelines for the development of a security program*".

2. Provision 115.13(a)(2) – Any judicial findings of inadequacy – There are no judicial findings of inadequacy at USP Atlanta.

3. Provision 115.13(a)(3) – Any findings of inadequacy from Federal investigative agencies – USP Atlanta has not had any findings of inadequacy from any Federal investigative agency.

4. Provision 115.13(a)(4) – Any findings of inadequacy from internal or external oversight bodies – There have been no findings of inadequacy from any internal or external oversight bodies at the Bureau.

5. Provision 115.13(a)(5) – All components of the institution's physical plant (including "blind-spots" or areas where staff or Incarcerated individuals may be isolated) – The Annual Salary/Workforce Utilization Meeting reviews all PREA-related concerns as part of the meeting. There are no noted concerns for the institution's physical plant.

6. Provision 115.13(a)(6) – The composition of the inmate population – The review considers the incarcerated individual population and understands that there are no concerns related to segregation units, security levels, or separation of male and female incarcerated individuals.

7. Provision 115.13(a)(7) – The number and placement of supervisory staff – The review considers the institution's ability to place staff throughout the institution, including supervisors. These tasks help to ensure sexual safety in the institution.

8. Provision 115.13(a)(8) – Institution programs occurring on a particular shift – The review ensures adequate staff assigned to daily programmatic activities, including daily access to mental health programming and the residential drug abuse unit. It also includes adequate staffing to ensure excellence in educational opportunities for all incarcerated individuals, while ensuring the safety of the incarcerated individuals.

9. Provision 115.13(a)(9) – Any applicable State or local laws, regulations, or standards – There are no State or local laws, regulations, or standards that relate to the Bureau and its staffing.

10. Provision 115.13(a)(10) – The prevalence of substantiated and unsubstantiated incidents of sexual abuse – The review includes a review of the PREA allegations in its annual review. USP Atlanta has a low number of allegations.

11. Provision 115.13(a)(11) – Any other relevant factors – The review considered all other incidents and the institution's physical plant and found no need to make modifications to the current staffing plan.

The overall staffing of the institution is consistent with accepted practices and standards, and the auditor saw nothing in the plan or in the institution that would be inconsistent with that finding.

USP Atlanta is an extremely old institution, and the agency has embarked on a very large rehabilitation program to upgrade the housing units and improve the living space for the incarcerated individuals. In doing so, the agency is upgrading connectivity and fire alarm systems for additional safety for the incarcerated population and the corrections staff. Another part of that rehabilitation includes an upgrade to the video monitoring system.

During the site review, the auditor found no areas of concern or blind spots in the institution. As stated, the age of the buildings at this institution lead to better safety as older buildings were generally built very square with no hidden corners or place to hide from the cameras in housing units, classrooms, work areas, or recreation areas. The auditor also noted adequate staffing throughout the institution, as well as with supervisory staff. The auditor reviewed all areas, including the kitchen, laundry, program areas, health services and mental health, visitation, and all housing units. There are clearly visible cameras in all areas of the institution and the auditor could see where the institution had identified potential areas of concern, as a significant number of mirrors had been installed. In fact, the auditor noted a greater use of mirrors throughout the institution, which may be an indication that the video monitoring system did not have great coverage and was outdated. As previously stated, the agency has already addressed this issue and is in the midst of a large upgrade to the system. The auditor visited the captain's office and reviewed the video monitoring system. There are no staff positions with the capability to view

camera monitors other than the main control room.

The auditor talked with several supervisors throughout the institution and witnessed their interactions with staff. It was apparent that there is ample supervisory coverage to ensure staff and incarcerated individual safety.

The auditor visited the education and programs areas and libraries. Incarcerated individuals were able to utilize program services and easily meet their required work opportunities without taking away security and safety from the rest of the institution. In fact, incarcerated individuals expressed to the auditor that participation in these programs and educational opportunities were sought after by incarcerated individuals. The staffing plan provides for required programs staff to allow full participation in work and betterment programs.

The auditor interviewed the Warden during the onsite phase of the audit. The Warden talked about the staffing plan and indicated the staffing plan is written through the *Annual Salary/Workforce Utilization Plan*. The Committee meets quarterly and reviews the institution's staffing, use of overtime, Federal budget for the institution, and all concerns related to sexual safety at the institution. The Warden confirmed that the BOP considers each of the factors in the standards when considering the staffing coverage for the BOP institutions. To confirm compliance, the shift supervisors review daily and weekly staffing reports and address any concerns immediately and forward those reports to the Warden's office for additional review and approval. The auditor also interviewed the IPCM, who confirmed the staffing plan considers each of the required points listed in this standard. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.13(b). The auditor was provided an *Annual PREA Assurance Memo – Staffing Deviations*, in the PAQ. Although the memo stated that there were no staffing deviations over the 12-month period prior to the onsite audit, overtime was utilized to cover expected or unexpected staff shortages. Any staffing plan deviations are indicated in the Workforce Utilization Plan. Staff shortages, expected terminations, retirements, Federal holiday payments, overtime usage, or budget shortfall is addressed. The institution utilizes overtime to cover deviations from the plan to ensure adequate coverage on each shift to maintain proper staffing. This ensures sexual safety of the incarcerated individuals at the institution. These deviations are reported on the daily shift rosters and are included in the institution's weekly reports. This information is included in the *Quarterly Salary/Workforce Utilization Plan*. The auditor was provided access to this information in the submitted documentation for review and the Wardens confirmed this information during the interview with the auditor. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.13(c). The auditor was provided a copy of the *Annual Salary/Workforce Utilization Plan FY24* in the PAQ. The annual review was completed in the fourth quarter of 2023. The review indicated there were no concerns with the current staffing based on the institution's Incarcerated individual population, current staffing levels, current video monitoring technology, physical plant, and institution

	administration requests. The annual review was completed by the Workforce Utilization Committee, which included the IPCM, and was signed by the Warden. The auditor received written responses from the Agency PREA coordinator, who confirmed the staffing plan is reviewed at a minimum of once per year and are annually compiled by the Regional PREA Coordinator by May 1 and submitted to the National PREA Coordinator by June 1. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.13(d).** The auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. This program statement states, “Unannounced rounds by supervisory staff conducted with the intent of identifying and deterring sexual abuse and sexual harassment are conducted every week, including all shifts and all areas. The Institution Duty Officer (IDO) conducts and documents the unannounced rounds. At the end of the IDO’s tour week, the documentation is forwarded to the Institution PREA Compliance Manager for retention." During the onsite audit, the auditor spoke with several staff members while completing the site review. The auditor confirmed that supervisors make rounds throughout the institution daily and weekly. In fact, the auditor was told that the Warden walks through the housing units almost every week to ensure that incarcerated individuals and staff are safe. The auditor spoke with several incarcerated individuals, and they told the auditor that supervisors and the Warden are seen often in the housing unit and are easily accessible if the incarcerated individuals have a concern. The auditor was provided several copies of the *USP Atlanta Institutional Duty Officer Unannounced Institution Rounds* completed forms for various dates throughout the last 12 months. The forms show completed rounds in all areas of the institutions, at various times of the day, by various intermediate- and higher-level staff members. The auditor interviewed two (2) intermediate supervisors during the onsite audit. Both confirmed that each upper-level supervisor is posted for one week as the Institutional Duty Officer on a rotating basis. During that week, rounds must be performed throughout the institution. They stated that they perform rounds at various times of the day and night and alter the order in which housing units are visited as a means to ensure entry for rounds are unannounced. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.14	**Youthful inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.)*
    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
2. Interviews:
    1. None
3. Site Review Observations:
    1. None

Findings (by provision):

115.14(a). USP Atlanta does not house youthful incarcerated individuals. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.14(b). USP Atlanta does not house youthful incarcerated individuals. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.14(c). USP Atlanta does not house youthful incarcerated individuals. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.15	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (*Policies, directives, forms, files, records, etc.*) 1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* 2. PS 5521.06 *Searches of Housing Units, Inmates, and Inmate Work Areas* 3. Training curriculum 4. Training records 2. Interviews: 1. Specialized staff 2. Targeted incarcerated individuals 3. Random incarcerated individuals 3. Site Review Observations: 1. Control room (electronic monitoring) 2. Strip search room 3. Bathrooms and shower areas 4. Housing units 5. Health services

Findings (by provision):

115.15(a). In the PAQ, the institution provided PS 5521.06 *Searches of Housing Units, Inmates, and Inmate Work Areas*. This program statement outlines the proper procedures for staff at the BOP to perform visual searches of incarcerated individuals. The searches must be performed by staff of the same gender as the incarcerated individual, except where circumstances are such that delay would mean the likely loss of contraband. When staff of the opposite gender makes the visual search, the staff member must document the reasons for the search. The institution stated that no such opposite gender searches were performed over the previous 12 months prior to the audit.

During the site review, the auditor viewed the strip search area in the Receiving and Discharge (R&D) area inside the detention center building. In R&D, the search area is behind a solid door and there are no cameras inside the room. There are dividers to provide three separate search areas for the incarcerated individuals. During the site review, the auditor watched the intake process for eight (8) incarcerated individuals and witnessed male staff members take the new intake incarcerated individuals inside the private search room to perform the visual search. The auditor was told the search of male incarcerated individuals would always be performed by a male staff member based on the agency policy. The auditor questioned several female officers if they were able to assist with the visual searches and each officer stated they were unable to search male individuals per agency policy. The auditor had informal discussion with male incarcerated individuals during the site review and was told that strip searches of incarcerated individuals are always performed by male officers. The auditor interviewed two officers that perform searches and they both indicated that only male officers are permitted to perform strip searches of the male incarcerated individuals. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.15(b). In the PAQ, the institution provided PS 5521.06 *Searches of Housing Units, Inmates, and Inmate Work Areas*. This program statement outlines the proper procedures for staff at the BOP to perform visual searches of incarcerated individuals. The policy clearly states that male staff are not permitted to pat-search female incarcerated individuals unless exigent circumstances exist. This institution does not house female incarcerated individuals. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.15(c). In the PAQ, the institution provided PS 5521.06 *Searches of Housing Units, Inmates, and Inmate Work Areas*. The program statement requires that staff properly document all cross-gender searches, either pat-searches or strip searches. The institution indicated that there were no documented cross-gender searches performed over the previous 12 months prior to the audit. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.15(d). The agency provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement indicates that this section applies only to incarcerated individual housing units and does not apply to

medical housing units. The procedure requires that incarcerated individuals be appropriately clothed in all common areas of the institution. Incarcerated individuals are required to shower, perform bodily functions, and change clothing in designated areas only. Incarcerated individuals will be notified of the presence of opposite gender staff members in four ways, including:

1. a statement in the *Admission and Orientation Handbook* advising incarcerated individuals they are required to remain clothed in the presence of cross-gender staff;

2. a posted notice on incarcerated individual bulletin boards and signs in housing units that state that male and female staff routinely work and visit the incarcerated individual housing areas;

3. an announcement made at the beginning of primary shifts, or other appropriate times in each housing unit, using a public address system;

4. for staff members with offices in the housing units, the Unit Team, the most recent schedule is posted in the unit, so incarcerated individuals are aware when opposite gender staff are present.

USP Atlanta operates both a Federal prison and a Federal Detention Center. In the main building, there are three (3) housing units for the prison population. Units A, B, and D have been completely rehabilitated from the original housing structure. The original housing units held cells on multiple tiers and the cells were all open gates. The rehabilitation of the housing units closed in the cells, added doors with access slots, updated plumbing, and added safety features such as smoke alarms. A and B Units are double units, with a separation for safety in the center. All three units are double tiers, double-bunked, and the cells have their own sinks and toilets. Unit A has 534 beds, Unit B has 552 beds, and Unit D has 300 beds. In each unit, showers are along one wall in the unit, six showers on each level. The showers have a swinging door that covers approximately three-quarters of the shower front to provide dignity for the incarcerated individual and most have an additional shower curtain for additional dignity.

In the Detention Center, the detention individuals are housed in two units, both of which can house up to 295 individuals. The units are double tiered, and the cells are double bunked, with their own sink and toilet. Showers are along one wall with six showers on each level. The showers have a swinging door that covers approximately three-quarters of the shower front to provide dignity for the incarcerated individual and most have an additional shower curtain for additional dignity. The last housing unit is the institution's Special Housing Unit (SHU). The SHU is also double tiered, and the cells are double bunked with their own sink and toilet. The cells also have their own shower.

During the site review, the auditor visited each housing unit and viewed the restroom and shower areas. In all areas, the auditor could see the specific actions taken to provide privacy and dignity for the incarcerated individuals and to prevent cross-gender viewing of incarcerated individuals' breasts, genitalia, and buttocks. Individuals housed in the units told the auditor that staff were unable to see them

	fully naked while they showered, used the restroom, or changed clothes. The auditor witnessed the cross-gender announcement each time the auditor and the auditor's escort entered the housing units, as the escort was a female. The auditor checked the video monitors in the main control room and there were no cameras which provided a clear view of any of the restroom or shower areas, where a staff member would have the opportunity to see an incarcerated individual's breasts, genitalia, and buttocks. During random interviews with 21 incarcerated individuals, all stated that officers routinely make an announcement before entry to the unit. All 21 of the incarcerated individuals interviewed confirmed they were aware of the agency's cross-gender signs and statement in the Handbook, and they heard the daily recorded announcement. During random interviews with 16 staff members, they confirmed that cross-gender announcements are performed every time a female staff member enters a male housing unit. Staff stated that they cannot see incarcerated individuals in the showers and restrooms unless they are performing routine security rounds. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.15(e).** In the PAQ, the agency provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement confirms that the agency may not search an incarcerated individual to determine their genital status, but the provision does not limit the search of an incarcerated individual to ensure the safe and orderly running of the institution. During the onsite phase of the audit, the auditor interviewed three transgender female incarcerated individuals. All three indicated that they had not been searched specifically to determine their genital status. The auditor interviewed 16 random staff members and was told that such searches of transgender incarcerated individuals was a violation of policy. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.15(f).** The institution provided the auditor a copy of the search procedures training curriculum that is provided for staff on an annual basis. The training identifies the need for staff members to perform pat searches using the bladed technique between and under the breasts to search for contraband. The training also requires the need to do searches in a professional and respectful manner, in the least intrusive manner possible. The auditor was provided training records for the last two years, which documents the completion of training for all staff members on the search module. During the onsite phase of the audit, the auditor interviewed 16 random staff members. Each of the 16 staff members confirmed receiving this required agency training. All 16 staff members stated that the training included how to perform the searches of transgender incarcerated individuals in a professional and respectful manner. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.16	**Inmates with disabilities and inmates who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in making the compliance determination:
	
	1. Documents: (*Policies, directives, forms, files, records, etc.*)
	    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
	    2. *DOJ Blanket Purchase Order* (BPA DJJ12-F-2306)
	    3. *USP Inmate Orientation Handbook*
	2. Interviews:
	    1. Agency head
	    2. Targeted Incarcerated individuals
	    3. Random Incarcerated individuals
	3. Site Review Observations:
	    1. Postings in housing units
	    2. Medical housing
	    3. Incarcerated individual educational materials
	
	Findings (by provision):
	
	115.16(a). In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The procedure requires that incarcerated individuals with recognized disabilities or who are Limited English Proficiency (LEP) will be advised of the agency's zero tolerance policy on sexual abuse utilizing resources that include closed captioning, large print materials, reading of materials, agency translators, and LanguageLine Solutions. The IPCM is to reach out to local disabilities assistance offices to ensure the institution is providing effective communication accommodations when a need for such an accommodation is known. The auditor was provided a memo regarding the DOJ contract with LanguageLine Solutions, that is available for use at USP Atlanta. The auditor was advised that the institution has access to staff members that can translate Spanish, LanguageLine Solutions, and American Sign Language interpreting services.
	
	During the onsite phase of the audit, the auditor interviewed one incarcerated individual with a physical disability who was confined to a wheelchair. He confirmed having received the PREA education and having no problems with seeing and hearing the information provided at receiving and orientation. He could explain the zero-tolerance policy, knew how to properly report an allegation of sexual abuse, and knew what behavior was considered sexual abuse. The auditor also interviewed one partially deaf incarcerated individual and one partially blind incarcerated individual during the onsite audit. The deaf individual has very little hearing remaining but was still able to answer the auditor's questions. He stated he received the agency's PREA

education at intake to the institution and during the A&O orientation. The officer delivering the orientation verified that he could hear the presentation and provided written materials. He easily explained the zero-tolerance policy and was able to describe several ways that he could report incidents of sexual abuse and sexual harassment. The blind individual stated nearly the same thing, that staff took time to ensure he received the PREA education and was able to read it, even with his low vision. He knew how to report incidents of sexual abuse. The auditor received written interview responses from the agency head. In these responses, she confirmed the various accommodations available to provide PREA education for all incarcerated individuals, regardless of the disability or language spoken. During the site review, the auditor viewed the PREA signage, and it appeared to be posted at a level that was easily viewed by all incarcerated individuals, even those that were wheelchair-bound. Administrative remedies are available to all incarcerated individuals and all incarcerated individuals have full access to incarcerated individual email, unless they were housed in the Special Housing Unit (SHU), regardless of any disability they may have. Also, BOP policy requires accommodations for those that need assistance to file an administrative remedy. The telephones are also in a place easily accessible for all incarcerated individuals, so all incarcerated individuals would be able to call the PREA hotline. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.16(b). In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The procedure requires that incarcerated individuals with recognized disabilities or who are Limited English Proficiency (LEP) will be advised of the agency's zero tolerance policy on sexual abuse utilizing resources that include closed captioning, large print materials, reading of materials, agency translators, and LanguageLine Solutions. The IPCM is to reach out to local disabilities assistance offices to ensure the institution is providing effective communication accommodations when a need for such an accommodation is known. The auditor was provided with a memo regarding the DOJ contract with LanguageLine Solutions, that is available for use at USP Atlanta. The auditor was advised that the institution has access to staff members that can translate Spanish, LanguageLine Solutions, and American Sign Language interpreting services.

