

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' (BOP) compliance with the Prison Rape Elimination Act (PREA). As the work product of independent auditors subcontracted by [PREA Auditors of America \(PAOA\)](#), the BOP 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 PAOA at [\(713\) 818-9098](#), or to the subcontracted independent auditor (name and email address can be found on page one of the report), for explanation and resolution.

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

Interim Final

Date of Interim Audit Report: N/A

Date of Final Audit Report: October 28, 2021

Auditor Information

Name: Dr. Valerie Wolfe Mahfood	Email: Valerie@preaauditing.com
Company Name: PREA Auditors of America.	
Mailing Address: 14506 Lakeside View Way	City, State, Zip: Cypress, Texas, 77429
Telephone: (713) 818-9098	Date of Facility Visit: September 21-23, 2021

Agency Information

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

Agency Chief Executive Officer

Name: M.D. Carvajal, Director	
Email: BOP-RSD-PREACoordinator@bop.gov	Telephone: (202) 616-2112

Agency-Wide PREA Coordinator

Name: Jill Roth, National PREA Coordinator	
Email: BOP-RSD-PREACOORDINATOR@bop.gov	Telephone: (202) 616-2112
PREA Coordinator Reports to: Sonya D. Thompson, Assistant Director, Reentry Services Division	Number of Compliance Managers who report to the PREA Coordinator: 0

Facility Information

Name of Facility: FCI Sheridan

Physical Address: 27072 SW Ballston Road

City, State, Zip: Sheridan, OR, 97378

Mailing Address (if different from above):
PO Box 8000; 27072 SW Ballston Road

City, State, Zip: Sheridan, OR, 97378

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information:

https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

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

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

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

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

Internal: Operational Reviews, Program Reviews, Staff Assists External: Annual sanitation Inspection, Annual Fire Tour, OSHA Site Visits

Warden/Jail Administrator/Sheriff/Director

Name: DeWayne Hendrix

Email: SHE-PREAComplianceMgr@bop.gov

Telephone: (503) 843-4442

Facility PREA Compliance Manager

Name: Andrew Cooper

Email: SHE-PREAComplianceMgr@bop.gov

Telephone: (503) 843-4442

Facility Health Service Administrator N/A

Name: Amanda Houston

Email: SHE-PREAComplianceMgr@bop.gov

Telephone: (503) 843-4442

Facility Characteristics

Designated Facility Capacity:

1352

Current Population of Facility:

1426

Average daily population for the past 12 months:	1534
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	20-80 years
Average length of stay or time under supervision:	427.8 days
Facility security levels/inmate custody levels:	Admin, Medium, & Minimum/Com, In, Out
Number of inmates admitted to facility during the past 12 months:	1119
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	1082
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	1006
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	316
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	31
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	11
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	11
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	41

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	41
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	15
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	12
Number of open bay/dorm housing units:	2
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	48
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	253
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: SIS, SIA, OIA <input type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

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

The Prison Rape Elimination Act (PREA) Site Review of the Federal Correctional Institution (FCI), located in Sheridan, Oregon, was conducted September 21-23, 2021. This facility is an adult male prison operated under the authority of Federal Bureau of Prisons (BOP). The FCI Sheridan (SHE) was audited through a contractual agreement between the BOP and PREA Auditors of America (PAOA).

As such, the FCI Sheridan audit was initially contracted by the BOP through the PAOA. As a function of that contractual agreement, approximately six weeks prior to the on-site audit, the PAOA assigned one of its contract staff workers to perform the FCI Sheridan PREA audit. On August 5, 2021, the initial PREA Audit advisement notices were posted throughout the facility for inmate/staff review. However, due to circumstances beyond the facility's control, the initial auditor was replaced by a second auditor. Notice of the second auditor was posted upon replacement; namely, on August 31, 2021. In this, it should be noted that the mailing address for both auditors is the same. As such, any mail designated for the first auditor would have automatically been provided to the second auditor. Hence, all inmates were provided at least a six week notice of the upcoming audit, as well as the proper mailing address to contact auditors associated with PAOA.

The responsibility of Auditor was subsequently assigned to Valerie Wolfe Mahfood, PhD. No support staff were assigned to this audit. As such, the auditor was responsible for conducting the site review of the entire facility, as well as interviewing both staff and inmates. The auditor was also responsible for all pre-on-site and post on-site audit obligations, reviewing facility documentation relative to the audit, completing the interim audit report if needed, and for ultimately producing the final audit report.