The auditor interviewed five (5) incarcerated individuals that spoke Spanish. The institution provided a staff member to translate for the auditor. The incarcerated individuals explained that written materials were all provided in Spanish, and they clearly understood the agency's zero-tolerance policy. They explained to the auditor how to file an allegation of sexual abuse if it were necessary. The auditor received written interview responses from the agency head. In these responses, she confirmed the various accommodations available to provide PREA education for all incarcerated individuals, regardless of the disability or language spoken. The auditor viewed PREA signage in the housing units during the site review and all signs were available in both English and Spanish. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.16(c). In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement indicates

	that use of an incarcerated individual interpreter is not allowed, except in exigent circumstances. During the onsite phase of the audit, the auditor spoke with 16 random staff members. All staff stated that the institution does not utilize incarcerated individuals to interpret for other incarcerated individuals. Staff members stated clearly that using an incarcerated individual to interpret could be dangerous, as there is no way to ensure that the translation from their language to English is accurate. Staff confirmed that there is a list of approved translators if someone requires a translator. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.17	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (*Policies, directives, forms, files, records, etc.*) 1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* 2. PS 3000.03 *Human Resource Management Manual* 3. PS 3420.11 *Standards of Employee Conduct* 4. *BOP Pre-Employment Guide* 5. *BOP Recruitment Flyer* 6. *U. S. Government - Questionnaire for Public Trust Positions* 7. Employment records 2. Interviews: 1. Specialized staff **Findings (by provision):** **115.17(a).** In the PAQ, the auditor was provided several documents related to the Bureau's hiring procedures for staff members, contractors, and volunteers. PS 3000.03 *Human Resource Management Manual* highlights the Bureau's investigative requirements for the hiring of staff members, contractors, and volunteers. Prospective BOP employees, institution volunteers, and contractors for services to BOP institutions are provided documents to advise them of the requirements of criminal background checks. These documents include the *Pre-Employment Guide*, the *Recruitment Flyer*, and the *U.S. Government Questionnaire for Public Trust Positions*. PS 3420.11 *Standards of Employee Conduct* was also provided for the auditor to indicate acts of conduct that the BOP will consider as prohibited that will exclude an applicant from consideration for employment or service as a volunteer.

	The auditor reviewed the records of fifteen randomly selected staff members. The agency provided clear records showing the appropriate background checks performed with no indication of prior sexual offenses listed for each of the fifteen records reviewed. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.17(b).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* includes an extensive review of the applicant's prior work history. This review asks questions regarding the applicant's sexual harassment history. This review must be completed before the applicant can be approved for employment by the Bureau. During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that all applicants are asked specific questions about sexual harassment. The applicant is required to affirmatively state that he or she has not been the subject of a sexual harassment investigation. This is also confirmed through the background check of prior employers. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.17(c).** In the PAQ, the auditor was provided several documents related to the Bureau's hiring procedures for staff members, contractors, and volunteers. PS 3000.03 *Human Resource Management Manual* highlights the Bureau's investigative requirements for the hiring of staff members, contractors, and volunteers. Prospective BOP employees, institution volunteers, and contractors for services to BOP institutions are provided documents to advise them of the requirements of criminal background checks. These documents include the *Pre-Employment Guide*, the *Recruitment Flyer*, and the *U.S. Government Questionnaire for Public Trust Positions*. PS 3420.11 *Standards of Employee Conduct* was also provided for the auditor to indicate acts of conduct that the BOP will consider as prohibited that will exclude an applicant from consideration for employment or service as a volunteer. The auditor reviewed the records of fifteen randomly selected staff members. The agency provided clear records showing the appropriate background checks performed with no indication of prior sexual offenses listed for each of the fifteen records reviewed. During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that all applicants must pass the full criminal history review before being considered for employment. Also, a full check of prior employers is completed for everyone before the applicant's file can receive final approval. These same reviews are completed for contractors but are typically performed by the contractor and are included in the contract. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.17(d).** In the PAQ, the auditor was provided several documents related to the Bureau's hiring procedures for staff members, contractors, and volunteers. PS 3000.03 *Human Resource Management Manual* highlights the Bureau's investigative requirements for the hiring of staff members, contractors, and volunteers. Prospective BOP employees, institution volunteers, and contractors for services to BOP institutions are provided documents to advise them of the requirements of

	criminal background checks. These documents include the *Pre-Employment Guide*, the *Recruitment Flyer*, and the *U.S. Government Questionnaire for Public Trust Positions*. PS 3420.11 *Standards of Employee Conduct* was also provided for the auditor to indicate acts of conduct that the BOP will consider as prohibited that will exclude an applicant from consideration for employment or service as a volunteer. During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that all applicants must pass the full criminal history review before being considered for employment. Also, a full check of prior employers is completed for everyone before the applicant's file can receive final approval. These same reviews are completed for contractors but are typically performed by the contractor and are included in the contract. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.17(e).** In the PAQ, the agency provided PS 3000.03 *Human Resource Management Manual*. The manual states that all positions considered law enforcement positions and all other positions are subject to background investigations at levels based on the sensitivity of their job descriptions. All positions are subject to five-year reinvestigations. During the onsite phase of the audit, the auditor interviewed a human resources staff member. She confirmed that all staff members are subject to an automatic five-year reinvestigation that is performed by the Bureau with assistance of the Federal Bureau of Investigation. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.17(f).** In the PAQ, the agency provided PS 3000.03 *Human Resource Management Manual*. The manual states that all positions considered law enforcement positions and all other positions are subject to background investigations at levels based on the sensitivity of their job descriptions. All positions are subject to five-year reinvestigations. The staff member's duty to affirmatively disclose any misconduct is part of the five-year reinvestigation. During the auditor's interview with the human resources staff member, it was confirmed the agency follows this policy. She explained that questions regarding an individual's prior employment, sexual abuse and sexual harassment allegations, and prior criminal offenses are asked during the oral interview process. She also confirmed that all employees are required to report any arrests or allegations of sexual harassment. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.17(g).** The agency's employment application was provided to the auditor during the interview. The application clearly provides the applicant with the statement that all statements on the application are true, and any misstatement, misrepresentation or falsification of facts shall cause forfeiture of all rights to employment with the agency. During the interview with the human resources staff member, the auditor confirmed that the agency will terminate any employee for false information provided during the

	application process or omissions of fact of any information, including sexual abuse and sexual harassment. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.17(h).** Although there is no prohibition to release such information, the Bureau refers such requests to Internal Affairs for response. The auditor was provided a memorandum to show that these requests are handled by Internal Affairs and release of the information may be based on a law enforcement exception. During the onsite phase of the audit, the auditor interviewed a staff member from human resources. She confirmed that the agency would, in fact, provide potential new employers with information regarding a past employee's sexual abuse and sexual harassment allegations and/or investigations. She stated that they would not want an individual who had already participated in such activities to have access to incarcerated individuals in another institution. She stated that there is no law prohibiting this in Georgia. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.18	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in making the compliance determination:
	
	1. Documents: (*Policies, directives, forms, files, records, etc.*)
	    1. None
	2. Interviews:
	    1. Agency head
	    2. Warden
	
	Findings (by provision):
	
	115.18(a). The agency provided no documentation regarding this standard, although institution documentation provided to the auditor during the onsite audit shows no substantial expansion or modifications to the existing institution since the last PREA audit.
	
	During the onsite phase of the audit, the auditor interviewed the Warden, who stated that the administration constantly reviews what changes might be needed for USP Atlanta. Although the Warden stated there have been no substantial expansions or modifications to the institution, the facility is in the middle of a substantial upgrade to the housing units and other areas. Due to the age of the institution, the agency is performing these upgrades for safety for both the incarcerated population and the

	staff. These upgrades, while not focused on changes to the physical plant, are creating safer living spaces and adding updates for technology and fire alarms. The upgrades should enhance the officer's opportunity to oversee individuals in the housing units, thus increasing the sexual safety of the incarcerated individual population. The auditor received written interview responses from the agency head. In these responses, she confirmed that all new facility designs, and upgrades of technology will include consideration of how it could enhance the Bureau's ability to protect against sexual abuse. Modifications must take into account proper line of sight, ensuring that new construction does not create blind spots, and ensuring new construction will not inhibit an incarcerated individual's ability to benefit from all aspects of PREA. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.18(b).** The agency provided no documentation regarding this standard, although institution documentation provided to the auditor during the onsite audit show no substantial expansion or modifications to the existing institution since the last PREA audit. During the onsite phase of the audit, the auditor interviewed the Warden, who stated that the administration constantly reviews what changes might be needed for USP Atlanta. The institution is in the middle of a large upgrade to the video monitoring system, adding additional cameras that are of better technology and will provide better pictures. This will enhance the institution's investigations and oversight of the incarcerated individual population. The auditor received written interview responses from the agency head. In these responses, she confirmed that all new facility designs, and upgrades of technology will include consideration of how it could enhance the Bureau's ability to protect against sexual abuse. Modifications must take into account proper line of sight, ensuring that new construction does not create blind spots, and ensuring new construction will not inhibit an Incarcerated individual's ability to benefit from all aspects of PREA. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.21	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in making the compliance determination:
	
	1. Documents: (*Policies, directives, forms, files, records, etc.*)
	    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
	    2. *Policy Memorandum FY14-POL-03 RE: Prison Rape Elimination Act*

Investigative Policy

3. *PREA Victim Advocacy Brochure*
4. *Agreement Between The Federal Bureau of Prisons United States Penitentiary-Atlanta and Grady Memorial Hospital Corporation D/B/A Grady Health System*

2. Interviews:
    1. Specialized staff
3. Site Review Observations:
    1. Health services

Findings (by provision):

115.21(a). In the PAQ, the agency stated that investigations of sexual abuse and sexual harassment are conducted by agency investigators. For criminal investigations, the Department of Justice Inspector General's Office performs the investigation, and the Federal Bureau of Investigations (FBI) may offer assistance, when necessary. Staff misconduct investigations are performed by the Inspector General's Office (criminal) and the BOP Office of Internal Affairs (administrative). The auditor was provided *Policy Memorandum FY14-POL-03 RE: Prison Rape Elimination Act Investigative Policy*, from the DOJ Inspector General's Office for the Inspector General Manual. This memo delineates specific guidelines for investigations of sexual abuse allegations at BOP institutions to meet the PREA standards. The memo requires that personnel follow a uniform evidence protocol for administrative and criminal investigations.

During the onsite phase of the audit, the auditor interviewed 16 staff members, who clearly identified the steps to properly secure potential crime scenes and protect evidence from the victim and suspect until the evidence can be properly collected. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.21(b). The auditor was provided *Policy Memorandum FY14-POL-03 RE: Prison Rape Elimination Act Investigative Policy*, from the DOJ Inspector General's Office for the Inspector General Manual. The memo requires evidence collection in accordance with the standards set forth in "*A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents*." Based on this analysis, the auditor finds the institution in compliance with this provision.

115.21(c). In the PAQ, the agency provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement establishes guidelines for the investigation of sexual abuse and sexual misconduct within the Bureau. The policy states that when there is a report of a recent incident of sexual abuse or a strong suspicion that a recent serious assault may have been sexual in nature, a physical examination of the alleged victim is conducted. If necessary, the victim is then provided with the opportunity for a forensic examination as soon as possible.

During the onsite phase of the audit, the auditor interviewed the health services administrator and a psychologist from health services, who stated that any forensic

examination would be performed at a local hospital. The auditor also conducted a telephone interview with a charge nurse in the emergency room of that hospital. The nurse confirmed that the hospital has on staff in the emergency room a sexual assault nurse examiner (SANE) that would perform the forensic exam if an incarcerated individual victim were brought to the hospital. Investigation records show five (5) such examinations over the previous 12 months. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.21(d). In the PAQ, the institution provided an *Agreement Between The Federal Bureau of Prisons United States Penitentiary-Atlanta and Grady Memorial Hospital Corporation D/B/A Grady Health System*. This unexecuted agreement calls for staff at the Grady Memorial Rape Crisis Center to provide victim advocacy for incarcerated individuals who are sexually victimized at USP Atlanta. This advocacy includes the advocacy accompaniment for incarcerated individual victims following sexual assaults that occur at the institution. Although not executed, the IPCM confirmed for the auditor that the institution has utilized Grady Memorial Hospital and the Grady Memorial Rape Crisis Center for incarcerated individual services for several years with no problems. USP Atlanta and the BOP are actively working to execute this agreement to better be in compliance with these Standards.

During the onsite phase of the audit, the auditor interviewed the IPCM. She confirmed that the institution has access to victim advocates through the Grady Hospital Rape Crisis Center. Incarcerated individuals are informed of the available advocates through information provided to incarcerated individuals following assault incidents. The auditor interviewed one (1) incarcerated individual who reported sexual abuse at USP Atlanta. The incarcerated individual confirmed knowledge of available victim advocacy but stated he did not need those services. The auditor contacted staff at the Grady Hospital Rape Crisis Center to confirm the agreement and availability of advocates for USP Atlanta. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.21(e). In the PAQ, the institution provided an *Agreement Between The Federal Bureau of Prisons United States Penitentiary-Atlanta and Grady Memorial Hospital Corporation D/B/A Grady Health System*. This unexecuted agreement calls for staff at the Grady Memorial Rape Crisis Center to provide victim advocacy for incarcerated individuals who are sexually victimized at USP Atlanta. This advocacy includes the advocacy accompaniment for incarcerated individual victims following sexual assaults that occur at the institution. Although not executed, the IPCM confirmed for the auditor that the institution has utilized Grady Memorial Hospital and the Grady Memorial Rape Crisis Center for incarcerated individual services for several years with no problems. USP Atlanta and the BOP are actively working to execute this agreement to better be in compliance with these Standards.

During the onsite phase of the audit, the auditor interviewed the IPCM. She confirmed that the institution has access to victim advocates through the Grady Hospital Rape Crisis Center. Incarcerated individuals are informed of the available advocates through information provided to incarcerated individuals following assault incidents. The auditor interviewed one (1) incarcerated individual who reported

	sexual abuse at USP Atlanta. The incarcerated individuals confirmed knowledge of available victim advocacy but stated they did not need those services. The auditor contacted staff at the Grady Hospital Rape Crisis Center to confirm the agreement and availability of advocates for USP Atlanta. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.21(f).** Criminal sexual abuse investigations are performed by an outside federal agency, and they follow each provision of this standard. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.21(g).** The auditor is not required to review this provision. **115.21(h).** USP Atlanta has an agreement in place to provide victim advocacy services for the institution. With this agreement in place, it is not necessary to utilize staff members to provide victim advocate services. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.22	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in making the compliance determination:
	
	1. Documents: (*Policies, directives, forms, files, records, etc.)*
	    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
	    2. *Policy Memorandum FY14-POL-03 RE: Prison Rape Elimination Act Investigative Policy*
	2. Interviews:
	    1. Specialized staff
	
	Findings (by provision):
	
	115.22(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement requires that all staff members immediately report any knowledge of an incarcerated individual's concern or allegation of sexual abuse or sexual harassment. The auditor was also provided *Policy Memorandum FY14-POL-03 RE: Prison Rape Elimination Act Investigative Policy*. The memorandum for the Inspector General Manual (IGM) confirms the Bureau's requirement to investigate all allegations of sexual abuse and sexual harassment and the Inspector General's role in that investigation.
	
	The auditor was provided the agency head written interview information. The Bureau's agency head confirmed that all allegations are investigated either by the

	Office of the Inspector General or the Office of Internal Affairs. Institution investigative staff will investigate cases that clearly are not criminal in nature. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.22(b).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement requires that all staff members immediately report any knowledge of an incarcerated individual's concern or allegation of sexual abuse or sexual harassment. During the onsite phase of the audit, the auditor interviewed an institution investigator. The investigator confirmed that agency policy requires that all allegations of sexual abuse and sexual harassment be referred for investigation. The auditor reviewed the Bureau of Prisons web site and located the *Sexual Abuse Prevention* page under the *Custody & Care* section. The page lists the agency's zero-tolerance information and provides the public an opportunity to submit a notification of concern regarding an Incarcerated individual at the BOP. The agency's PREA policy is also posted. The information can be found here: **www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp**. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.22(c).** Investigations that are potentially criminal are performed by outside investigators that are components of the Department of Justice. The policy clearly describes the responsibilities of the agency and the outside investigative agency and how they interact and share information to properly complete the investigation. This information is properly documented and posted to the public website. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.22(d).** The auditor is not required to audit this provision. **115.22(e).** The auditor is not required to audit this provision.

115.31	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in making the compliance determination:
	
	1. Documents: (*Policies, directives, forms, files, records, etc.*)
	    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
	    2. Training curriculum
	    3. Training logs
	2. Interviews:

1. Random staff

Findings (by provision):

115.31(a). In the PAQ, the institution provided a copy of their PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. All staff shall be thoroughly trained and informed regarding the Bureau's zero-tolerance policy on sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment annually. The general PREA training shall include the ten points listed in the PREA standard.

The auditor was provided the Bureau's training curriculum in the PAQ. The auditor reviewed the curriculum and verified the appearance of the ten required points of the standard. The training material is presented in a manner that all staff members can understand, and the Bureau utilizes a test at the end of the course to measure understanding.

During the onsite phase of the audit, the auditor interviewed 16 random staff members and spoke informally with several staff members. Each person interviewed indicated that they received PREA education prior to beginning work in the secure institution or had received it during initial correctional training upon hire with the BOP. All officers interviewed verified the ten points of this standard in the BOP training. The auditor was told that they get PREA training as part of their annual training. The auditor reviewed training records for fifteen randomly selected staff members and verified attendance in the training and written proof of completion of the PREA course. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.31(b). The BOP training curriculum related to PREA is consistent for all corrections staff. USP Atlanta houses male incarcerated individuals, and all staff receive the same training for PREA. No additional training would be required for staff if they were transferred to another institution or staff are transferred to USP Atlanta from another institution. The BOP may offer additional training for security staff that transfer to an institution that houses female incarcerated individuals, but the auditor is unable to assess that with the information provided. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.31(c). The BOP provides training annually for all staff members. The auditor reviewed training records for fifteen randomly selected staff members and the records show the completed PREA education annually. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.31(d). All classroom training and online classes require staff to acknowledge, in writing or electronically, they understand and will comply with the training on PREA. The PREA course includes a test to confirm the staff member's understanding of the information provided.

The auditor reviewed fifteen randomly selected training records during the onsite phase of the audit. The records show acknowledgement of completion of the PREA training on an annual basis. Records show full completion of the training by staff.

	Based on this analysis, the auditor finds the institution in compliance with this provision.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (*Policies, directives, forms, files, records, etc.*) 1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* 2. Training curriculum 3. Training logs 2. Interviews: 1. Specialized staff **Findings (by provision):** **115.32(a).** The auditor was provided the Bureau's training curriculum in the PAQ. The auditor reviewed the curriculum and verified the appearance of the ten required points of the standard. The training material is the same that is provided for staff members. During the onsite phase of the audit, the auditor interviewed one contractor from health services and one volunteer who assists with religious services. Both confirmed completion of the orientation program prior to being granted access to the secure institution. The orientation included education on sexual abuse and sexual harassment, how to report incidents of abuse and rules to avoid physical contact with an incarcerated individual. They also confirmed a requirement to complete a refresher training annually. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.32(b).** The auditor reviewed the training curriculum, which was included in the PAQ. The curriculum includes each of the required points listed in the standard. During the onsite phase of the audit, the auditor interviewed one contractor from health services and one volunteer who assists with religious services. Both confirmed completion of the orientation program prior to being granted access to the secure institution. The orientation included education on sexual abuse and sexual harassment, how to report incidents of abuse and rules to avoid physical contact with an Incarcerated individual. They also confirmed a requirement to complete a refresher training annually. Based on this analysis, the auditor finds the institution in

	compliance with this provision. **115.32(c).** The auditor was provided training records for contractors and volunteers and the auditor was able to confirm written documentation of their attendance and completion of the annual PREA training class. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.33	**Inmate education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in making the compliance determination:
	
	1. Documents: (*Policies, directives, forms, files, records, etc.*)
	    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
	    2. *U. S. Department of Justice Federal Bureau of Prisons Sexually Abusive Behavior Prevention and Intervention*
	    3. *Bureau of Prisons Admission and Orientation Handbook*
	    4. *BOP Form BP-A0518 – Institution Admission and Orientation Program Checklist*
	    5. Incarcerated Individual File Documentation
	2. Interviews:
	    1. Specialized staff
	    2. Random staff
	    3. Random Incarcerated individuals
	3. Site Review Observations:
	    1. Housing units
	
	Findings (by provision):
	
	115.33(a). The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement confirms that all incarcerated individuals receive the *Admission and Orientation Handbook* and *Sexually Abusive Behavior Prevention and Intervention* at their intake screening when they arrive at the institution. The *Admission and Orientation (A&O) Handbook* describes the key elements of the program and informs incarcerated individuals of the Bureau's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of sexual abuse. The auditor was also provided completed *Form BP-A0518 – Institution Admission and Orientation Program Checklist* for several incarcerated individuals confirming receipt of the intake education.
	
	During the onsite phase of the audit, the auditor toured Receiving and Discharge

(R&D) and saw the handbooks readily available for new intake incarcerated individuals. The auditor watched the intake process for eight (8) incarcerated individuals and witnessed each new intake incarcerated individual receive the *Admission and Orientation Handbook* and *Sexually Abusive Behavior Prevention and Intervention* paperwork during that intake process. The auditor also watched the new intake individuals sign to acknowledge receipt of the handbook and the zero-tolerance policy. The auditor saw signs posted in the R&D area advising incarcerated individuals of the zero-tolerance policy. The signs were posted in two languages. The auditor spoke with several intake officers performing intake duties. Everyone confirmed that all incarcerated individuals are required to review the intake paperwork, complete the initial intake screening, and confirm receipt of the zero-tolerance policy at intake.

The auditor interviewed 21 random incarcerated individuals during the onsite phase of the audit. All 21 incarcerated individuals confirmed that they understood the PREA information and how to ask for help or file a report. All 21 incarcerated individuals confirmed receiving the *A&O Handbook* at intake. The auditor also interviewed intake staff who confirmed that all incarcerated individuals receive the *A&O Handbook* during intake processing. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.33(b). The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement indicates that incarcerated individuals are to attend the *Admission and Orientation (A&O) Program*, which is designated by the institution Warden to a staff member. Incarcerated individual attendance at the program is documented on *Form BP-A0518 – Institution Admission and Orientation Program Checklist*. The institution provided the auditor with several completed forms to show incarcerated individual attendance and written acknowledgement of the same. The *A&O Program* includes the comprehensive zero-tolerance education.

The auditor interviewed 21 random incarcerated individuals during the onsite phase of the audit. 18 of the 21 incarcerated individuals had been housed in the institution for at least 30 days. The other 3 three individuals had been recently admitted to the detention center and had been in custody less than 20 days. These three individuals had not yet been to the A&O Orientation. Each of the other 18 incarcerated individuals confirmed that they had completed the *A&O Program* after they had arrived at the institution and the sexual abuse education was part of the *A&O Program*. The auditor also interviewed staff from intake, who confirmed that all incarcerated individuals are required to participate in the *A&O Program* and receive face-to-face education regarding PREA as part of the program. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.33(c). The institution has been audited three previous times and has been found in compliance. The first audit was in 2015. All incarcerated individuals at USP Atlanta have been educated on PREA since that time. Based on this analysis, the auditor finds the institution in compliance with this provision.

	115.33(d). During the onsite phase of the audit, the auditor viewed posters in each of the housing units and in several other locations that were provided in English and Spanish. The posters inform incarcerated individuals of their right to be free from sexual abuse and sexual harassment, free from retaliation for reporting abuse and that the agency would properly respond to incidents of such abuse. All written materials for incarcerated individuals are provided in two languages, English and Spanish, and available to any incarcerated individual who may need it. The auditor was also provided information regarding several accommodations available for incarcerated individuals that cannot read, are deaf, hard of hearing, or are blind. During the onsite audit, the auditor interviewed one individual who is partially blind, one individual who is partially deaf, and one individual who has a cognitive disability. As discussed under standard 115.16, all three individuals confirmed receipt of the PREA education at orientation and their understanding of the PREA education and how to properly report an incident of sexual abuse or sexual harassment. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.33(e).** In the PAQ, the institution provided the auditor with several completed forms to show incarcerated individual attendance and written acknowledgement of the same. The *A&O Program* includes the comprehensive zero-tolerance education. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.33(f).** During the site review, the auditor could see many forms of PREA education readily available for incarcerated individuals. In all housing units there are signs posted in English and Spanish. These signs reflect the BOP's zero tolerance for sexual abuse and harassment and contact information for incarcerated individuals reporting of sexual abuse allegations. Incarcerated individuals also have access to computers with the BOP rules and regulations including the zero-tolerance policy. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.34	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in making the compliance determination:
	
	1. Documents: (*Policies, directives, forms, files, records, etc.*)
	    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
	    2. Training Curriculum Course Code CSV-0601-BXX
	    3. Training Records

2. Interviews:
    1. Specialized staff

Findings (by provision):

115.34(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement confirms that the Chief of Correctional Services ensures his/her Special Investigative Supervisor/ Special Investigative Agents are appropriately trained under this section. The Chief of the Office of Internal Affairs ensures his/her staff are appropriately trained as well.

The auditor interviewed an investigator with the Special Investigative Services (SIS) during the onsite phase of the audit. The lieutenant confirmed that he had completed the specialized investigations training provided through the BOP. The auditor reviewed training records and verified that a total of 25 staff members at USP Atlanta had completed the specialized investigations training online course through the BOP. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.34(b). The institution provided in the PAQ the training curriculum for the BOP, Course Code SSV-0601-BXX. The Specialized Investigations course included all the required points in the Standard.

The auditor interviewed an investigator with the Special Investigative Services (SIS) during the onsite phase of the audit. The lieutenant confirmed that he had completed the specialized investigations training provided through the BOP. The auditor reviewed training records and verified that a total of 25 staff members at USP Atlanta had completed the specialized investigations training online course through the BOP. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.34(c). The auditor reviewed training records and verified that a total of 25 staff members at USP Atlanta had completed the specialized investigations training online course through the BOP. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.34(d). The auditor is not required to audit this provision.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
    2. Training Curriculum
    3. Training Records
2. Interviews:
    1. Specialized staff

Findings (by provision):

115.35(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement requires that all staff in medical and mental health receive the specialized training on PREA that includes the four points noted in this provision of the standard. The Health Services Division ensures medical staff are appropriately trained under this section and the Reentry Services Division ensures mental health staff are appropriately trained under this section.

During the onsite phase of the audit, the auditor interviewed the health services administrator, a nurse, and a psychologist. All three confirmed completing the required specialized medical training. The BOP requires completion of the basic PREA education annually as well as the specialized medical training. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.35(b). The auditor was provided documentation in the PAQ that forensic examinations for USP Atlanta are performed at a local hospital. It is clearly documented in the institution documentation that incarcerated individuals are transported to the hospital, if necessary, for the exam.

During the onsite phase of the audit, the auditor interviewed the health services administrator, a nurse, and a psychologist, who confirmed through our interview that all incarcerated individuals are transferred to the local hospital to have the forensic examination completed. The auditor was presented with paperwork to show that budgeting for this expense has been completed by USP Atlanta in the event this becomes necessary. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.35(c). The auditor was provided training records in the PAQ. Records from the institution show all 36 of the medical, mental health, and contracted medical staff members have completed the specialized medical course through the BOP online system. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.35(d). The auditor was also provided training records for each of the 36 medical, mental health, and contracted medical staff members to show they had completed the required basic PREA education provided by the BOP. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in making the compliance determination:
	
	1. Documents: (*Policies, directives, forms, files, records, etc.*)
	    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
	    2. *Psychology Services – Risk of Sexual Victimization*
	    3. *BOP Intake Screening Form*
	    4. Screening records
	2. Interviews:
	    1. Specialized staff
	    2. Random Incarcerated individuals
	3. Site Review Observations:
	    1. Receiving & Discharge
	    2. Housing Units
	
	Findings (by provision):
	
	115.41(a). The institution supplied PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The BOP program statement requires that all incarcerated individuals entering an institution are screened as directed by Health Services, Psychology Services, and Unit Management policies.
	
	During the onsite phase of the audit, the auditor met with an intake officer in Receiving & Discharge (R&D). The auditor watched the intake process for eight (8) incarcerated individuals and witnessed a Counselor perform the initial intake risk screening for two of those individuals. The Counselor reviewed the individual's file before meeting with the individual to ensure she was aware of any safety concerns, gang affiliation, or prior reports of sexual abuse. The Counselor met with the individual and completed the online risk screening. The Counselor was careful to ask all questions and explain the rest of the intake process to the individual. The Counselor confirmed that this process is completed for all incarcerated individuals that enter the institution. The auditor interviewed 21 random incarcerated individuals and each incarcerated individual stated they completed the screening process upon entry to the institution. Based on this analysis, the auditor finds the institution in compliance with this provision.
	
	115.41(b). In the PAQ, the institution reported a total of 11,772 incarcerated individuals entering the institution whose length of stay was more than 72 hours over the previous 12 months prior to the audit. They reported that all 11,772 incarcerated individuals had the risk screening completed with the 72-hour time period. The auditor reviewed several initial intake screening records that were provided to the

auditor in the PAQ. Each of the records was completed on the day of the incarcerated individual's intake to the institution.

During the onsite phase of the audit, the auditor interviewed a Counselor who is responsible for performing the screening for sexual victimization. She explained that the initial risk screening is performed at the time of intake for all incarcerated individuals. The auditor interviewed 21 random incarcerated individuals and each incarcerated individual confirmed that they completed the risk screening with intake staff on the day of intake in R&D. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.41(c). The institution provided a copy of the screening tool to the auditor in the PAQ. The auditor reviewed the screening tool to determine if it was objective. The screening tool requires a simple yes or no answer to each of the questions and the scoring system is standard for everyone screened. Because the screening tool does not allow for subjective answers, the tool is objective. The outcome for potential to be victimized or become a predator is based on a standard scoring system. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.41(d). The institution provided a copy of the screening tool to the auditor in the PAQ. The screening tool lists each of the criteria listed in standard 115.41(d). Additionally, the screening tool provides space for the screener to add comments based on the observations of the screener regarding the Incarcerated individual's potential for vulnerability. The tool asks the incarcerated individual for his or her feeling of safety while incarcerated. The tool also asks if the incarcerated individual shows unusual interest or focus on another incarcerated individual, is openly discriminatory of lesbian, gay, bisexual, transgender, or intersex, and if the incarcerated individual has a current criminal conviction of sexual violence or rape.

During the onsite phase of the audit, the auditor interviewed a Counselor who is responsible for performing the screening for sexual victimization. She explained that she speaks directly with the incarcerated individual to complete the screening tool and ask all the questions on the tool. They are encouraged to include comments regarding their observations regarding safety and vulnerability based on the conversation with the incarcerated individual. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.41(e). The screening tool provided to the auditor includes a section for the screener to note prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. These items are included to enable the screener to review those responses during the evaluation process. The screening tool provides space for the screener to add comments based on the observations of the screener regarding the Incarcerated individual's potential for vulnerability. The tool asks the incarcerated individual for his or her feeling of safety while incarcerated. The objective screening tool includes all the required items listed in the standard.

The auditor interviewed a Counselor who is responsible for performing the screening for sexual victimization. She confirmed that the screening tool includes questions

about an incarcerated individual's prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.41(f). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states that Psychology Services staff reassess the incarcerated individual's risk level whenever warranted and within 30 days of arrival at the institution, based upon any additional information. The auditor was provided copies of the 30-day reassessment by psychology services staff in the PAQ.

During the onsite phase of the audit, the auditor interviewed a psychologist and unit manager who are responsible for performing the reassessment for sexual victimization. They both provided the auditor with a full description of the reassessment process. The auditor witnessed the unit manager perform the reassessment of an incarcerated individual in the detention center that was in the institution for 29 days and was due for that assessment. The auditor had an opportunity to understand the process and experience the type of events that could spur an additional reassessment. The unit manager explained that incarcerated individuals were reassessed every six months, to be reviewed for housing, program, and work opportunities. The auditor interviewed 21 random incarcerated individuals, who confirmed the risk screening reassessment with psychology and the unit team. All 21 incarcerated individuals stated that this was performed twice a year. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.41(g). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states that Psychology Services staff reassess the incarcerated individual's risk level whenever warranted based upon receipt of additional relevant information (e.g., incident of sexual abuse, protective custody request, recent diagnosis of gender dysphoria, etc.).

During the onsite phase of the audit, the auditor interviewed a unit manager who is responsible for performing the reassessment for sexual victimization. He provided the auditor a full description of the reassessment process and performed a reassessment of an incarcerated individual in the detention center that was in the institution for 29 days and was due for that assessment. The auditor had an opportunity to understand the process and experience the type of events that could spur an additional reassessment. He explained that any incarcerated individual could be referred for a reassessment at any time based upon information learned through different avenues. The auditor interviewed 21 random incarcerated individuals, who confirmed the risk screening reassessment with psychology and the unit team. All 21 incarcerated individuals stated that this was performed twice a year. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.41(h). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states if an incarcerated individual refuses to respond or elects not to disclose information that applies only to questions about disabilities; Gay, Lesbian, Bisexual, Transgender, Intersex (GLBTI) status, gender nonconformance; previous sexual victimization; and the incarcerated individual's self-perception of vulnerability,

	he/she may not be disciplined. During the onsite phase of the audit, the auditor interviewed a unit manager who is responsible for performing the reassessment for sexual victimization. He stated that incarcerated individuals could not be disciplined for refusing to answer risk screening questions. Although their responses assist the BOP in providing them with potential safety, the BOP would not punish them for not responding. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.41(i).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states that any information related to sexual victimization or abusiveness, including the information entered in the comment section of the *Intake Screening Form*, is limited to a need-to-know basis for staff, only for the purpose of treatment and security and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments. During the onsite phase of the audit, the auditor interviewed a unit manager who is responsible for performing the reassessment for sexual victimization. He confirmed that risk screening information is on a need-to-know basis and is not available to all staff members. The auditor also interviewed the IPCM who stated that risk screening information is not available to all staff members. It is only available to psychology services staff and to unit team staff. This is used only for housing and programming information and is not allowed to be viewed by others. The auditor was provided written interview responses from the Agency PREA coordinator. In these responses, the coordinator confirmed that risk screening information is confidential and is treated that way within the BOP. During the site review, the auditor asked several random staff members to provide the auditor with this information and no staff could provide the auditor with the information or access in the computer. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.42	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in making the compliance determination:
	
	1. Documents: (*Policies, directives, forms, files, records, etc.*)
	    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
	    2. Screening records
	2. Interviews:
	    1. Specialized staff
	    2. Targeted Incarcerated individuals

Findings (by provision):

115.42(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states, "Once an inmate has been identified as a victim or perpetrator, or as "at risk" for victimization or perpetration, Unit Management should review classification options." These options may include transfer to a special treatment program, transfer to a greater or lesser security facility, or changes in housing units, cell assignments, work assignments, and/or education assignments.

During the onsite phase of the audit, the auditor interviewed the IPCM who confirmed that housing assignments, classification and access to programs are all impacted by the information derived from the risk screening. The auditor interviewed a Unit Manager who is responsible for the risk screening, and he also confirmed that the risk screening outcomes are utilized to determine housing, job opportunities, programs, and education. The auditor reviewed completed screening assessments and could see the final determination for housing was obtained through this document. Therefore, the outcome of the incarcerated individual screening is utilized to safely house, classify and schedule incarcerated individual programs. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.42(b). The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. This program statement makes it clear that all assignments for incarcerated individual housing and classification are made on an individual basis and are in the best interests of the safety of each Incarcerated individual.