The current audit is a Department of Justice PREA Audit for the FCI Sheridan, which received its previous PREA audit on October 24, 2016. At that time, the FCI Sheridan had met 40 and exceeded 2 (115.11 and 115.33) of the possible 43 standards, with the remaining one standard being deemed not applicable. In the 2016 PREA audit, Standard 115.14 was found non-applicable to the facility as FCI Sheridan did not house youthful offenders. In the current audit, however, it is recognized that while some provisions within a standard may not be applicable to a specific facility, having non-applicable provisions within a standard does not negate the overarching value of the entire standard. As such, the present audit finds all 45 of the current PREA standards to be applicable to the FCI Sheridan.

To begin the current audit process, the auditor and the BOP Regional PREA Coordinator, Irene Guya-Allen, began communications approximately three weeks prior to the start of the on-site review. At that time, a schedule of continuing communications, as well as the production of required audit components and/or documents; to include the completion of the Pre-Audit Questionnaire by the FCI Sheridan PREA Compliance Manager, Andrew Cooper, was established. Both the PREA Pre-Audit Questionnaire and its supporting documentation were subsequently provided to the auditor via a secured storage drive approximately three weeks prior to the on-site audit.

Additionally, the purpose of the PREA process as a practice-based audit, as well as the role of the PREA auditor within those functions, were both discussed. The logistics relative to viewing the unit and to interviewing targeted, as well as random staff, were planned. The goals of the on-site audit and the expectations in facilitating those goals; to include unfettered access to all areas of the facility, staff, and inmates, were discussed. Lastly, along with the possibility of corrective actions being needed, the avenues by which those actions could be addressed were also discussed. The use of a Process Map, which both parties already possessed, was agreed upon as a means to maintain deadline goals, encourage continued communications, and to ensure that all other necessary components of the audit process were satisfied. Hence, by way of the Process Map, clearly set timelines and expected milestone completion dates for the upcoming audit were established.

Once the PREA Pre-Audit Questionnaire was received, the auditor immediately began reviewing its contents. In doing so, the auditor looked for both the material it contained, as well as for any omitted information. To assist with this process, the auditor utilized the PREA Compliance Audit Instrument and the Checklist of Policies/Procedures and Other Documents, which then helped to generate a chronological issue log sorted by ascending standards. As needed, the auditor submitted written requests to the BOP Regional PREA Coordinator for additional documents and/or clarification of the documents already provided. Agency staff quickly responded to all auditor requests for information by providing comment and/or documentation, usually within one business day of the request.

Along with the PREA Pre-Audit Questionnaire, the auditor was also provided documented proof of the PREA Audit Notice being posted throughout the facility at least six weeks prior to the on-site audit, specifically the initial notice was posted August 5, 2021, with an amended notice posted August 31, 2021. Photos documenting the proliferation of these PREA Audit Notices were provided via email. In this, the auditor was provided 12 photos of PREA Audit Notices being posted throughout the institution in areas of high inmate traffic, such as inmate dining rooms, inmate housing areas, inmate work areas, educational areas, and outside entrance areas. These notices, posted in both English and Spanish, contained large, bolded text that provided observers with notice of the audit, assurance and limitations of confidentiality regarding contact with the PREA auditor, as well as all necessary contact information for the PREA Auditor. The electronic file associated with the photos' properties, along with a statement provided by the FCI Sheridan PREA Compliance Manager at the time of the audit, both verified that the photos were, in fact, posted on said date. During the on-site review, numerous inmates attested that the audit notices had been displayed for a significant amount of time.

As a function of the audit process, Just Detention International, Henderson House of McMinnville, and the Confederate Tribes of Grande Ronde, were contacted via e-mail. It should be noted that the latter agencies are rape advocacy centers specifically serving persons within the Sheridan, Oregon area. All three agencies were asked if they had received any correspondence or other communication specific to allegations of sexual abuse and/or sexual harassment occurring at the FCI Sheridan. These agencies were also asked if they had received said communication, had persons within their agencies been allowed to communicate with the reporting individuals without undue restrictions. In response, Just Detention International stated that it had not received any information regarding the FCI Sheridan within the last 12 months. The Henderson House of McMinnville also stated that it had not received any information regarding the FCI Sheridan. The Confederate Tribes of Grande Ronde did not respond to the inquiry.

Additionally, prior to the audit, the BOP's Third-Party Online Reporting System was tested to ensure functionality. In this, a mock complaint was submitted via the agency's online PREA complaint form. An automated received response was immediately generated. As well, within one business day, actual communication from the agency was received.