The auditor interviewed a Unit Manager who is responsible for the risk screening, and he confirmed that the risk screening outcomes are utilized to determine housing, job opportunities, programs, and education. He stated that these assignments are decided on an individual basis. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.42(c). The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The BOP states that agency housing and programming assignments for transgender and intersex incarcerated individuals is accomplished at the Designation & Sentence Computation Center (DSCC) with the Transgender Executive Council (TEC). The initial designations and transfers of transgender incarcerated individuals should be reviewed by the TEC. The auditor was provided with several completed documents where the TEC recommendations have been completed for the Incarcerated individual and entered in the incarcerated individual's CIM and Separate screen.

During the onsite phase of the audit, the auditor interviewed the IPCM, who confirmed that all incarcerated individuals are reviewed on a case-by-case basis, as well as transgender and intersex incarcerated individuals. The BOP will always take into account the transgender incarcerated individual's own perceptions regarding his or her own safety and where he or she would feel safest for housing. Consideration for housing is not based strictly on genitalia. The auditor interviewed three (3)

	transgender incarcerated individuals during the onsite audit. All three stated that they had been asked about their housing and safety. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.42(d).** The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. This policy states that assignments for transgender or intersex incarcerated individuals shall be reassessed at least twice each year to review any threats to the incarcerated individuals' safety. The auditor interviewed the IPCM and a Unit Manager responsible for the risk screening during the onsite phase of the audit. The IPCM confirmed that transgender incarcerated individuals are reviewed by the Unit Team every six months. The Unit Manager interviewed stated that all incarcerated individuals are reassessed every six months, including all transgender incarcerated individuals. Psychology services maintains a watch list of certain incarcerated individuals to be monitored, including those determined to be at risk of sexual victimization and those who identify as being transgender. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.42(e).** The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The BOP states that agency housing and programming assignments for transgender and intersex incarcerated individuals is accomplished at the Designation & Sentence Computation Center (DSCC) with the Transgender Executive Council (TEC). The initial designations and transfers of transgender incarcerated individuals should be reviewed by the TEC. The auditor was provided with several completed documents where the TEC recommendations have been completed for the incarcerated individual and entered in the Incarcerated individual's CIM and Separate screen. During the onsite phase of the audit, the auditor interviewed the IPCM, who confirmed that all incarcerated individuals are reviewed on a case-by-case basis, as well as transgender and intersex incarcerated individuals. The BOP will always take into account the transgender incarcerated individual's own perceptions regarding his or her own safety and where he or she would feel safest for housing. Consideration for housing is not based strictly on genitalia. The auditor interviewed three (3) transgender incarcerated individuals during the onsite audit. All three stated that they had been asked about their housing and safety. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.42(f).** During the onsite phase of the audit, the auditor interviewed the IPCM who confirmed that transgender incarcerated individuals were provided the opportunity to shower separately from the other incarcerated individuals. The auditor interviewed three (3) transgender incarcerated individuals during the onsite audit. All three individuals told the auditor that they were able to shower separately from the other incarcerated individuals. The auditor interviewed a Unit Manager who is responsible for the risk screening. He stated that transgender incarcerated individuals are provided the opportunity to shower separately. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.42(g). The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ, which states that lesbian, gay, bisexual, transgender, or intersex incarcerated individuals will not be placed into dedicated facilities, units, or wings, solely on the basis of their identification or status.

The auditor was provided written responses to the interview questions from the Agency PREA coordinator. She noted that the BOP does not have a consent decree and incarcerated individuals are not housed by their LGBTI identification or status. The auditor interviewed the IPCM during the onsite phase of the audit. The IPCM explained that USP Atlanta does not have specific housing for individuals or groups. The auditor also interviewed three (3) transgender incarcerated individuals during the onsite audit, and all three confirmed they were housed in general population units and not in a specific housing for gender nonconforming individuals. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.43 Protective Custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
    2. Screening records
2. Interviews:
    1. Specialized staff
3. Site Review Observations:
    1. Housing units

Findings (by provision):

115.43(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy clearly states that incarcerated individuals at high risk of victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. The auditor was provided risk screening records in the PAQ, and the auditor noted no records for incarcerated individuals that were identified as high risk for victimization.

During the onsite phase of the audit, the auditor interviewed the Warden. The

	Warden explained that incarcerated individuals considered to be at high risk for victimization would not be placed in involuntary segregated housing just to maintain their safety at USP Atlanta. USP Atlanta's Special Housing Unit (SHU) is utilized for disciplinary and administrative confinement housing. The auditor toured the unit during the onsite phase of the audit and noted no incarcerated individuals held in the SHU for their safety due to their high risk for victimization. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.43(b).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement indicates that when an incarcerated individual is placed in segregated housing involuntarily, access to programs, privileges, education, or work should not be interrupted, to the extent possible. If they are limited, the Chief of Correctional Services ensures that documentation exists reflecting the limitation, duration, and rationale for limitation. USP Atlanta has a Special Housing Unit (SHU) that is utilized for disciplinary and administrative confinement housing. The auditor toured the unit during the onsite phase of the audit and noted no incarcerated individuals held in the SHU for their safety due to their high risk for victimization. Therefore, the auditor was unable to interview any incarcerated individuals related to this provision. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.43(c).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states incarcerated individuals assigned to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged such assignment shall not exceed a period of 30 days. USP Atlanta has a Special Housing Unit (SHU) that is utilized for disciplinary and administrative confinement housing. The auditor toured the unit during the onsite phase of the audit and noted no incarcerated individuals held in the SHU for their safety due to their high risk for victimization. Therefore, the auditor was unable to interview any incarcerated individuals related to this provision. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.43(d).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states when determining an appropriate method of safeguarding the incarcerated individual assigned "at risk" for victimization, the Warden ensures all options are considered by completing, signing, and dating form *BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse/ Assault Allegation*. The Warden should evaluate the least restrictive methods for separation of the alleged victim and alleged perpetrator. USP Atlanta has a Special Housing Unit (SHU) that is utilized for disciplinary and administrative confinement housing. The auditor toured the unit during the onsite phase of the audit and noted no incarcerated individuals held in the SHU for their safety due to their high risk for victimization. Therefore, the auditor was unable to interview any incarcerated individuals related to this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

	115.43(e). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states that the incarcerated individual's status is reviewed during weekly Special Housing Unit meetings. USP Atlanta has a Special Housing Unit (SHU) that is utilized for disciplinary and administrative confinement housing. The auditor toured the unit during the onsite phase of the audit and noted no incarcerated individuals held in the SHU for their safety due to their high risk for victimization. Therefore, the auditor was unable to interview any Incarcerated individuals related to this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.51	**Inmate reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (*Policies, directives, forms, files, records, etc.*) 1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* 2. Interviews: 1. Random staff 2. PREA coordinator 3. Random Incarcerated individuals 3. Site Review Observations: 1. Housing units **Findings (by provision):** **115.51(a).** In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement clearly defines that Bureau incarcerated individuals are encouraged to report allegations to staff at all levels, including local, regional, and Central Office. They are also currently provided with avenues of internal reporting, such as telephonically to a specific department, such as the Special Investigative Services Lieutenant, or by mail to an outside entity. During the onsite phase of the audit, the auditor visited all the institution's housing units. In each housing unit, signs were posted that clearly inform incarcerated individuals of the multiple ways incarcerated individuals may report incidents of sexual abuse and sexual harassment. The signs are posted in two languages. The auditor interviewed 21 random incarcerated individuals and all 21 incarcerated individuals could easily tell the auditor several ways that they could report abuse,

	harassment, and concerns regarding staff neglect or lack of responsibility. Most of the 21 incarcerated individuals identified a staff member as their first avenue to report abuse. The auditor interviewed 16 random staff members. All staff could list at least four different ways that incarcerated individuals could report abuse. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.51(b).** The Bureau of Prisons posts information throughout the institution on all zero-tolerance signs regarding the outside entity. They provide the telephone number for the Office of the Inspector General (OIG) and a mailing address in other written documents where the incarcerated individuals may send written complaints to the OIG. During the onsite phase of the audit the auditor viewed posted signs throughout the institution with the required information for Incarcerated individuals. The auditor interviewed 21 random incarcerated individuals and all incarcerated individuals could easily tell the auditor several ways that they could report abuse, harassment and concerns regarding staff neglect or lack of responsibility. The incarcerated individuals included the hotline in that list of reporting options. The auditor also interviewed the IPCM who confirmed the outside hotline and mailing address option for the OIG. Based on this analysis, the auditor finds the institution in compliance with this standard. **115.51(c).** In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement makes it clear that staff must accept verbal, written, anonymous, and third-party reports, and document promptly any verbal reports. During the onsite phase of the audit, the auditor interviewed 16 random staff members. All staff interviewed were aware of their responsibility to take verbal reports of abuse and immediately contact a supervisor to file that report. Each of the 21 random incarcerated individuals interviewed were aware that they could report sexual abuse directly to any staff member. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.51(d).** In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement indicates that staff may contact any supervisory staff at their institution, Regional staff, or Central Office staff to report incidents of sexual abuse or sexual harassment. Allegations involving staff members may also be reported to the Office of Internal Affairs or the Office of the Inspector General. The auditor interviewed 16 random staff members during the onsite phase of the audit. All 16 staff members stated that they would be able to report incidents of sexual abuse and sexual harassment privately to a supervisor. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.52	**Exhaustion of administrative remedies**

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
    2. PS 1330.18 *Administrative Remedy Program*
    3. *Bureau of Prisons Admission & Orientation Handbook*
2. Interviews:
    1. Specialized staff
    2. Targeted Incarcerated individuals

Findings (by provision):

115.52(a). The agency is not exempt from this standard, as it does have in place an administrative grievance procedure for incarcerated individuals. PS 1330.18 *Administrative Remedy Program* was provided to the auditor in the PAQ, which provides incarcerated individuals the opportunity to seek a formal review of issues relating to any aspect of his or her confinement. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.52(b). PS 1330.18 *Administrative Remedy Program* was provided to the auditor in the PAQ, which provides incarcerated individuals the opportunity to seek a formal review of issues relating to any aspect of his or her confinement. The program statement includes language related to this provision: Administrative remedies regarding sexual abuse may be filed at any time. These administrative remedies may not be rejected as untimely under this Program Statement. If the incarcerated individual includes multiple unrelated issues on a single form, the incarcerated individual will be advised to use a separate form to report the portion of the administrative remedy that is unrelated to the sexual abuse. Incarcerated individuals are not required to attempt informal resolution of sexual abuse allegations.

During the onsite phase of the audit, the auditor spoke with several staff members during the site review. Staff were aware that incarcerated individuals could file an administrative remedy in order to make an allegation of sexual abuse. The administrative remedies were easily accessible to all incarcerated individuals in the housing unit, including those incarcerated individuals held in the Special Housing Unit. The auditor also spoke with several incarcerated individuals during the site review. All the incarcerated individuals stated clearly that they could file an administrative remedy for an allegation of sexual abuse. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.52(c). PS 1330.18 *Administrative Remedy Program* was provided to the auditor in the PAQ. The policy states, “Matters in which specific staff involvement is alleged

may not be investigated by either staff alleged to be involved or by staff under their supervision." Allegations of physical abuse by staff shall be referred to the Office of Internal Affairs.

During the site review, the auditor interviewed the Warden's Executive Assistant, who is responsible for the processing of the administrative remedies. He explained that all administrative remedies are forwarded directly to him after being collected from the housing units. He sorts them and logs them in on a tracking spreadsheet. They are then forwarded to the correct department for a response based on the category of the incarcerated individual's complaint on the form. All administrative remedies submitted in relation to sexual abuse are immediately forwarded for investigation. They are not denied due to the delay in reporting. He confirmed that the BOP would not submit any remedy to the subject of the remedy for review or investigation. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.52(d). PS 1330.18 *Administrative Remedy Program* was provided to the auditor in the PAQ. The program statement includes a time frame of 20 days for response of any administrative remedy, which is within the time frame required under this provision.

During the onsite audit, the auditor reviewed the institution's sexual abuse allegations and investigations from the previous 12 months. One of the seventeen sexual abuse allegations was submitted by the incarcerated individual by way of an administrative remedy. The sexual abuse investigation file indicated that the institution received the remedy and properly forwarded it for investigation immediately upon receipt. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.52(e). In the PAQ, PS 1330.18 *Administrative Remedy Program* states that the institution will accept grievances and allegations of sexual abuse from third parties, including incarcerated individuals, family, advocates, and attorneys. The policy allows for the incarcerated individual that is the alleged victim to decline the filing of the report.

The auditor noted only one sexual abuse allegation submitted by way of an administrative remedy over the 12-month period preceding the onsite audit. The remedy was submitted by the alleged victim. There were no remedies submitted by a third party. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.52(f). In the PAQ the institution provided PS 1330.18 *Administrative Remedy Program* which provides the policy related to this provision. This section applies when an administrative remedy alleges a substantial risk of imminent sexual abuse. If a remedy meets both of these criteria, the remedy will receive expedited processing. The incarcerated individual shall clearly mark "emergency" on the remedy and explain the reason for filing as an emergency remedy. An expedited response shall be provided within 48 hours and the remedy response within five calendar days.

	The auditor noted only one sexual abuse allegation submitted by way of an administrative remedy over the 12-month period preceding the onsite audit. There were no records of an administrative remedy submitted seeking assistance because the incarcerated individual felt he was at risk of harm or sexual abuse. The Warden's Executive Assistant confirmed that any administrative remedy submitted and marked emergency would be immediately processed in his office and immediately submitted for investigation. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.52(g).** In the PAQ the institution provided PS 1330.18 *Administrative Remedy Program* which provides the policy related to this provision. The policy states that the maintenance of an effective sexual abuse prevention policy, and general secure and orderly running of an institution, requires that incarcerated individuals be held responsible for manipulative behavior and false allegations. Allegations of false reports will be considered by staff in accordance with the procedures and standards of the Inmate Discipline Program policy. The auditor noted only one sexual abuse allegation submitted by way of an administrative remedy over the 12-month period preceding the onsite audit. There were no other administrative remedies submitted related to sexual abuse over the 12-month period. Therefore, there was no additional information available for the auditor to review related to this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.53	**Inmate access to outside confidential support services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in making the compliance determination:
	
	1. Documents: (*Policies, directives, forms, files, records, etc.*)
	    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
	    2. *Agreement Between The Federal Bureau of Prisons United States Penitentiary-Atlanta and Grady Memorial Hospital Corporation D/B/A Grady Health System*
	2. Interviews:
	    1. Specialized staff
	    2. Random Incarcerated individuals
	    3. Targeted Incarcerated individuals
	3. Site Review Observations:
	    1. Housing units

Findings (by provision):

115.53(a). The institution provided information from PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The policy states "The Institution PREA Compliance Manager, with the assistance of Psychology Services staff, seeks to establish an agreement with community service providers who are able to provide confidential emotional support services as it relates to sexual abuse." The policy goes on to say that staff take reasonable action to ensure that information on available resources is provided to all incarcerated individuals so that they have access to the Bureau's efforts in preventing, detecting, and responding to sexual abuse and sexual harassment. The institution provided the auditor with a copy of the *Agreement Between The Federal Bureau of Prisons United States Penitentiary-Atlanta and Grady Memorial Hospital Corporation D/B/A Grady Health System* in the PAQ. The unexecuted agreement allows for the Grady Memorial Rape Crisis Center to provide these emotional support services for incarcerated individuals at USP Atlanta. Although not executed, the IPCM confirmed for the auditor that the institution has utilized Grady Memorial Hospital and the Grady Memorial Rape Crisis Center for incarcerated individual services for several years with no problems. USP Atlanta and the BOP are actively working to execute this agreement to better be in compliance with these Standards.

During the onsite phase of the audit, the auditor interviewed 21 random incarcerated individuals. All but four of the 21 incarcerated individuals were able to explain to the auditor what the emotional support services were and how to obtain those services. They knew that it was posted on the bulletin boards in the housing unit. The information was also in the *Sexually Abusive Behavior Prevention and Intervention Handbook*. The other four (4) incarcerated individuals had heard of other support services but could not describe them completely for the auditor. The auditor also interviewed one (1) incarcerated individual who had reported sexual abuse at the institution. They were provided with the opportunity to contact the Grady Memorial Rape Crisis Center and chose not to, stating that services were not needed. The auditor interviewed a counselor from the Grady Memorial Rape Crisis Center by telephone, who confirmed the Center regularly provides such services for individuals from USP Atlanta. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.53(b). The institution provided information from PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The policy states that "Confidential" communications are distinguished from privileged communications such as attorney-client relationships. Communications are monitored in a manner consistent with agency security practices and are addressed in the agreement with any outside agency.

The auditor interviewed 21 random incarcerated individuals during the onsite audit. The incarcerated individuals understood that communications with outside emotional support services would be confidential only to the extent possible, due to security. Mail to the Grady Hospital Rape Crisis Center was not considered legal mail, but incarcerated individuals were allowed to speak with outside counselors in as private a

	way as possible. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.53(c).** In the PAQ, the institution also provided the auditor with a copy of the *Agreement Between The Federal Bureau of Prisons United States Penitentiary-Atlanta and Grady Memorial Hospital Corporation D/B/A Grady Health System*. This unexecuted agreement clearly identifies that the Grady Memorial Rape Crisis Center will provide emotional support services for those incarcerated individuals that may need it. It provides the opportunity for incarcerated individuals to either write to or call advocates at the Grady Memorial Rape Crisis Center and receive a written response or talk directly with an advocate. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.54	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (*Policies, directives, forms, files, records, etc.*) 1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* 2. Bureau of Prisons website **Findings (by provision):** **115.54(a).** The auditor reviewed the Bureau of Prisons web page and located the *Sexual Abuse Prevention* page under the *Custody & Care* page. The page lists the agency's zero-tolerance information and provides the public an opportunity to submit a notification of concern regarding an incarcerated individual at the BOP. The agency's PREA policy is also posted. The information can be found here: **www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp**. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.61	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
2. Interviews:
    1. Specialized staff
    2. Random staff

Findings (by provision):

115.61(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement requires that all staff members report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the Operations Lieutenant. The Operations Lieutenant is then required to notify the IPCM.

During the onsite phase of the audit, the auditor interviewed 16 random staff members. Every person interviewed clearly stated that they were required to immediately report all allegations of sexual assault or sexual harassment. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.61(b). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* also includes a prohibition on releasing information related to sexual abuse or sexual harassment incidents. It states that information concerning the identity of the alleged incarcerated individual victim and the specific facts of the case are limited to staff who need to know because of their involvement with the victim's welfare and the investigation of the incident.

Random staff interviewed clearly understood the requirement to maintain the confidentiality of sexual assault and sexual harassment cases. Each of the 16 random staff members interviewed reported that they were only allowed to discuss these cases with people who needed to know the information for official business. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.61(c). During the onsite phase of the audit, the auditor interviewed the health services administrator, a nurse, and a psychologist, as well as a contractor that is assigned to health services. All four confirmed the requirement to immediately report incidents of sexual abuse of incarcerated individuals. Staff did confirm that they would inform the incarcerated individual of their duty to report and the limits to the confidentiality of information learned from the incarcerated individual. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.61(d). The BOP Program Statement requires that the agency notify designated State or local services agencies if the alleged sexual abuse victim is under the age of 18.

	USP Atlanta does not house incarcerated individuals under the age of 18, so this provision does not apply to this institution. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.61(e).** In the PAQ, PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states that staff must report and respond to all allegations of sexually abusive behavior, regardless of the source of the report. The IPCM is required to refer the incident for investigation to the appropriate office and review the incident for any further response. The auditor interviewed the Warden, who confirmed that the institution investigates all allegations of sexual abuse and sexual harassment, regardless of the how the allegation is received. All allegations are forwarded to the investigators for review and investigation. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.62	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in making the compliance determination:
	
	1. Documents: (*Policies, directives, forms, files, records, etc.*)
	    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
	2. Interviews:
	    1. Specialized staff
	    2. Random staff
	
	Findings (by provision):
	
	115.62(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement states in all cases, the Operations Lieutenant is notified immediately and immediately safeguards the incarcerated individual. Efforts will include monitoring the situation, changing housing assignments, changing work assignment, or placing the alleged victim and perpetrator in Segregated Housing, depending on the severity of the alleged abusive behavior.
	
	The auditor was provided written interview responses from the agency head. The agency head repeated the information from the Program Statement and stated that immediate action would be taken. If the possible threat was from a staff member, options include a change in the staff member's work assignment or removal from the facility while the investigation is conducted. The auditor interviewed the Warden

	during the onsite audit. The Warden also stated that immediate action would be taken to safeguard the incarcerated individual. The Warden would immediately assess the severity of the situation and would consider a transfer of the incarcerated individual to another institution, if necessary, to keep the incarcerated individual safe from harm. The auditor interviewed 16 random staff members. All stated that facility staff always react immediately if they see someone in imminent danger. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.63	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (*Policies, directives, forms, files, records, etc.*) 1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* 2. Warden-to-Warden Notifications 3. Sexual Abuse Investigation files 2. Interviews: 1. Agency head 2. Specialized staff **Findings (by provision):** **115.63(a).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states in cases where there is an allegation that sexually abusive behavior occurred at another Bureau facility, the Warden of the victim's current facility reports the allegation to the Warden of the identified institution. In cases alleging sexual abuse by staff at another institution, the Warden of the incarcerated individual's current facility refers the matter directly to the Office of Internal Affairs. For non-Bureau facilities, the Warden will contact the appropriate office of the facility. The auditor was provided documentation of no such notifications to other BOP institutions by the Warden at USP Atlanta, as there had been no notifications from an incarcerated individual at USP Atlanta. However, the auditor was provided copies of six (6) notifications received from other BOP institutions after a transferred incarcerated individual reported sexual abuse that had occurred at USP Atlanta. The written notification was completed on the day of the intake screening, the same day the information was received from the incarcerated individual at their BOP institution. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.63(b).** In the PAQ, the auditor was provided copies of six (6) notifications

	received from other BOP institutions after a transferred incarcerated individual reported sexual abuse that had occurred at USP Atlanta. The written notification was completed on the day of the intake screening, the same day the information was received from the incarcerated individual at their BOP institution. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.63(c).** In the PAQ, the auditor was provided copies of six (6) notifications received from other BOP institutions after a transferred incarcerated individual reported sexual abuse that had occurred at USP Atlanta. The written notification was completed on the day of the intake screening, the same day the information was received from the incarcerated individual at their BOP institution. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.63(d).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*, provided to the auditor in the PAQ, states that the facility head or agency office shall ensure that the allegation is investigated. The auditor was provided copies of six (6) notifications received from other BOP institutions after a transferred incarcerated individual reported sexual abuse that had occurred at USP Atlanta. During the onsite audit, the auditor reviewed the institution's sexual abuse investigation files from the 12 months preceding the audit. In the investigation files, the auditor located six (6) investigations that were initiated following the receipt of the Warden-to-Warden notification that the incarcerated individual had notified staff at another BOP institution that he had been sexually assaulted at USP Atlanta during a previous incarceration. The investigation files indicated that USP Atlanta took the appropriate steps to properly investigate the allegation upon receipt of the notification. The auditor was provided written interview responses from the agency head. The agency head stated that if the Warden receives the allegation, the Warden is to determine if the allegation can be investigated locally or if it should be referred to the Office of Internal Affairs. Each institution tracks referrals made to them by other facilities or agencies. The auditor interviewed the Warden during the onsite phase of the audit and asked about these investigations. The Warden confirmed that all allegations are investigated regardless of how they are obtained, which would include from other institutions or agencies. They understood the responsibility to take such referrals from other agencies and institutions seriously and investigate them just as they would if the incarcerated individual were still in custody at USP Atlanta. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.64	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance

determination:

1. Documents: (*Policies, directives, forms, files, records, etc.)*
    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
2. Interviews:
    1. Targeted Incarcerated individuals
    2. Specialized staff
    3. Random staff

Findings (by provision):

115.64(a). The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The policy states the staff first responder must preserve the crime scene. SIS staff are responsible for collecting information and 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 the onsite audit, the auditor interviewed two staff members who were first responders to incidents of sexual abuse. Both staff members related to the auditor the proper steps to take as a first responder to an incident. They both discussed the importance of safeguarding the potential evidence, as well as separating the potential abuser from the potential victim. This protects the victim, protects evidence, and preserves the opportunity to properly interview both incarcerated individuals. The auditor also interviewed one incarcerated individual who had reported an incident of sexual abuse. The individual described the steps that staff had taken when he had reported the abuse. The auditor determined by the incarcerated individual's statements, staff had acted appropriately to preserve evidence and to protect the victim. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.64(b). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy requires that all non-custody staff first responders immediately report to any custody staff the allegation for investigative purposes. For the BOP, however, this really does not apply, as all institution staff members are considered correctional workers first.

During the onsite phase of the audit, the auditor interviewed 16 random staff members and all staff knew the first response steps to ensure safety for incarcerated individuals and proper investigations. The auditor was told that all institution staff members are correctional workers first and would act immediately as first responders and would not require a notification to another staff member. The auditor interviewed two staff members who were first responders, and the auditor was told the same thing. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.65	Coordinated response
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

	The following evidence was analyzed in making the compliance determination:
	
	1. Documents: (*Policies, directives, forms, files, records, etc.*)
	    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
	    2. *Guide for First Responders Poster*
	2. Interviews:
	    1. Targeted staff
	
	Findings (by provision):
	
	115.65(a). The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement contains the coordinated response plan for the Bureau. The Plan is detailed and lists the specific responsibilities for the first responder, the Operations Lieutenant, SIS, Chief of Correctional Services, the IPCM, health services, psychology services, and the Warden. According to the policy, first responders would immediately report incidents to the Operations Lieutenant, who would ensure that victims are safeguarded and refer the victim to Health Services for a physical assessment and documentation of any injuries. The Operations Lieutenant will promptly refer all incarcerated individuals reported or suspected of being the victim of sexually abusive behavior to Psychology Services for assessment of vulnerability and treatment needs. In addition, the Operations Lieutenant will ensure that SIS, the Chief of Correctional Services, the IPCM, and the Warden are notified. The IPCM will review the relevant factors and make a determination whether or not to proceed with full activation of the Response Protocol. The Response Protocol will include full evidence collection and preservation, including transfer for the forensic examination, crisis intervention and assessment of treatment needs, further medical examination, prophylactic medication, and the formal investigation. The auditor reviewed the Guide for First Responders Poster and located the steps noted in the PS.
	
	During the onsite phase of the audit, the auditor saw the *Guide to First Responders Poster* in several non-incarcerated individual areas throughout the institution for staff to review when necessary. The auditor also saw the *Guide to First Responders* as a screen saver on all the institution computers, enabling staff to see the Guide throughout their workday. The auditor interviewed the Warden during the onsite phase of the audit and discussed the coordinated response plan. The Warden confirmed that staff can follow the plan to ensure that they complete the investigative steps properly and investigate and safeguard the victim each time. This ensures that all victims are treated properly, and evidence is properly preserved to ensure criminal prosecution.

	The auditor finds this coordinated response plan to be very detailed and readily available for staff to review at all times. This makes it easy for first responders, Health Services, Psychology Services, and the Operations Lieutenant to review at any time to ensure that every detail is followed. That ensures that evidence is not lost, incarcerated individual victims are safeguarded, and victims are treated in a trauma-informed manner. Based on this analysis, the auditor finds the institution in compliance with this provision and has exceeded the Standard.

115.66	**Preservation of ability to protect inmates from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (*Policies, directives, forms, files, records, etc.*) 1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* 2. *Master Agreement – Federal Bureau of Prisons and Council of Prison Locals* 2. Interviews: 1. Agency head **Findings (by provision):** **115.66(a).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states the collective bargaining process in the Bureau will be completed pursuant to Title 5 of the United States Code and all other applicable laws, rules, and regulations, including third party appeals. The BOP included a copy of the *Master Agreement between the Federal Bureau of Prisons and the Council of Prison Locals*. On page 69 of the agreement, under *Article 30 – Disciplinary and Adverse Actions* section, the agreement states, “The Employer may elect to reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter, in accordance with applicable law, rules, and regulations.” The auditor was provided with written responses of the agency head’s interview questions. The agency head confirmed that the Master Agreement includes the language allowing the BOP to reassign an employee from an institution when an allegation adversely affects the Agency’s confidence in the employee or the security of the institution. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.66(b).** The auditor is not required to audit this provision.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in making the compliance determination:
	
	1. Documents: (*Policies, directives, forms, files, records, etc.*)
	    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
	    2. Sexual Abuse Investigation files
	2. Interviews:
	    1. Targeted Incarcerated individuals
	    2. Agency head
	    3. Specialized staff
	
	Findings (by provision):
	
	115.67(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement indicates that the IPCM monitors staff and incarcerated individuals who have reported sexual abuse allegations to protect them from retaliation for 90 days. However, if the initial monitoring indicates a continuing need, periodic status checks occur.
	
	During the onsite phase of the audit, the auditor interviewed an SIS Lieutenant, who confirmed that one of his assigned duties is to monitor incarcerated individuals for potential retaliation at USP Atlanta. He stated that he is assigned this duty as the representative for the IPCM. Based on this analysis, the auditor finds the institution in compliance with this provision.
	
	115.67(b). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement indicates that the IPCM monitors staff and incarcerated individuals who have reported sexual abuse allegations to protect them from retaliation for 90 days. However, if the initial monitoring indicates a continuing need, periodic status checks occur.
	
	The auditor was provided written responses to the interview questions from the Agency Head. The Agency Head stated that the IPCM monitors incarcerated individuals and staff to ensure there is no retaliation for alleging or reporting sexually abusive behavior. For incarcerated individuals, this monitoring includes housing and cell assignments, work assignments, programming changes, and disciplinary action. For staff, the monitoring includes reassignment of work, posts, performance evaluations, and shift changes. The auditor interviewed the Warden during the onsite phase of the audit. The Warden stated that the institution could utilize several measures to protect incarcerated individuals and staff from retaliation. Those measures would include housing changes, transfer of the alleged abuser, emotional

support for the victim, job reassignment, shift change for the staff member, or reassignment for the staff member. The auditor interviewed an SIS Lieutenant, who is responsible to monitor retaliation at USP Atlanta. He repeated the same list as the Warden. There were no incarcerated individuals held in segregation due to their high risk for victimization for the auditor to interview for this provision. The auditor interviewed one incarcerated individual who had reported sexual abuse. The incarcerated individual had been monitored for retaliation following his report of sexual abuse. The incarcerated individual did meet with the SIS Lieutenant (the representative for the IPCM) to discuss potential retaliation and he reported no concerns or problems with other incarcerated individuals or staff. The auditor reviewed the institution's seventeen (17) sexual abuse and sexual harassment investigation files from the previous 12 months. All 17 files had a retaliation monitoring form included in the file. There was no indication of reported retaliation by any of the incarcerated individuals in the records. Documentation included proper periodic checks with the incarcerated individuals. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.67(c). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement indicates that the IPCM monitors staff and incarcerated individuals who have reported sexual abuse allegations to protect them from retaliation for 90 days. However, if the initial monitoring indicates a continuing need, periodic status checks occur.

During the onsite phase of the audit, the auditor interviewed the Warden. The Warden stated that if there were indications of retaliation of an incarcerated individual or staff member, swift and prompt action would be taken to protect the incarcerated individual or staff member. These actions would include disciplinary action, housing changes, program changes, transfer from the institution, shift change for a staff member, or a transfer for a staff member. The auditor interviewed an SIS Lieutenant, who is responsible to monitor for retaliation at USP Atlanta. The Lieutenant stated that immediate steps would be taken to ensure the safety of an incarcerated individual, including job reassignment, housing changes, disciplinary action for another incarcerated individual, or transfer of an incarcerated individual to another institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.67(d). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement indicates that the IPCM monitors staff and incarcerated individuals who have reported sexual abuse allegations to protect them from retaliation for 90 days. However, if the initial monitoring indicates a continuing need, periodic status checks occur.

During the onsite phase of the audit, the auditor interviewed an SIS Lieutenant, who is responsible to monitor for retaliation at USP Atlanta. The Lieutenant stated that he monitors retaliation for 90 days, with periodic reviews with the incarcerated individual or staff member. He checks in every 30 days and documents those reviews on the monitoring form. If there are indications of a concern, he will check in more frequently. The auditor reviewed the institution's seventeen (17) sexual abuse and

	sexual harassment investigation files from the previous 12 months. All 17 files had a retaliation monitoring form included in the file. There was no indication of reported retaliation by any of the incarcerated individuals in the records. Documentation included proper periodic checks with the incarcerated individuals. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.67(e).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement indicates that the IPCM monitors staff and incarcerated individuals who have reported sexual abuse allegations to protect them from retaliation for 90 days. The program statement also includes a provision to take appropriate measures to protect other individuals that cooperate with an investigation. The auditor was provided written responses to the interview questions from the Agency Head. The Agency Head stated that if an incarcerated individual or staff member who cooperated with an investigation expresses a fear of retaliation, that individual will be monitored in the same manner as the individual who reported the allegation and will be protected against such retaliation. This protection can take the form of changing work supervisors, or other actions that prevent retaliation. During the onsite phase of the audit, the auditor interviewed the Warden. The Warden stated that the institution would take the same steps to protect any individual from retaliation, regardless of the role they play in the investigation of a sexual abuse investigation. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.67(f).** The auditor is not required to audit this provision.

115.68	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in making the compliance determination:
	
	1. Documents: (*Policies, directives, forms, files, records, etc.*)
	    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
	2. Interviews:
	    1. Specialized staff
	    2. Targeted Incarcerated individuals
	3. Site Review Observations:
	    1. None
	
	Findings (by provision):

115.68(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that the agency follows the Program Statement language from Standard 115.43 and utilizes BOP *Form BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse/ Assault Allegation*.

During the onsite review, the auditor interviewed the Warden and confirmed there were no incarcerated individuals held in the Special Housing Unit (SHU) due to the high risk of victimization or following their report of sexual victimization. The auditor interviewed two staff members who work in segregated housing. Both staff members confirmed that there were no incarcerated individuals held in segregated housing due to their high risk for victimization or following their report of sexual victimization. The auditor interviewed one incarcerated individual who had reported sexual abuse and he stated that he was not placed in segregation immediately following the report of the allegation for safety but released to general population. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
    2. Sexual Abuse Investigation files
2. Interviews:
    1. Specialized staff

Findings (by provision):

115.71(a). In the PAQ, the agency provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement provides for the prompt investigation of all allegations of sexual abuse and sexual harassment. Upon activating the full Response Protocol, the investigation phase is initiated and required notifications must be made. The program statement goes on to list the required notifications of staff and investigative units to ensure the prompt investigation.

During the onsite phase of the audit, the auditor interviewed an SIS Lieutenant. He explained that SIS is immediately notified that a sexual abuse allegation has been made and he is required to respond immediately to begin the investigation process. For anonymously reported allegations, the process is the same, but the start is a little slower, as some of the details may be a little less without knowledge of the

reporting party. If an allegation is made through a third party, they must review the allegation with the alleged victim before they can begin the investigation to provide the victim an opportunity to approve or decline the investigation. Otherwise, the investigative process is the same. The auditor reviewed the institution's seventeen (17) sexual abuse and sexual harassment investigation files from the previous 12 months during the onsite phase of the audit. All 17 investigations were investigated immediately after receipt of the initial report. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.71(b). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The program statement requires that sexual abuse investigators must have received special training pursuant to standard 115.34. The auditor had previously reviewed the written documentation submitted for standard 115.34, which references the requirements for specialized investigation training. The auditor was provided with written proof of completed training for 25 staff members who received investigation education at USP Atlanta.

During the onsite phase of the audit, the auditor met with an SIS Lieutenant, who confirmed that all SIS staff are required to complete the investigations specialized training through the BOP. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.71(c). In the PAQ, PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*, provides investigators with guidelines for performing their investigations. The guidelines include the initial steps of gathering and preserving evidence and interviewing alleged victims, suspected perpetrators, and witnesses.