The Federal Bureau of Prisons publishes its PREA policies and other relevant information on its website:

https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

This site contains information related to the agency's PREA program; including policies specific to the PREA; namely, the Sexually Abusive Behavior Prevention and Intervention Program Policy Statement #5324.12. The website also contains the Federal Bureau of Prisons Annual PREA Report (CY 2020) and a link to the National Prison Rape Elimination Act Resource Center. There is a link to "voice a general concern about an inmate," which is the online complaint form. As well, the physical address to submit written correspondence about inmate abuse of other inmates and staff abuse of inmates is also provided. It should, however, be noted that previous PREA reports for individual facilities is not listed under this section. Rather, that information is conveniently filed under the *Locations* section; specifically, it's included with the individualized information of each facility.

Two weeks prior to the on-site portion of the audit, a systematic review of all links contained on the agency's PREA web site was engaged. At that time, all links were functioning properly.

Prior to the on-site portion of the audit, a general Internet search of both the BOP and the FCI Sheridan was conducted. In this, the auditor searched for any information specific to sexual abuse and sexual harassment of inmates occurring within the BOP, but more precisely, within the FCI Sheridan during the audited time frame. The auditor conducted a search of the Lexus Nexis database system for litigation or other judicial rulings sustaining allegations of sexual abuse and sexual harassment specific to the FCI Sheridan. The auditor searched the Bureau of Justice Statistics database for academic publications regarding sexual abuse and sexual harassment within a confinement setting specific to the BOP, and more precisely, to the FCI Sheridan. The auditor searched professional publications, such as *Corrections One*, for information regarding sexual abuse and sexual harassment specific to the BOP, and more precisely, to the FCI Sheridan. The auditor conducted a general search for information specific to the FCI Sheridan in both the *Statesman Journal* and *The Sun*, a local newspaper. Additionally, the auditor reviewed the most recent PREA audit report for the FCI Sheridan and the Federal BOP Annual PREA Report (CY 2020).

On September 21, 2021, at 08:00 AM, an entrance briefing for the PREA audit was conducted. In attendance were the BOP Regional PREA Coordinator (virtually), the FCI Sheridan PREA Compliance Manager, FCI Sheridan Complex Warden DeWayne Hendrix, as well as other FCI Sheridan staff. Within this meeting, the auditor provided a general overview of the auditing process, as well as the necessary actions required during the on-site portion of the PREA audit. It was further explained that a final PREA audit score report would not be provided at the close of the on-site review. Rather, due to the need to adequately examine and synthesize all the information gathered during the on-site portion of the audit, the final report would be issued no later than 45 days following the last day of the on-site audit.

The auditor asked the FCI Sheridan PREA Compliance Manager to prepare a current list of all inmates assigned to the FCI Sheridan, as well as current lists of inmates who identify as being/having: disabilities, limited English proficiency, LBGTI, assigned to isolated or segregated housing due to their high risk of sexual victimization, reported sexual abuse, and/or having reported sexual victimization during the risk screening process.

The FCI Sheridan PREA Compliance Manager was also asked to prepare a current list of all staff assigned to the FCI Sheridan, to include subgroups of specialized staff, contractors, and volunteers. The auditor also asked that lists be provided for all grievances, incident reports, allegations of sexual abuse and sexual harassment reported for investigation, as well as hotline calls made within the past 12 months. It was explained to agency staff that the auditor would use these lists to select both targeted and random inmates and staff for interview purposes. It was further explained that random correctional staff would be selected for interviews based on daily work rosters. As such, daily rosters, sorted by shift, would be necessary.

Following this meeting, the facility site review began at approximately 08:20 AM. The FCI Sheridan (SHE) consists of three sections: the Federal Correctional Institution, a Satellite Prison Camp (SPC), and a Federal Detention Center (FDC). It should be noted that due to a significant level of COVID exposure throughout the institution, several areas were medically quarantined to prevent transmission of this epidemic throughout the facility. Accordingly, areas of medical quarantine were viewed from outside of the area via windows and doors, as well as internally via the facility camera system.

The site inspection started in the Administration Building of FCI Sheridan before moving into the Visitation Room. Central Control and the SIS area were inspected. In doing so, careful attention was given to review camera footage in these areas. The Food Service area, as well as its associated inmate dining areas were inspected prior to examination of the Law Library, Chapel, Education, and UNICOR Industry Building. In all of these areas, security mirrors, video cameras, and routine staff monitoring were present. All restroom stalls had solid doors, with dividers separating each urinal. The Law Library contained specific information regarding the agency's PREA procedures, as well as sexual abuse resources such as contact information for local and national rape counseling centers.