During the onsite phase of the audit, the auditor interviewed an SIS Lieutenant. He explained to the auditor the initial steps to ensure proper preservation of evidence. He described that a review of the institution's video evidence, telephone calls, and available DNA evidence would be a standard part of every sexual abuse investigation. He stated that the current protocol is to have the incarcerated individual victim transported to a local hospital for a forensic examination for evidence collection and treatment of any injuries, if necessary. The auditor reviewed the institution's seventeen (17) sexual abuse and sexual harassment investigations from the previous 12 months during the onsite phase of the audit. All 17 investigations included a full description of the evidence collected and reviewed and utilized by the investigator to make their determination. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.71(d). During the auditor's interview with the SIS Lieutenant, the auditor talked with the Lieutenant about coordinating investigative efforts with the Office of Internal Affairs if an investigation involves a staff member. He confirmed that this is something routinely in place when investigating any type of misconduct on the part of a staff member. The agency's standard practice is to suspend administrative investigations while the criminal investigation is completed. It is not the practice of the BOP to conduct compelled interviews from staff until the completion of the criminal investigation. Based on this analysis, the auditor finds the institution in

compliance with this provision.

115.71(e). The agency provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement requires that the credibility of the victim not be determined by the person's status as an incarcerated individual or staff member. The Bureau does not require an incarcerated individual who alleges sexual abuse to submit to a polygraph examination as a condition for proceeding with the investigation of such an allegation.

During the onsite phase of the audit, the auditor interviewed an SIS Lieutenant. He explained to the auditor that the agency would never utilize truth-telling efforts to determine if any victim of sexual abuse was telling the truth. That is something that is forbidden and would never be done by any investigator. He also confirmed that the agency would always review evidence from their investigation on its own and not allow the incarcerated individual victim's status as an incarcerated individual to affect the outcome of the investigation. The auditor interviewed one incarcerated individual who had reported sexual abuse. The incarcerated individual confirmed that he was not asked or required to submit to a polygraph examination. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.71(f). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that administrative investigations should also consider information on whether other factors such as physical layouts, staffing patterns, institution operations, etc., contributed to the abuse. The program statement also requires that the investigative report include all supporting documentation of the review, evidence reviewed and the findings of the investigation.

The auditor interviewed an SIS Lieutenant during the onsite phase of the audit. The Lieutenant discussed investigative reviews of agency staff members. One major part of all such investigations includes a review to determine if there were any violations of policy and violations of law. He confirmed that he is required to write a report at the completion of all investigations. The report will include the allegation, evidence collected and reviewed, summary of interviews and the reasoning behind his final determination. He stated that all substantiated allegations would be referred for criminal prosecution. The auditor reviewed the institution's seventeen (17) sexual abuse and sexual harassment investigations from the previous 12 months. All 17 records included a complete final report with all required elements from the standard. There were no substantiated allegations of sexual abuse, therefore, no allegations referred for criminal prosecution. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.71(g). In PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*, investigators are required to complete a report of investigation at the completion of all criminal investigations. The report is to contain a description of the allegation, a summary of the information received through interviews with incarcerated individuals and staff members, a listing of the evidence collected, and a description of the credibility assessment and final determination.

	An SIS Lieutenant was interviewed by the auditor during the onsite audit. He confirmed that he is required to write a report at the completion of all investigations. The report will include the allegation, evidence collected and reviewed, summary of interviews and the reasoning behind his final determination. Each of the institution's seventeen (17) sexual abuse and sexual harassment investigation files reviewed by the auditor contained a final report and evaluation of evidence, interviews, and final determination. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.71(h).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was included in the PAQ. The policy includes a provision that all sexual assault and sexual abuse cases that are found to be substantiated are to be referred for prosecution. An SIS Lieutenant was interviewed by the auditor during the onsite phase of the audit. He confirmed that all substantiated allegations of sexual abuse would be referred for potential prosecution. The Lieutenant stated that there were no substantiated cases of sexual abuse or sexual harassment during the previous year. The auditor reviewed the institution's seventeen (17) sexual abuse and sexual harassment investigation files from the previous 12 months. There were no substantiated allegations of sexual abuse, therefore, no allegations referred for criminal prosecution. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.71(i).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was included in the PAQ for the auditor's review. The program statement confirmed the requirement to maintain the sexual abuse records for the time period required in this provision. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.71(j).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was included in the PAQ. The program statement requires agency investigators to complete sexual abuse investigations even if the alleged abuser or victim is no longer housed within the institution or under the employ of the BOP. The auditor interviewed an SIS Lieutenant during the onsite phase of the audit. The Lieutenant stated that all sexual abuse investigations must be completed whether or not the abuser or victim is still incarcerated or employed by the BOP. Sexual abuse allegations are a serious matter and must be investigated no matter what. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.71(k).** The auditor is not required to audit this provision. **115.71(l).** Investigations that are potentially criminal are performed by outside investigators that are components of the Department of Justice. The Office of the Inspector General would conduct the criminal investigations. The auditor received written interview responses from the National PREA Coordinator. The PREA Coordinator stated that the majority of the sexual abuse investigations are conducted internally. If the Office of the Inspector General is conducting the investigation, they

	provide updates to the institution. At the conclusion of their investigation, they inform the Office of Internal Affairs of the outcome. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in making the compliance determination:
	
	1. Documents: (*Policies, directives, forms, files, records, etc.*)
	    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
	    2. Sexual Abuse Investigation files
	2. Interviews:
	    1. Specialized staff
	
	Findings (by provision):
	
	115.72(a). The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The policy states the Bureau applies this section in accordance with its disciplinary/adverse action process and collective bargaining agreement, and applicable laws, rules, and regulations.
	
	The auditor interviewed an SIS Lieutenant during the onsite phase of the audit. The Lieutenant stated that the preponderance of evidence is the standard utilized for all sexual abuse and sexual harassment investigations in the institution. The auditor reviewed the institution's seventeen (17) sexual abuse and sexual harassment investigation files from the previous 12 months and determined that the institution uses this standard for all investigations. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
    2. Sexual Abuse Investigation files
2. Interviews:
    1. Specialized staff
    2. Targeted Incarcerated individuals

Findings (by provision):

115.73(a). In the PAQ, the auditor was provided a copy of PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. In this program statement, the Bureau makes it clear that the Special Investigative Services Lieutenant provides all notifications to incarcerated individuals required under this section.

During the onsite phase of the audit, the auditor interviewed several staff members in reference to this standard. The auditor interviewed the Warden, who stated that the incarcerated individual is always notified of the outcome of the investigation. The auditor also interviewed an SIS Lieutenant. The Lieutenant explained that after the investigation is completed, the investigation report is submitted, and the Lieutenant will issue the written notification to the incarcerated individual. The auditor reviewed the institution's seventeen (17) sexual abuse and sexual harassment investigation files from the previous 12 months and was able to easily locate the written notification of the investigative findings to the incarcerated individual. The auditor was able to interview one incarcerated individual who had filed an allegation of sexual abuse. He stated that he received notification of the outcome of the investigation, which the auditor located in the investigation file. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.73(b). The Office of the Inspector General performs criminal investigations and provides final investigation reports to the institution and to the Special Investigative Services. This ensures that incarcerated individuals are properly informed of the outcome of the investigation. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.73(c). The auditor was provided information from PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ for this provision. The policy clearly outlines the required notifications to an incarcerated individual related to the staff member alleged to have committed sexual abuse against the incarcerated individual. The policy states that incarcerated individuals are only notified if there is a nexus between the listed actions and incident of sexual abuse. The timing of the notifications should not interfere with any pending criminal or administrative investigations.

During the onsite phase of the audit, the auditor interviewed one incarcerated individual who had filed an allegation of sexual abuse. The incarcerated individual confirmed he had been properly provided written notification of the outcome of the investigation. He did not receive any additional notifications as required under this

	provision, as the allegation was not against a staff member. The auditor was unable to review any additional information regarding this provision, as there have been no substantiated allegations against a staff member. There were no notations in any of the investigation files regarding separation of an incarcerated individual from an alleged staff member abuser, as it was not required. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.73(d).** The auditor was provided information from PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ for this provision. The policy clearly outlines the required notifications to an incarcerated individual related to the incarcerated individual alleged to have committed sexual abuse against the incarcerated individual. The notifications in the policy meet the requirements of the standard. During the onsite phase of the audit, the auditor interviewed one incarcerated individual who had filed an allegation of sexual abuse. The incarcerated individual confirmed he had been properly provided with written notification of the outcome of the investigation, but charges were not filed in his case. The auditor was unable to review any additional information regarding this provision, as charges were not filed in any of the institution's seventeen (17) sexual abuse and sexual harassment investigations during the previous 12 months. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.73(e).** In the PAQ, the auditor was provided a copy of PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy requires that all notifications to incarcerated individuals in this standard be documented in the investigation file. During the onsite phase of the audit, the auditor reviewed the institution's seventeen (17) sexual abuse and sexual harassment investigation files from the previous 12 months. All such notifications were easily found in the investigation file. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.73(f).** The auditor is not required to audit this provision.

115.76	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (*Policies, directives, forms, files, records, etc.*) 1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention*

Program

2. PS 3420.11 *Standards of Employee Conduct*
3. Sexual Abuse Investigation files

2. Interviews:
    1. None

Findings (by provision):

115.76(a). In the PAQ, the institution provided PS 3420.11 *Standards of Employee Conduct.* This program statement provides disciplinary actions for BOP employees for rule violations. It includes penalties for Offense 31, Improper relationship with inmates, former inmates, their families, or associates, and a penalty that includes termination. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.76(b). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy states if evidence supports that a staff member engaged in sexual abuse, the matter will first be referred for criminal prosecution. Administrative discipline, including proposed terminations for sexual abuse, will be conducted under Program Statement Standards of Employee Conduct and the collective bargaining agreement. PS 3420.11 *Standards of Employee Conduct* was also provided in the PAQ. This program statement includes language regarding sexual relationships or contact with incarcerated individuals. It states that employees are subject to administrative action, up to and including removal, for any inappropriate contact, sexual behavior, or relationship with Incarcerated individuals, regardless of whether such contact constitutes a prosecutable crime.

During the onsite phase of the audit, the auditor reviewed the institution's seventeen (17) sexual abuse investigation files for the previous 12 months. There were no substantiated allegations against a staff member. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.76(c). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy states if evidence supports that a staff member engaged in sexual abuse, the matter will first be referred for criminal prosecution. Administrative discipline, including proposed terminations for sexual abuse, will be conducted under Program Statement *Standards of Employee Conduct* and the collective bargaining agreement.

During the onsite phase of the audit, the auditor reviewed the institution's seventeen (17) sexual abuse investigation files for the previous 12 months. There were no substantiated allegations against a staff member. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.76(d). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy states if evidence supports that a staff member engaged in sexual abuse, the matter will first be referred for criminal prosecution. Administrative discipline, including proposed terminations for sexual

	abuse, will be conducted under Program Statement *Standards of Employee Conduct* and the collective bargaining agreement. During the onsite phase of the audit, the auditor reviewed the institution's seventeen (17) sexual abuse investigation files for the previous 12 months. There were no substantiated allegations against a staff member. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.77	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (*Policies, directives, forms, files, records, etc.*) 1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* 2. PS 3420.11 *Standards of Employee Conduct* 3. Sexual Abuse Investigation files 2. Interviews: 1. Specialized staff **Findings (by provision):** **115.77(a).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that volunteers and contractors would be prohibited from contact with incarcerated individuals, but generally this would apply in cases where there is possible criminal prosecution. In PS 3420.11 *Standards of Employee Conduct*, under *Personal Conduct*, staff, volunteers, and contractors are prohibited from engaging in sexual behavior with an incarcerated individual and will be subject to administrative action up to and including removal for such behavior. During the onsite phase of the audit, the auditor reviewed the institution's seventeen (17) sexual abuse investigation files for the previous 12 months. There were no substantiated allegations against a volunteer or contractor. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.77(b).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy generally applies in cases where administrative investigation/actions would be appropriate. The auditor interviewed the Warden during the onsite phase of the audit. The Warden

	stated that although remedial measures could be utilized, any volunteer or contractor would be removed from the institution, and they would prohibit further incarcerated individual contact. This would be done to prevent further contact in case the individual's behavior became worse and led to sexual abuse that became criminal. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.78	**Disciplinary sanctions for inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in making the compliance determination:
	
	1. Documents: (*Policies, directives, forms, files, records, etc.*)
	    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
	    2. Sexual Abuse Investigation files
	    3. *Bureau of Prisons Admission & Orientation Handbook*
	2. Interviews:
	    1. Specialized staff
	
	Findings (by provision):
	
	115.78(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This policy outlines disciplinary action for incarcerated individuals found guilty of sexual abuse or sexual harassment through a formal disciplinary process. The policy states that any incarcerated individual who is found criminally guilty of sexual abuse of another incarcerated individual or with an administrative finding of guilt, is subject to discipline through the formal disciplinary process.
	
	During the onsite phase of the audit, the auditor reviewed the institution's seventeen (17) sexual abuse investigation files from the previous 12 months prior to the audit. There were no investigations that led to administrative disciplinary sanctions for an incarcerated individual. Based on this analysis, the auditor finds the institution in compliance with this provision.
	
	115.78(b). In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This policy requires that sanctions for incarcerated individuals be proportionate with the nature and circumstance of the abuses committed, the incarcerated individual's disciplinary history, and the sanctions imposed for the comparable offenses by other incarcerated individuals with similar histories.

During the onsite phase of the audit, the auditor interviewed the Warden, who confirmed that disciplinary actions for incarcerated individuals were commensurate with the abuse committed. The Warden stated that it would likely cause the incarcerated individual to have his security classification updated unless the offense was only sexual harassment. The auditor reviewed the institution's seventeen (17) sexual abuse investigation files from the previous 12 months prior to the audit. There were no investigations that led to administrative disciplinary sanctions for an incarcerated individual. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.78(c). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* includes a provision to consider whether or not the incarcerated individual's mental disabilities or mental illness contributed to the sexual abuse behavior.

The auditor interviewed the Warden during the onsite phase of the audit. The Warden stated that he would always look at the incarcerated individual's history before issuing discipline and consider mental illness or disabilities when applying any discipline. There were no records of incarcerated individuals receiving discipline where mental illness or mental disability was mentioned in the investigative records for the auditor to review and confirm. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.78(d). In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement does include a provision to offer therapy, counseling, or other interventions to address and correct underlying reasons or motivations for the abuse.

During the onsite phase of the audit, the auditor interviewed the healthcare administrator and a psychologist. Both confirmed that therapy and counseling could be utilized as an alternative to discipline for sexual abuse offenders. There are several therapeutic counseling programs available throughout the BOP system, but not at USP Atlanta. The individual would not, however, be required to participate in any program as an alternative to discipline. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.78(e). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The program statement is clear that there must be a review to ensure the staff member did not consent to the sexual contact before issuing discipline to the incarcerated individual.

The institution had no records of any incarcerated individual disciplined for sexual contact with a staff member that could be reviewed by the auditor. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.78(f). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The program statement prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The BOP states that the

	maintenance of an effective sexual abuse prevention policy, and general secure and orderly running of an institution, requires that incarcerated individuals be held responsible for manipulative behavior and intentionally making false allegations. The auditor reviewed the institution's seventeen (17) sexual abuse and sexual harassment investigation files from the previous 12 months during the onsite phase of the audit. The auditor found no allegations made by an incarcerated individual that were determined to be made in bad faith. Therefore, the auditor was not able to review any additional information related to this provision. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.78(g).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement prohibits all sexual activity between incarcerated individuals. Any sexual activity is subject to discipline. The auditor reviewed the *Bureau of Prisons Admissions & Orientation Handbook*. In the Handbook, the auditor found incarcerated individual rules, that include a prohibition on sexual contact. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.81	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in making the compliance determination:
	
	1. Documents: (*Policies, directives, forms, files, records, etc.*)
	    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
	2. Interviews:
	    1. Specialized staff
	    2. Targeted Incarcerated individuals
	
	Findings (by provision):
	
	115.81(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement states that all incarcerated individuals who have disclosed prior sexual victimization during the risk screening are offered a follow-up meeting within 14 days with a medical or mental health practitioner. The follow-up meetings under this section are conducted by Psychology Services.
	
	During the onsite phase of the audit, the auditor interviewed a Counselor who

	performs the risk screening. She confirmed that all incarcerated individuals are asked about prior sexual victimization on the risk screening. Any incarcerated individual who indicates they were a prior sexual abuse victim are provided the opportunity to meet with medical or mental health. That meeting typically happens within two days of their admission to the institution. The auditor witnessed an intake screening of two incarcerated individuals and heard the question asked. Although both individuals did not mention prior victimization, the Counselor described the next steps to ensure the individual is seen by medical and mental health. The auditor interviewed six (6) incarcerated individuals who reported prior sexual victimization on the risk screening. Each of the six incarcerated individuals confirmed to the auditor that they were seen by medical and a psychologist during the first week at USP Atlanta. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.81(b).** In PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*, provided to the auditor in the PAQ, the institution addresses this standard. The policy states that incarcerated individuals considered high risk for sexual reoffending may be referred to specialty treatment or management programs, referred to individual or group counseling, or managed through standard correctional techniques. USP Atlanta indicated in the PAQ there were several incarcerated individuals screened that indicated they had previously perpetrated sexual abuse. The auditor interviewed a psychologist during the onsite phase of the audit. The psychologist mentioned several programs available to sexual abusers, but incarcerated individuals are not required to participate in such programs. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.81(c).** USP Atlanta is a Federal prison, and this provision does not apply. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.81(d).** The institution provided the auditor PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement requires that information related to sexual victimization or abusiveness that occurred in an institutional setting be strictly limited to medical and mental health practitioners. The information may also be shared with other staff who need to know in order to make security and management decisions, and housing, bed, work, education, and program assignments. During the onsite phase of the audit, the auditor spoke informally with several staff members who confirmed that sexual victimization information is not shared unless the staff member needs the information to make decisions regarding the incarcerated individual's housing or safety. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.81(e).** The institution provided the auditor PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement requires that medical and mental health staff obtain informed consent from incarcerated individuals prior to reporting information about prior sexual victimization.

	During the onsite phase of the audit, the auditor interviewed the health services administrator, a nurse, and a psychologist. All three indicated that informed consent must be obtained from all incarcerated individuals prior to reporting sexual abuse allegations if the abuse occurred outside the institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.82	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (*Policies, directives, forms, files, records, etc.*) 1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* 2. Sexual Abuse Investigation files 2. Interviews: 1. Specialized staff 2. Targeted Incarcerated individuals **Findings (by provision):** **115.82(a).** In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that incarcerated individual victims are to be seen by medical staff, who are responsible for examinations, documentation, and treatment of incarcerated individual injuries arising from sexually abusive behaviors, including testing when appropriate for pregnancy and sexually transmissible infections, including HIV. When an incarcerated individual self-reports or is referred to Health Services, medical staff notify Psychology Services prior to conducting an injury assessment. Health Services staff perform the injury assessment without comprising forensic evidence. During the onsite phase of the audit, the auditor interviewed the health services administrator, a nurse, and a psychologist. All three discussed the steps taken upon notification that an incarcerated individual has reported sexual abuse. The incarcerated individual would be taken to Health Services and would receive an injury assessment. Care would be taken to preserve forensic evidence, but emergent medical care will be provided. The psychologist stated that Psychology Services would be notified, and crisis intervention services would be provided as soon as possible after the incident. The auditor interviewed one incarcerated individual who had reported sexual abuse and he stated that he was taken immediately to Health

	Services and was provided a full health examination. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.82(b).** The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement defines that the Operations Lieutenant is to take preliminary steps to safeguard the incarcerated individual victim and notify appropriate medical and mental health practitioners. During the onsite phase of the audit, the auditor interviewed the health services administrator, a nurse, and a psychologist. The institution does have medical staff on duty 24 hours a day who can readily respond to incidents of sexual abuse. Staff on duty after seven o'clock in the evening and before six o'clock in the morning may have to send the victim to the hospital if injuries are severe. After regular hours, Psychology Services would receive notification by electronic mail to see the victim as soon as possible. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.82(c).** In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that incarcerated individual victims are to be seen by medical staff, who are responsible for examinations, documentation, and treatment of incarcerated individual injuries arising from sexually abusive behaviors, including testing when appropriate for pregnancy and sexually transmissible infections, including HIV. When an incarcerated individual self-reports or is referred to Health Services, medical staff notify Psychology Services prior to conducting an injury assessment. Health Services staff perform the injury assessment without comprising forensic evidence. During the onsite phase of the audit, the auditor interviewed the health services administrator, a nurse, and a psychologist. It was explained that all incarcerated individual victims would be provided information and access to care for sexually transmitted infections, including HIV, and pregnancy. If the victim had a forensic examination, the SANE nurse would complete the examination and provide follow-up information to the institution for the incarcerated individual's medication and testing. The auditor interviewed one incarcerated individual who had reported sexual abuse during the onsite phase of the audit. The incarcerated individual explained that there was no need for such testing, as there was no physical contact this severe to require it. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.82(d).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided to the auditor. The program statement indicates that Bureau policies concerning incarcerated individual co-pays for medical treatment shall not be applied to victims of sexual abuse. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
    2. Sexual Abuse Investigation files
2. Interviews:
    1. Specialized staff
    2. Targeted Incarcerated individuals

Findings (by provision):

115.83(a). The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The policy states that all incarcerated individuals are offered medical and mental health evaluation and treatment who have been victimized by sexual abuse in any institution.

During the onsite phase of the audit, the auditor confirmed through interviews with the health services administrator, a nurse, and a psychologist that incarcerated individuals who report victimization are provided services, treatment, and counseling by medical and mental health staff. The auditor also interviewed one incarcerated individual who reported an incident of sexual abuse. He confirmed he was provided a full health examination and was then seen by Psychology Services and has spoken with someone several times. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.83(b). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* provides institution policy regarding the medical and mental health care for incarcerated individuals. The policy states that incarcerated individuals will be provided follow-up services, treatment plans, and referrals for continued care following transfer or placement in other facilities or release from custody.

The auditor interviewed the health services administrator, a nurse, and a psychologist during the onsite phase of the audit. All three described some of the services available, such as testing for HIV and sexually transmitted infections. They also told the auditor that any treatment plan would go with the victim upon the victim's release from the institution. The auditor interviewed one incarcerated individual who reported an incident of sexual abuse. He told the auditor he was provided the opportunity for services at Health Services but declined, as he was not harmed and did not require those services. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.83(c). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive*

	Behavior Prevention and Intervention Program. The policy states that victims will be provided with medical and mental health services consistent with the community level of care. The auditor interviewed the health services administrator, a nurse, and a psychologist during the onsite phase of the audit. All three were clear that all services provided at Health Services and Psychology Services were consistent with the community level of care. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.83(d).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. This policy states that female victims of sexual abuse while incarcerated are offered pregnancy tests. USP Atlanta houses only male incarcerated individuals, so this provision does not apply to this institution. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.83(e).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided for review by the auditor. The program statement indicates that Bureau providers deliver comprehensive prenatal counseling and care for pregnant female offenders. USP Atlanta houses only male incarcerated individuals, so this provision does not apply to this institution. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.83(f).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided for review by the auditor. The program statement indicates that all incarcerated individual victims would be offered tests for sexually transmitted infections. The auditor interviewed one incarcerated individual who had reported an incident of sexual abuse. He stated that he was not abused in a manner that would require such testing. The auditor reviewed the institution's seventeen (17) sexual abuse and sexual harassment investigation files and located files showing five (5) incarcerated individuals who had received a forensic medical examination as part of their investigation. Medical records contained within the files show follow-up health services appointments and testing for those individuals. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.83(g).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided to the auditor. The program statement indicates that Bureau policies concerning incarcerated individual co-pays for medical treatment shall not be applied to victims of sexual abuse. The auditor interviewed one incarcerated individual who had reported an incident of sexual abuse. He stated that he was not financially responsible for any medical or mental health services. Based on this analysis, the auditor finds the institution in

	compliance with this provision. **115.83(h).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided to the auditor. The program statement language is clear that incarcerated individual-on-incarcerated individual abusers will be offered treatment when deemed appropriate. The auditor interviewed a psychologist during the onsite phase of the audit. She stated that the BOP does identify sexual abusers and will offer them treatment. There are multiple programs available throughout the BOP system, but not at USP Atlanta. Incarcerated individuals would not be required to participate in those programs. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.86	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in making the compliance determination:
	
	1. Documents: (*Policies, directives, forms, files, records, etc.*)
	    1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
	    2. Sexual Abuse Investigation files
	2. Interviews:
	    1. Specialized staff
	    2. Incident review team
	
	Findings (by provision):
	
	115.86(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. In this section, the policy states in cases of substantiated or unsubstantiated allegations, Institution Executive Staff review the incident to assess the facility's response to the allegations. All factors noted in this Standard are considered. The IPCM documents the review in a report, including recommendations for improvements, if any. If the unsubstantiated allegation involved a staff member, the report under this section must not include the staff member's personally identifiable information. The report is submitted to the Warden, who ensures implementation of the recommendations or documents the reason for not following them. Consideration for staff affected by the incident is necessary. Efforts to mitigate potential stress associated with these events should be offered to affected staff.

	During the onsite phase of the audit, the auditor reviewed the institution's seventeen (17) sexual abuse and sexual harassment investigation files from the previous 12 months. Thirteen of the seventeen files contained the written incident review report, as the other four investigations were determined to be unfounded and did not require the sexual abuse incident review. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.86(b).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement requires the incident review to be completed within 30 days of the conclusion of the investigation. During the onsite phase of the audit, the auditor reviewed the institution's seventeen (17) sexual abuse and sexual harassment investigation files from the previous 12 months. Thirteen of the seventeen files contained the written incident review report, as the other four investigations were determined to be unfounded and did not require the sexual abuse incident review. The incident review reports were all completed within 30 days of the date of the written report of the investigation. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.86(c).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This policy states the review team also may include input from the local Union President. The Union representative will be provided time to review the draft report and submit recommendations, which will be included in the review team's final report and recommendations as an addendum. Adoption of the Union's recommendations in the final report is at the discretion of the review team. During the onsite phase of the audit, the auditor interviewed the Warden. The Warden explained that the IPCM leads the sexual abuse incident abuse review team and holds review meetings with upper-level officials to review the incident and the details. The auditor reviewed the institution's seventeen (17) sexual abuse and sexual harassment investigation files from the previous 12 months. Thirteen of the seventeen files contained the written incident review report, as the other four investigations were determined to be unfounded and did not require the sexual abuse incident review. The reports outlined the review team members and showed input from other staff members who would have information about the incident. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.86(d).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement properly lists each of the required elements of this provision, as well as requiring the preparation of a report to be submitted to the institution's Warden. During the onsite phase of the audit, the auditor interviewed the Warden. The Warden stated that each incident review includes consideration of each of the elements in this standard's provision. The team discusses the facts of the allegation and the findings from the investigation to determine if any of the factors in this provision may have had an impact on the incident. The team then prepares a report that is submitted to the Warden. The auditor also interviewed the IPCM who stated

	that he leads the incident review meetings and ensures that the team reviews each of the items in this provision. The auditor interviewed a member of the incident review team. That staff member confirmed the same information, that the team reviews each incident for each of the elements in this provision. Based on this analysis, the auditor finds the institution in compliance with this provision. **115.86(e).** The auditor was not provided any documentation to show compliance with this provision. The auditor discussed compliance with the Warden. The Warden stated that best efforts are made to implement recommendations from the incident review reports. Failure to do so may lead to additional abuse incidents. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.87	Data collection
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.88	Data review for corrective action
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
    1. Agency website
2. Interviews:
    1. Specialized staff

Findings (by provision):

115.401(a). This was the fourth audit completed for the United States Penitentiary Atlanta. The auditor confirmed this information with the Management Analyst and through the Bureau website. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.401(b). This is the second year of the fourth PREA audit cycle. This audit of USP Atlanta is being completed as part of the second third of the BOP facilities in the second year of the fourth PREA audit cycle. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.401(h). During the onsite phase of the audit, the auditor was given the opportunity to complete a full site review. This included full access to all areas of the institution, so the auditor could assess all operations and talk with staff and incarcerated individuals. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.401(i). During the onsite phase of the audit, the auditor was provided with all documentation requested in order to properly review and verify all operations related to the PREA standards. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.401(m). During the onsite phase of the audit, the auditor requested to interview a total of 42 incarcerated individuals. The institution provided a private room for the auditor to meet with each incarcerated individual for the interview, without interruption. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.401(n). The institution posted the required audit notice in every housing unit, printed in two languages. The notices were also seen in public areas throughout the institution, in the public lobby and in the visitation room. The audit notice included the auditor's contact information and explained the process to send confidential information or correspondence. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.403	Audit contents and findings
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

Appendix: Provision Findings		
115.11 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (c)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	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
	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
115.12 (a)	**Contracting with other entities for the confinement of inmates**	
	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.)	na
115.12 (b)	**Contracting with other entities for the confinement of inmates**	
	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.)	na
115.13 (a)	**Supervision and monitoring**	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional	yes

	practices?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	**Supervision and monitoring**	

	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.)	na
115.13 (c)	**Supervision and monitoring**	
	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
	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
	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
115.13 (d)	**Supervision and monitoring**	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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
115.14 (a)	**Youthful inmates**	
	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).)	na
115.14 (b)	**Youthful inmates**	
	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).)	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).)	na
115.14 (c)	**Youthful inmates**	
	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).)	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).)	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).)	na
115.15 (a)	**Limits to cross-gender viewing and searches**	
	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
115.15 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or	yes

	genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	**Limits to cross-gender viewing and searches**	
	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
	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
115.15 (f)	**Limits to cross-gender viewing and searches**	
	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
	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
115.16 (a)	**Inmates with disabilities and inmates who are limited English proficient**	
	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
	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

	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	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
	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
	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
115.16 (b)	**Inmates with disabilities and inmates who are limited English proficient**	

	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	**Inmates with disabilities and inmates who are limited English proficient**	
	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
115.17 (a)	**Hiring and promotion decisions**	
	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
	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
	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 two bullets immediately above?	yes
	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
	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	yes

	consent or refuse?	
	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 two bullets immediately above?	yes
115.17 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	**Hiring and promotion decisions**	
	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
115.17 (f)	**Hiring and promotion decisions**	
	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
	Does the agency ask all applicants and employees who may have	yes

	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?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	**Hiring and promotion decisions**	
	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
115.18 (a)	**Upgrades to facilities and technologies**	
	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
115.18 (b)	**Upgrades to facilities and technologies**	
	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
115.21 (a)	**Evidence protocol and forensic medical examinations**	
	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	yes

	agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
115.21 (b)	**Evidence protocol and forensic medical examinations**	
	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
	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
115.21 (c)	**Evidence protocol and forensic medical examinations**	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na

	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	**Evidence protocol and forensic medical examinations**	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	**Policies to ensure referrals of allegations for investigations**	
	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

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	**Employee training**	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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

	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
115.31 (b)	**Employee training**	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
115.31 (c)	**Employee training**	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	**Volunteer and contractor training**	
	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
115.32 (b)	**Volunteer and contractor training**	
	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
115.32 (c)	**Volunteer and contractor training**	

	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	**Inmate education**	
	During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	**Inmate education**	
	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
	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
	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
115.33 (c)	**Inmate education**	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	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
115.33 (d)	**Inmate education**	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	**Inmate education**	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	**Inmate education**	
	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
115.34 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	**Specialized training: Investigations**	
	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
	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
	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
	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
115.34 (c)	**Specialized training: Investigations**	

	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
115.35 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental	yes

	health care practitioners who work regularly in its facilities.)	
115.35 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	**Screening for risk of victimization and abusiveness**	
	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
	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
115.41 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	**Screening for risk of victimization and abusiveness**	
	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
	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
	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
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	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
	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
	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
	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
	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
	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?	no
115.41 (e)	**Screening for risk of victimization and abusiveness**	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	**Screening for risk of victimization and abusiveness**	

	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
115.41 (g)	**Screening for risk of victimization and abusiveness**	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	**Screening for risk of victimization and abusiveness**	
	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
115.41 (i)	**Screening for risk of victimization and abusiveness**	
	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
115.42 (a)	**Use of screening information**	
	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
	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
	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	yes

	being sexually abusive, to inform: Work Assignments?	
	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
	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
115.42 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	**Use of screening information**	
	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
	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
115.42 (d)	**Use of screening information**	
	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
115.42 (e)	**Use of screening information**	
	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
115.42 (f)	**Use of screening information**	
	Are transgender and intersex inmates given the opportunity to	yes

	shower separately from other inmates?	
115.42 (g)	**Use of screening information**	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	yes
115.43 (a)	**Protective Custody**	
	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
	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
115.43 (b)	**Protective Custody**	
	Do inmates who are placed in segregated housing because they	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	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
	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
	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
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	**Protective Custody**	
	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	**Protective Custody**	
	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
	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	yes

	can be arranged?	
115.43 (e)	**Protective Custody**	
	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
115.51 (a)	**Inmate reporting**	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.51 (b)	**Inmate reporting**	
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	**Inmate reporting**	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	**Inmate reporting**	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	**Exhaustion of administrative remedies**	
	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.	no
115.52 (b)	**Exhaustion of administrative remedies**	
	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
	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
115.52 (c)	**Exhaustion of administrative remedies**	
	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
	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
115.52 (d)	**Exhaustion of administrative remedies**	
	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
	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,	yes

	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.)	
	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
115.52 (e)	**Exhaustion of administrative remedies**	
	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
	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
	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
115.52 (f)	**Exhaustion of administrative remedies**	
	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
	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
	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
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days?	yes

	(N/A if agency is exempt from this standard.)	
	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
	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
	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
115.52 (g)	**Exhaustion of administrative remedies**	
	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
115.53 (a)	**Inmate access to outside confidential support services**	
	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
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	**Inmate access to outside confidential support services**	
	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
115.53 (c)	**Inmate access to outside confidential support services**	
	Does the agency maintain or attempt to enter into memoranda of	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	**Third-party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	**Staff and agency reporting duties**	
	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
	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
	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
115.61 (b)	**Staff and agency reporting duties**	
	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
115.61 (c)	**Staff and agency reporting duties**	
	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
	Are medical and mental health practitioners required to inform inmates of the practitioner’s duty to report, and the limitations of	yes

	confidentiality, at the initiation of services?	
115.61 (d)	**Staff and agency reporting duties**	
	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
115.61 (e)	**Staff and agency reporting duties**	
	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
115.62 (a)	**Agency protection duties**	
	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
115.63 (a)	**Reporting to other confinement facilities**	
	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
115.63 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	**Staff first responder duties**	
	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
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	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
	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
115.64 (b)	**Staff first responder duties**	
	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
115.65 (a)	**Coordinated response**	
	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
115.66 (a)	**Preservation of ability to protect inmates from contact with abusers**	
	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 limit the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate	yes

	with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	**Agency protection against retaliation**	
	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
115.67 (c)	**Agency protection against retaliation**	
	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
	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
	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
	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
	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
	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

	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	**Agency protection against retaliation**	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	**Agency protection against retaliation**	
	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
115.68 (a)	**Post-allegation protective custody**	
	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
115.71 (a)	**Criminal and administrative agency investigations**	
	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
	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
115.71 (b)	**Criminal and administrative agency investigations**	
	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
115.71 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	**Criminal and administrative agency investigations**	
	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
115.71 (e)	**Criminal and administrative agency investigations**	
	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
	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
115.71 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.71 (g)	**Criminal and administrative agency investigations**	
	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
115.71 (h)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	**Criminal and administrative agency investigations**	