The indoor recreation gym area was being used as COVID quarantine housing. As such, this area was inspected by walking around the building, which contained large window walls allowing for a full, unobstructed view into the gym area from any side of the building. The Special Housing Unit (SHU) was inspected. All cells within the SHU contain individual toilets, sinks, and showers. Each shower has a PREA privacy screen. There are two dry cells, each with a PREA privacy screen allowing inmates privacy in their use of the toilet. The recreation yard associated with the SHU does not contain a toilet area.

The Health Services Department contains single-person restrooms with solid doors. Staff control inmate movement into/out of all restrooms. There were privacy screens available for use within the examination rooms. As well, all examination rooms contained blinds on their windows to inhibit view into said rooms. Examination Room Three was missing one set of blinds. However, that blind was replaced prior to end of the day. It was further noted that while the placement of blinds covering all windows created privacy for inmates, it also created a secluded area outside the view of staff. To allow for both inmate privacy and staff safety, a few panels in the top part of each blind were removed. This subsequently allowed for staff outside of the room to conduct security checks into the room while only seeing the upper torso of those persons inside the room. These minor repairs and modifications provided inmates

with the appropriate level of privacy well ensuring staff safety. Said changes were completed prior to the each of the day. As such, no further action was needed regarding such.

The Receiving and Discharge area contained a strip search area with a privacy door. It also contained a body scanning device. The screen to view the images produced by this body scanning device was located in the adjacent room. While the images produced from this machine are naturally distorted by the nature of the device, an additional PREA filter has been installed to distort the images further. Additionally, the review of these images is still a male only station. In the Receiving Area, all inmates are initially screened for PREA concerns. These interviews are conducted within individual rooms, with the door closed to prevent others from hearing inmate responses. To assist with language needs, inmates are provided with Language Line Cards that allow inmates to easily identify their native language to staff. If there are no staff who speak said language, Receiving Area personnel do have access to a Language Line assistance program. While in the Receiving Area, all inmates are shown the agency's PREA video and provided a Sexually Abusive Behavior Prevention and Intervention Program (SABPI) pamphlet. Within 30 days of Intake, inmates are again shown the agency's PREA video and given a more in-depth explanation of the SABPI during Admissions and Orientation.

The Psychology, Commissary, and Laundry Departments were reviewed. Each of these areas had lockable single-person restrooms operating on a one in/one out principle. Staff control inmate movement into the restrooms. The Facilities Department contained a communal bathroom area with stall doors for privacy. Within all of these departments, as well as throughout the entire facility, there were plentiful PREA prevention flyers, PREA hotline flyers, and PREA Audit Notices, which all included the contact information for the PREA Auditor.

The Sheridan FCI contains four inmate housing buildings, with two housing units on each building. Upon entering each housing unit, there is a bulletin board located at the front of the dayroom. The PREA reporting hotline information is posted on each of these bulletin boards. Within each housing area, there is also a phone room toward the back of the dayroom area that contains at least four phones. At the time of the audit, the PREA hotline number was clearly available to inmates at the front of the dayroom. However, to ensure inmates have immediate access to the PREA hotline number while in the phone room, the facility was asked, and did agree, to post an additional PREA reporting hotline flyer inside of each phone room. As this modification was made prior to the end of the on-site inspection, no further action was necessary.

Each housing unit also contains several computers for inmate use. These computers contain contact information for inmates to engage the agency's online PREA reporting system. The True Link email system will also provide inmates with continuous reminders of the PREA hotline and other PREA resources.

The housing units contain cells, which are double occupancy. Each cell has its own toilet and sink. Individual showers are located outside the cell, with metal saloon doors offering inmates privacy while in the shower.

This Mailroom is located outside of the compound. There is a central Mailroom for all three units. Also located outside of the main compound are the Safety, Outside Facilities, Garage, Warehouse, Agricultural Produce Program, and Horticulture Departments. Each of these departments were inspected to ensure for the sexual safety of inmates assigned to these departments.

The Satellite Prison Camp (SPC) was inspected. The Camp has its own Visitation Room, Laundry, and Warehouse. The camp's Kitchen, Education Building, Library, Chapel, Outdoor Recreation area, and Indoor Recreation area were inspected. There is a small Health Services Department inside of the Camp. Appropriate privacy screens were in place throughout the Health Services area. Additionally, there aren't any restrooms inside this area.

The Camp has two dormitory housing units, with each housing unit having four wings. Each wing has two sides. Within each side of the wing, inmates are assigned to four-person cubicles. In each side, there is a bathroom area with two toilets, two urinals, and two showers. There are PREA privacy screens attached to each of the bathroom areas. The SPC has a phone room (with approximately eight phones) and six to nine computer terminals in each housing unit. At the time of the onsite review, PREA Hotline information was posted just outside of the phone room. To ensure all inmates have immediate access to the PREA hotline number while in the phone room, the facility was asked, and did agree, to post an additional PREA reporting hotline flyer inside of each phone room. As this modification was made prior to the end of the on-site inspection, no further action was necessary.

The Federal Detention Center (FDC) has its own Visitation Room and Kitchen area. There are privacy shields in use for the inmate search areas of these departments. The FDC also contains its own Receiving and Discharge (R&D) area. The R&D inmate search area contains a large black PREA curtain. All inmates receive an initial PREA screening upon entrance into the FDC. This screening is conducted in individualized interview rooms to promote privacy.

The FDC has a Health Services Department. To promote inmate privacy, this department contains medical examination rooms that utilize a similar PREA privacy screen and blind system as the main compound. Like the main compound, one examination room was also missing one set of blinds. This blind was also replaced prior to end of the day. Like the main compound, it was further noted that while the placement of blinds covering all windows created privacy for inmates, it also created a secluded area outside the view of staff. To allow for both inmate privacy and staff safety, like in the main compound, a few panels in the top part of each blind were removed. This subsequently allowed for staff outside of the room to conduct security checks into the room while only seeing the upper torso of those persons inside the room. These minor repairs and modifications provided inmates with the appropriate level of privacy. Said changes were completed prior to the each of the day. As such, no further action was needed.

Each FDC housing unit contains a computer room. There are six computers in a room. These computers have access to the agency's PREA procedures and reporting lines. As well, similar to the main compound, each housing unit has its own phone room. There are eight phones in each room, with two of those phones being dedicated as attorney phones. While there were PREA hotline flyers posted within the housing areas, there were none posted within the actual phone room. Again, similar to the main compound, to ensure all inmates have immediate access to the PREA hotline number while in the phone room, the facility was asked, and did agree, to post an additional PREA reporting hotline flyer inside of each phone room. As these modifications were made prior to the end of the on-site inspection, no further action was necessary.

During the facility site review, all areas within the unit were inspected for concerns of sexual safety, to include the presence of video cameras, security mirrors, blind spots, or areas of unsecured impeded inmate access. In this, it should be noted that the external perimeter of the facility is monitored by closed circuit cameras. Internally, the cameras have pan, tilt, zoom, and recording capabilities.

Additionally, the strategic placement of PREA information posters, PREA hotline flyers, and audit notices was also noted. The bathrooms, along with other isolated places within inmate work, education, and program areas, were inspected. Any secluded areas within the Health Services Department, such as temporary inmate housing areas, examination rooms, and any communal areas where offenders could be isolated, were scrutinized. As well, throughout the facility, the auditor looked for areas that, either by their design or by intentional alterations, might provide others with the opportunity to isolate an inmate from the general population and/or staff monitoring systems. Lastly, any area where inmates might be required to routinely engage in a state of undress was examined to ensure that inmates are provided with all modesty measures as mandated under the PREA Standards.

During the facility site review, the auditor made note of offender mail and grievance collection boxes. These boxes are secured, located throughout the facility in all inmate housing areas, and allowed for inmates to have unimpeded access to them during the normal course of daily activities. The collection of inmate mail and grievances is restricted to designated staff only. In speaking with Mailroom staff, it was noted that inmates may send reports of sexual abuse or sexual harassment to outside entities as legal/special mail if addressed to the United States Department of Justice Office of Inspector General. Such a letter would not be opened or inspected by unit staff for any reason. Letters addressed to confidential support services, such as the Henderson House of McMinnville or the Confederate Tribes of Grande Ronde, are considered confidential and are processed accordingly.

During the site review, the auditor was unable to observe the inmate intake process due to the reduced levels of inmate traffic as a function of COVID protocols. However, while formally interviewing intake staff, as well as discussing the process while inspecting the Receiving and Discharge Area, the PREA intake screening tool was discussed in great detail. As discussed, it was noted that the screenings are performed in a private interview room separate from all other offenders and staff. All inmates are asked a series of standardized PREA questions to determine if they present a likely risk of being sexually abused by other offenders or sexually abusive to other inmates. The questions are presented in a non-threatening manner without any implied bias against affirmative answers to questions acknowledging alternative sexual orientations or gender identities. Inmates are also asked to present their own views regarding their perceived level of safety. Of which, their own views toward their sexual safety are given significant consideration. Following each screening, inmates are issued documentation detailing the institution's zero tolerance policy, reporting procedures, investigatory processes, and inmate rights as related to allegations of sexual abuse and sexual harassment. This information is provided to all inmates upon arrival via their receipt of the Admission and Orientation Inmate Handbook.