	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
115.71 (j)	**Criminal and administrative agency investigations**	
	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
115.71 (l)	**Criminal and administrative agency investigations**	
	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
115.72 (a)	**Evidentiary standard for administrative investigations**	
	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
115.73 (a)	**Reporting to inmates**	
	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
115.73 (b)	**Reporting to inmates**	
	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
115.73 (c)	**Reporting to inmates**	
	Following an inmate’s allegation that a staff member has committed sexual abuse against the resident, 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 resident whenever: The staff member is no longer posted within the inmate’s unit?	yes
	Following an inmate’s allegation that a staff member has	yes

	committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	**Reporting to inmates**	
	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
	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
115.73 (e)	**Reporting to inmates**	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who	yes

	have engaged in sexual abuse?	
115.76 (c)	**Disciplinary sanctions for staff**	
	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
115.76 (d)	**Disciplinary sanctions for staff**	
	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
	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
115.77 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	**Corrective action for contractors and volunteers**	
	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
115.78 (a)	**Disciplinary sanctions for inmates**	
	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
115.78 (b)	**Disciplinary sanctions for inmates**	

	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
115.78 (c)	**Disciplinary sanctions for inmates**	
	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
115.78 (d)	**Disciplinary sanctions for inmates**	
	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
115.78 (e)	**Disciplinary sanctions for inmates**	
	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
115.78 (f)	**Disciplinary sanctions for inmates**	
	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
115.78 (g)	**Disciplinary sanctions for inmates**	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	**Medical and mental health screenings; history of sexual abuse**	
	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
115.81 (b)	**Medical and mental health screenings; history of sexual abuse**	

	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
115.81 (c)	**Medical and mental health screenings; history of sexual abuse**	
	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? (N/A if the facility is not a jail).	na
115.81 (d)	**Medical and mental health screenings; history of sexual abuse**	
	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
115.81 (e)	**Medical and mental health screenings; history of sexual abuse**	
	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
115.82 (a)	**Access to emergency medical and mental health services**	
	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
115.82 (b)	**Access to emergency medical and mental health services**	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	**Access to emergency medical and mental health services**	
	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
115.82 (d)	**Access to emergency medical and mental health services**	
	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
115.83 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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
115.83 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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
115.83 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph §	na

	115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.83 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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
115.83 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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
115.86 (a)	**Sexual abuse incident reviews**	
	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
115.86 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	**Sexual abuse incident reviews**	

	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.86 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	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

PREA Agency Audit Report: Final

Name of Agency: Federal Bureau of Prisons
Facility Type: Prison / Jail
Date Interim Report Submitted: NA
Date Final Report Submitted: 10/04/2023

Auditor Certification	
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.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Marc Coudriet	**Date of Signature:** 10/04/2023

AUDITOR INFORMATION	
Auditor name:	Coudriet, Marc
Email:	usmc58312215@outlook.com
Start Date of On-Site Audit:	
End Date of On-Site Audit:	

AGENCY INFORMATION	
Name of agency:	Federal Bureau of Prisons
Governing authority or parent agency (if applicable):	U.S. Department of Justice
Physical Address:	320 1st Street Northwest, Washington , Dist. Columbia - 20534
Mailing Address:	
Telephone number:	2023073250

Agency Chief Executive Officer Information:	
Name:	Colette S. Peters, Director
Email Address:	bop-rsd-preacoordinator@bop.gov
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Agency-Wide PREA Coordinator Information			
Name:	Cynthia Campagna	**Email Address:**	ccampagna@bop.gov

Agency AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	
0	
Number of standards met:	
10	
Number of standards not met:	
0	

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.11(a) DIRECTIVE AND DOCUMENT REVIEW: Pre-Audit Questionnaire. BOP PREA Plan Agency zero-tolerance statement. Organizational charts, interviews. INTERVIEWS. Agency PREA Coordinator. FINDINGS:

	Agency Directives and BOP PREA Plan address the requirements of this provision. The agency mandates a zero-tolerance directive towards all forms of sexual abuse and sexual harassment and outlines the agency's strategies on preventing, detecting, and responding to such conduct. Agency policies addressed "Preventing" sexual abuse and sexual harassment through the designation of a PREA Coordinator and PREA Compliance Manager, Criminal Background Checks (Staff, Contractors, and Volunteers, as applicable), Training (Staff, Volunteers, and Contractors), Staffing, Intake Screening, Classification, Inmate Education, Posting of Signage (PREA Posters, etc.) and Contract Monitoring. The Directives addressed "Detecting" sexual abuse and sexual harassment through Training (Staff, Volunteers, and Contractors), and Intake Screening. The policies addressed "Responding" to allegations of sexual abuse and sexual harassment through Reporting, Investigations, Victim Services, Medical and Mental Health Services, Disciplinary Sanctions for Staff (including notification to licensing agencies), Incident Review Teams, and Data Collections and Analysis. The Inmate Handbook, PREA Posters, and PREA Brochures do address sexual abuse by another inmate, and the Inmate Handbook does address sanctions for inmates when involved in such conduct. Based on interviews and a review of agency policies, BOP staff closely monitor for inmate-on-inmate sexual misconduct in accordance with the agency’s PREA policies; allegations are reported and investigated, and inmates are held accountable. By policy, the Inmate handbooks are reviewed and updated at least annually at each BOP institution. 115.11(b) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. Agency's organizational chart. INTERVIEWS: PREA Coordinator. FINDINGS: Agency Directive(s) and BOP PREA Plan address(es) the position of the agency PREA Coordinator, which outlines the roles and responsibilities of the position and calls for the position being allowed enough time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in each facility. The agency's organizational chart reflects that the agency PREA Coordinator position is an upper-level position with agency-wide oversight. The agency PREA Coordinator position reports to the Assistant Director, Reentry Services Division. The PREA Coordinator was interviewed and reported to have enough time to focus on the PREA standards and the freedom to divert responsibilities to other staff as needed to focus on the audit. A review of the agency directive, agency's organization chart,

	and based on the interview with the designated agency's PREA Coordinator, the Auditor determined the agency demonstrates it meets the requirements of this provision of this standard.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.12(a) (b) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. FINDINGS: Agency Directive(s) and BOP PREA Plan address(es) this provision. The agency reported there were a total of zero contracts for the confinement of inmates and 161 Residential Reentry Centers (RRCs) that the agency had entered or renewed with private entities or other government agencies. A review of the agency directive reflected all contracts will meet the required entity's obligation to adopt and comply with the PREA standards. Agency Directive(s) and BOP PREA Plan address(es) this provision. The agency reported the agency-wide contracts would require the agency to monitor the contractor's compliance with the PREA standards. If the agency contracted the confinement of its inmates, the agency's Contract Administrator would be required to maintain regular contact with every inmate placed in a contract facility. If there are concerns, agency protocol requires the inmate be removed from the facility and the facility allows time to make corrective action and address the concerns. Corrective actions are addressed before the facility is reconsidered. Notification would also be made to law enforcement. The Contract Administrator would annually collect credentialing documentation for each facility: facility license; staff licenses or certifications; daily schedule; and monitoring reports or the licensing agency's website regarding the facility's status; and tours the facility. The BOP is no longer actively soliciting new contracts with private facilities.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	115.17(a) (e)(h) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. Supporting Documentation. FINDINGS: 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. All employees who have contact with inmates have had a full field background investigation in addition to fingerprinting and inquiry into the FBI's National Crime Information Center (NCIC). Employee backgrounds are re-checked every five years. Contractors and volunteers who have regular contact with inmates also have criminal background checks completed prior to having contact with inmates. Volunteer and contractor background checks are repeated yearly. The facility does not hire or promote anyone who may have contact with inmates and does not enlist the services of any contractor who may have contact with inmates who has engaged in any type of sexual abuse/harassment (no exceptions). Employees have a duty to disclose such misconduct and material omissions regarding such misconduct would be grounds for termination. Submission of false information by any applicant is grounds for not hiring the applicant. The Agency Head designee was interviewed and confirmed that the agency HR attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The Agency Head designee also confirmed that the agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee, upon receiving a request from an institutional employer for whom such employee has applied to work. The agency notifies appropriate licensing/certifying agencies when professional staff members are terminated for substantiated allegations of sexual abuse or sexual harassment. A review of policy, personnel forms, and relevant supporting documentation, including staff interviews, confirm compliance with this standard. 115.17(b) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. INTERVIEWS: Agency Head designee.

	FINDINGS: Agency Directives and BOP PREA Plan address this provision. Agency Head designee reported the agency has incorporated and implemented the "Affirmative Duty to Disclose," which all staff were required to affirm and sign. The form includes a "material omissions" clause. 115.17(c) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. INTERVIEWS: Agency Head. FINDINGS: Agency Directives and BOP PREA Plan address this provision. The agency directive requires job applicants to have background checks completed looking at any issue of prior sexual misconduct. The background checks are completed prior to any inmate contact. All contractors are screened by using the same process. 115.17(d) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. INTERVIEWS: Agency Head designee. FINDINGS: Agency Directive(s) and BOP PREA Plan address(es) the elements of this provision. Agency directive defines staff to include volunteer or contracted program services staff. All staff are also subjected to a criminal background check. 115.17(f) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. HR Files. INTERVIEWS: Agency Head designee. FINDINGS: Agency Directive(s) and BOP PREA Plan address(es) this provision.

	The application process includes the "Affirmative Duty to Disclose" form for new hires, volunteers and contractors, and a review of the HR files indicated this process was being implemented. The HR files reviewed indicated the forms had been signed in accordance with directive. A review of agency directives and HR files, and Agency Head designee interview, indicate the practice is in place and meets the requirements of this provision. 115.17(g) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. FINDINGS: Agency Directives and BOP PREA Plan address this provision. Agency directive defines staff to include volunteer or contracted program services staff.

115.18	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.18(a) INTERVIEWS: Interviews with the Agency Head designee confirm that the standard is being met. FINDINGS: The agency considers how all new facility designs and technology upgrades may enhance the Bureau’s ability to protect against sexual abuse. In existing institutions, we review all “Substantiated” and “Unsubstantiated” cases of inmate sexual abuse to determine if modifications to design or the addition or upgrade of technology would help prevent a similar occurrence in the future. 115.18(b) DIRECTIVE AND DOCUMENT REVIEW: Video Surveillance Schematic. INTERVIEWS: Interviews with the Agency Head designee confirm that the standard is being met. FINDINGS:

	Institution reviews are ongoing to determine if upgrades or additions to our existing technology would enhance the protection of inmates from incidents of sexual abuse. The technology serves as a deterrent but also allows us to identify unreported victims and perpetrators of sexually abusive behavior. It also aids in successful criminal prosecutions. It is recommended that BOP receive the funding to procure additional cameras and an inmate RFID system to enhance the safety and security of the staff and inmates for each of its institutions.

115.42	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.42(a) DIRECTIVE AND DOCUMENT REVIEW: Agency Directive and the PREA Screen Tool. INTERVIEWS: Agency PREA Coordinator. FINDINGS: PS 5324.12 addresses the requirement of the standard. The information obtained in the inmate screening process is used to make individualized determinations to ensure the inmates safety. This information is used to make decisions to place each inmate in appropriate housing, work, and program assignments. A classification committee makes the placement decisions. Agency PREA Coordinator reported information secured through the screening process is used to determine the need for additional medical or mental health follow-up, and to make classification decisions based on risk factors. 115.42(b) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. INTERVIEWS: Agency PREA Coordinator. FINDINGS: Agency Directive(s) and BOP PREA Plan address(es) this provision. By policy, special housing is used as a last resort and staff look for other options, such as housing unit

	changes. Agency PREA Coordinator reported the welfare of the inmate is always a high consideration. Medical and mental health are to conduct daily visits for any inmates placed in special housing for PREA risk factors. 115.42(c) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. INTERVIEWS: Agency PREA Coordinator. FINDINGS: Agency Directive(s) and BOP PREA Plan address(es) this provision. Agency PREA Coordinator reported the facility does not have specific housing units designated for lesbian, gay, bisexual, transgender, or intersex inmates. All housing, program and work assignments are made on a case-by-case basis.

115.66	**Preservation of ability to protect inmates from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.66(a) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. INTERVIEWS: Agency Head. FINDINGS: The Collective Bargaining Agreement (CBA) examined by the auditor, between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees, dated July 21, 2014-July 20, 2017, complies with this standard. The agreement does not limit the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The auditor was advised that the CBA is currently being renegotiated and will contain the required language in its final form.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.87(a and c) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. FINDINGS: PS 5324.12 addresses the requirement of the standard. As confirmed by a review of documents, BOP collects accurate, uniform data for every allegation of sexual abuse/ harassment by using a standardized instrument. The agency tracks information concerning sexual abuse using data from the SIS department, 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 from the previous calendar year to the Department of Justice no later than June 30. 115.87(b) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. FINDINGS: Agency Directive(s) and BOP PREA Plan address(es) this provision. A review of the facility tracking information reflected a comprehensive system designed to maintain various elements for the required data for sexual abuse and sexual harassment allegations. 115.87(d) Agency Directives and BOP PREA Plan. FINDINGS: Agency Directive(s) and BOP PREA Plan address(es) this provision. A review of the agency website reflects the comprehensive report is published and available to the public for all serious incidents to include sexual abuse and sexual harassment allegations. The annual PREA reports can be found at https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp.

	115.87(e) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. FINDINGS: Agency Directive(s) and BOP PREA Plan address(es) this provision. 115.87(f) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. FINDINGS: Agency Directive(s) and BOP PREA Plan address(es) this provision.

115.88	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.88(a) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. Annual report. INTERVIEWS: Agency PREA Coordinator. FINDINGS: Agency Directive(s) and BOP PREA Plan address(es) this provision. A review of the annual report reflects all the elements required by this provision. Staff interviewed reported in detail the process followed when reviewing the data, identifying problem areas and corrective action, and preparing the annual report. 115.88(b) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. FINDINGS:

	Agency Directive(s) and BOP PREA Plan address(es) this provision. 115.88(c) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. Annual report. INTERVIEWS: Agency PREA Coordinator. FINDINGS: PS 5324.12 addresses the requirement of the standard. The Bureau of Prisons and the institution reviews and assesses 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 Institution PREA Compliance Manager (IPCM) forwards data to the respective BOP Regional PREA Coordinator and then to the National BOP PREA Coordinator. An Annual Report has been prepared and placed on the BOP website. The auditor reviewed the Annual Report. The report can be found at the following website address: www.bop.gov. 115.88(d) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. INTERVIEWS: Agency PREA Coordinator. FINDINGS: Agency Directive(s) and BOP PREA Plan address(es) this provision. Agency PREA Coordinator reported the BOP complies with FOIA and all other applicable laws, rules, and regulations. No information that identifies victims or perpetrators is included in the report, nor is any information that could potentially threaten the security of an institution. The reports would reflect only basic demographic information.

115.89	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	115.89(a) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. INTERVIEWS: Agency PREA Coordinator. FINDINGS: PS 5324.12 addresses the requirement of the standard. The National PREA Coordinator reviews data compiled by each BOP facility, from SENTRY, from each Regional PREA Coordinator, from the Information Technology and Data 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 is published on the BOP website after removing all personal identifying information. 115.89(b) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. Aggregated data on website. FINDINGS: Agency Directive(s) and BOP PREA Plan address(es) this provision. The data posted on the agency website includes agency data from the previous year. 115.89(c) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. Aggregated data on agency website. FINDINGS: Agency Directive(s) and BOP PREA Plan address(es) this provision. The data posted on the agency website has all personal identifiers removed. 115.89(d) DIRECTIVE AND DOCUMENT REVIEW: Agency Directives and BOP PREA Plan. Aggregated data on agency website.

	FINDINGS: Agency Directive(s) and BOP PREA Plan address(es) this provision. The data and records collected are to be retained in accordance with agency retention requirements.

115.401	Frequency and scope of audits
	Auditor Overall Determination:
	Auditor Discussion
	115.401(a) DIRECTIVE AND DOCUMENT REVIEW: Aggregated data on website. FINDINGS: The agency ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. 115.401(b) DIRECTIVE AND DOCUMENT REVIEW: Aggregated data on website. FINDINGS: This is the Agency’s first year of cycle 4. The agency is following their audit cycle and planned future audits. The data was posted on the agency website.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403(f) DIRECTIVE AND DOCUMENT REVIEW: There is no agency directive for this provision. FINDINGS: BOP has published on its agency website all Final Audit Reports within 90 days of

	issuance by the Auditor. This information is made available to the public and is in accordance with 28 C.F.R. § 115.405.

Appendix: Provision Findings		
115.11 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.12 (a)	**Contracting with other entities for the confinement of inmates**	
	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.)	na
115.12 (b)	**Contracting with other entities for the confinement of inmates**	
	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.)	na
115.17 (a)	**Hiring and promotion decisions**	
	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
	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
	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	yes

	described in the two bullets immediately above?	
	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
	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
	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 two bullets immediately above?	yes
115.17 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	**Hiring and promotion decisions**	

	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
115.17 (f)	**Hiring and promotion decisions**	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	**Hiring and promotion decisions**	
	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
115.18 (a)	**Upgrades to facilities and technologies**	
	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
115.18 (b)	**Upgrades to facilities and technologies**	
	If the agency installed or updated a video monitoring system,	yes

	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.)	
115.42 (c)	**Use of screening information**	
	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
	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
115.66 (a)	**Preservation of ability to protect inmates from contact with abusers**	
	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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.87 (a)	**Data collection**	
	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
115.87 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	**Data collection**	

	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
115.87 (d)	**Data collection**	
	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
115.87 (e)	**Data collection**	
	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.)	na
115.87 (f)	**Data collection**	
	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
115.88 (a)	**Data review for corrective action**	
	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
	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
	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
115.88 (b)	**Data review for corrective action**	
	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

115.88 (c)	**Data review for corrective action**	
	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
115.88 (d)	**Data review for corrective action**	
	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
115.89 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	**Data storage, publication, and destruction**	
	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
115.89 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	**Data storage, publication, and destruction**	
	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
115.401 (a)	**Frequency and scope of audits**	
	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
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes

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