During the site review, staff were routinely observed making cross-gender announcements when persons of the opposite gender entered inmate housing areas. As well, the facility contains a PREA notification system for use by opposite gender staff. As opposite staff enter a housing area, said staff press the notification button, which then emits a loud buzzing sound accompanied by a flashing blue light.

To help reduce the possibility of COVID transmission between facilities, supervisory rounds have been slightly modified. Instead of a single Institutional Duty Officer (IDO) making complete rounds across all facilities, supervisory staff within each facility make rounds of only their own facility. With this in mind, during the site review, supervisory staff were observed conducting their routine security checks within inmate housing areas. Cross-gender announcements and supervisory rounds, both unannounced rounds and scheduled rounds, were subsequently documented on the buildings' chronological housing logs, which are more formerly referenced as the FCI SHE Daily Log. While conducting their routine security checks, inmates approached supervisory staff and spoke with relative ease. As such, it appeared that the

presence of supervisory staff in housing, work, educational, and communal areas throughout the facility is not an unusual occurrence.

During the site review, the auditor observed that supervisory staff used both direct and indirect practices to monitor correctional employees. As previously noted, supervisory staff were observed making routine and frequent rounds throughout the facility. Also, during supervisory rounds, ranking officials were routinely observed reviewing required documentation completed by line staff as a function of their duty posts.

All inmate housing areas contained at least one security staff post that was continuously occupied. As well, it was noted that all areas with significant concentrations of inmates are required to maintain a security staff post within that area during operational hours. For example, inmate recreation gyms are required, and did contain, the presence of at least one correctional employee while inmates were present in the area.

Within inmate housing areas, as well as prominently displayed throughout the entire facility, were Zero Tolerance advisement notices on how to report allegations of sexual assault and sexual harassment. These notices were posted in both English and Spanish, which are the two most commonly spoken languages on the facility. The reporting mechanisms for allegations of sexual abuse and sexual harassment allow for both internal and external reports to be made either in writing or verbally. Written reports could be mailed to an external reporting agency or emailed to an internal reporting system. Inmates may also file an Administrative Remedy. Verbal reports could be made either in person or via the inmate phone system, which allows inmates confidential access to a PREA support hotline. While the PREA support hotline is designed to provide inmates with access to support services related to the trauma of sexual abuse, inmates occasionally use this system as an external reporting hotline for said abuse.

The total number of facility staff, contractors, and volunteers currently authorized to enter the FCI Sheridan is 368 persons. Of those, the facility has about 316 full time staff positions. Security staff are generally assigned to work one of three shifts, with each shift covering approximately eight hours. Whereas, administrative staff are generally assigned to work normal business hours and days.

In total, 33 agency staff were formally interviewed or completed written interview surveys. These interviews consisted of 12 random staff from all three shifts. Random staff were selected from daily shift rosters dependent on that day's assigned duty post. Specifically, in interviewing line class staff, the auditor randomly selected staff members who were currently assigned to specific housing units, programmatic activities, or those having roving assignments. Additionally, the specific duty assignments polled were varied with each of the three shift rosters. This selection process was devised so as to encourage interviews with staff possessing cumulative experience in various functional areas throughout the facility.

Twenty-one specialized staff were also interviewed or surveyed. In many instances, their designated protocols were responsive to the roles these staff members serve within the agency. Hence, their interview selection was targeted. It should be noted that a few staff members interviewed responded to more than one survey.

It should also be noted that given the current COVID protocols, the facility is not allowing volunteers to enter the institution. Accordingly, no volunteers were available for interview. During the audit time frame, there weren't any non-medical staff involved in cross-gender strip or visual searches.

This understood, those 22 specialized and 12 random staff were able to provide responses to 40 interview protocols for the following audited areas: 1 Agency Head, 1 PREA Coordinator, 1 Agency Contract Administrator, 1 Warden, 1 PREA Compliance Manager, 3 Intermediate or Higher-Level Supervisors, 1 Medical Staff, 1 Mental Health Staff, 1 Human Resources Staff, 1 SAFE/SANE Nurse, 2 Contractors, 1 Investigative Staff at the Agency/Facility Level, 1 Staff who Perform Screening for Risk of Victimization and Abusiveness, 2 Staff who Supervise Inmates in Segregated Housing, 2 Staff on the Sexual Abuse Incident Review Team, 1 Designated Staff Member Charged with Monitoring Retaliation, 1 Security Staff First Responders, 1 Non-Security First Responders, 1 Intake Staff, and 12 Random Staff. Additionally, 1 Mailroom staff and 1 Training staff provided insight into how their job responsibilities affected PREA compliance standards.

All efforts were made to interview staff in areas convenient for them, as well as to provide them with privacy in speaking. If staff were assigned private offices, whenever possible, they would be interviewed in their offices. When it was not possible, staff would be interviewed in conference areas or other offices central to their duty station and in areas that provided privacy to their speech.

On the first day of the site review, the FCI Sheridan maintained 1,205 inmates at the FCI Main, 331 inmates at the SPC, and 19 inmates at the FDC, for a total of 1,555 inmates. Given the overall population of the facility, the auditor was required to conduct at least 40 inmate interviews. Of these, the auditor was required to conduct at least 20 random inmate interviews and at least 20 targeted inmate interviews. Additionally, the auditor was encouraged to interview at least one inmate from each housing unit, as well as subsets of inmates within the targeted groups of inmates. Given these considerations, a simple random sampling of the population would not have produced the most effective sampling field. As such, a complex sampling scheme using stratification was designed to ensure the most inclusive, evenly distributed sampling field available while still adhering to the requirements of targeted inmates.

To do this, the auditor was provided several lists of inmates. These lists were generated on the first day of the site review to ensure that the offenders selected would be present on the facility. There was an overall master list that included all inmates assigned to the facility complex. This list was organized by housing assignments. There were also several rosters that contained the names of inmates belonging to targeted subgroups.

The names of 21 targeted inmates were selected first. These offenders were discovered based on a list provided by the facility and were then randomly selected based on their housing assignments, to ensure that whenever possible, in total, at least one person from any of the targeted subgroups was selected from differing housing assignments. Of the 21 targeted inmates, 1 inmate failed to identify within their targeted subgroups. As such, this inmate was simply interviewed as a random inmate. Additionally, some inmates who were selected fell into two or more targeted subgroups. However, when asked, several of these inmates failed to identify with those targeted subgroups. Accordingly, these offenders were only asked to complete surveys for the targeted subgroups in which they currently identified at the moment of the interview. As this reduced the targeted inmates in specific subgroups, the total required number of targeted inmate interviews (20) was obtained by over sampling from more populated targeted groups by which inmates did identify at the time of the audit interview.

Twenty-two random inmates were also selected based on their length of incarceration, race, religion, work assignments, and housing assignments, with at least one inmate being selected from any housing unit not already represented by the targeted inmates. As previously noted, when two of the otherwise targeted inmates failed to self-identify within their targeted subgroups, these inmates were moved to the random inmate interview count. Thus, while 22 random inmates were selected for interviewing, 23 random protocols were completed. Lastly, it should be noted that the interview selection process was designed so that the totality of interviews would be representative of not only the average inmate, but also of inmates having unique needs as addressed across the entire prison complex.

23 Random inmates were interviewed.

20 Targeted inmates were interviewed.

0 Inmates refused to be interviewed.

In this, a total of 43 inmates were given the opportunity to formally interview during the on-site visit. Of these, no inmates refused to be interviewed. The 43 inmates who were interviewed consisted of offenders randomly selected from facility rosters based on each of the housing units, as well as targeted offenders pulled from facility rosters based on PREA classification requirements. All inmates interviewed were questioned using the Random Sample of Inmates Survey protocol. Targeted inmates were also questioned using the survey sample appropriate for their self-identified targeted subgroup. It should also be noted that if during the interview process it became apparent that any person belonged to any other subset of targeted inmates, then additional targeted protocols were administered as appropriate.

In summary, all 43 inmates were asked the random protocol questions. Additionally, the targeted inmates were asked appropriate protocol surveys. Of which, 26 targeted interview protocols were administered: 1 interview protocol for inmates with physical disabilities, 1 interview protocol for inmates who are blind, deaf, or hard of hearing, 1 interview protocols for inmates with limited English speaking skills, 5 interview protocols for inmates with cognitive disabilities, 6 interview protocols for inmates who identified as gay or bisexual, 6 interview protocols for inmates who identified as transgender, 1 interview protocols for inmates who reported sexual abuse, and 5 interview protocols for inmates who disclosed prior sexual victimization during risk screening.

All inmate interviews were conducted in private settings to ensure inmates felt at liberty to express any concerns they may have had with the facility's PREA compliance efforts or with their own personal safety.

The Language Line Services system was used to interview the one inmate with limited English-speaking skills. This inmate primarily spoke Spanish. The Language Line Services system provided for effective translation services between the PREA auditor and the inmate. In speaking with agency staff, the majority were aware that the Language Line Services system could be used to facilitate sensitive communications between agency staff and inmates when staff translators were not available.

During the on-site inspection, additional documentary and/or investigative files were reviewed either in a secured office, if appropriate (such as inmate case files) or at employee work stations, if appropriate (such as IDO Unannounced Institutional Rounds logs). Documentary files were occasionally selected at random from the totality of possible files available. However, whenever possible, the auditor did attempt to correlate documentary files across the investigatory process associated with PREA specific

allegations, as well as inmate interviews. This was done to ensure the totality of both the preventative and responsive aspects of the PREA.

The FCI Sheridan received 3 allegations of sexual abuse/sexual harassment within the last twelve months. Of these, 3 allegations rose to the level of a criminal and/or administrative investigations being conducted by the agency. All three of those investigatory files were reviewed to ensure the allegations as presented were investigated and subsequently addressed. Additionally, the auditor verified that the reporting time frames, required notifications, and prosecutor referrals, if appropriate, were made.

The facility utilizes Willamette Valley Medical Center for forensic exams. This facility generally has SAFE/SANE nursing staff available to conduct forensic exams. However, in the event that a SAFE/SANE nurse is not at the facility when any person, to include an incarcerated inmate, notifies the hospital of the need for a forensic exam, the hospital does have SAFE/SANE nursing staff on-call who will immediately report to the hospital.

Over the past twelve months, FCI Sheridan has not received any reports of sexual abuse. As such, there has not been a need for a sexual assault forensic exam. It should also be noted that in interviewing SANE/SAFE nursing staff, the facility does have continuous access to qualified professionals.

While there was no evidence to suggest that any inmate suffered retaliation for having reported sexual abuse, the FCI Sheridan still monitored the conduct and treatment of all inmates who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. All three inmate records for retaliation monitoring following complaints of sexual abuse were reviewed on site to ensure routine monitoring occurred as required. Note: There were no retaliation monitoring documents for staff within the past 12 months.

Additional inmate and facility files were reviewed on-site to ensure the facility conducted initial PREA screenings via the PREA Intake Objective Screening Instrument, as well as subsequent PREA trainings. Following that initial screening, specific referrals for mental health services are issued if needed. Employee training records were also reviewed to ensure that staff had received their required PREA training.

On September 23, 2021, upon concluding the on-site portion of the PREA audit, the auditor met with the BOP Regional PREA Coordinator (via Zoom), the FCI Sheridan PREA Compliance Manager, FCI Sheridan Complex Warden, as well as other FCI Sheridan facility staff. Agency staff were then provided some preliminary observations; however, said staff were advised that a final audit outcome was yet to be determined. In this, it should be noted that during all phases of the auditing process; the pre-onsite audit, on-site audit, and post-onsite audit reviews, the auditor did not experience any barriers to completing the audit as required. Agency and facility staff were forthcoming with all information and document requests. The auditor was allowed unfettered access to all areas of the facility. All staff willingly engaged in the interview process, as well as patiently explained their roles within the facility's PREA-based Standard Operating Procedures.

Facility Characteristics

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

The physical location of the Federal Correctional Complex (FCI) at Sheridan is 27072 SW Ballston Road, Sheridan, Oregon, 97378. The FCI Sheridan is operated by the Federal Bureau of Prisons (BOP). The facility's host town, Sheridan, is located approximately 50 miles from Portland and 20 miles from the state's capitol of Salem.

The FCI Sheridan was opened in 1989. It consists of three institutions, the FCI main compound, a satellite prison camp (SPC), and a federal detention center (FDC). The FCI main has a rated capacity of 894 inmates, with its average daily population for the last twelve months being 1,133 inmates. The SPC has a rated capacity of 384 inmates, with its average daily population for the last twelve months being 334 inmates. The FDC has a rated capacity of 74 inmates, with its average daily population for the last twelve months being 18 inmates.

The FCI Sheridan consists of 41 different buildings, with 12 of those being inmate housing units. The complex houses Administrative, Minimum, and Medium custody levels of inmates. The FCI SHE has all adult male institutions. The facility houses inmates between the ages of 20-80 years old. The average inmate assigned to FCI Sheridan has spent 428 days under supervision.

The FCI Sheridan is operational 24 hours per day. The facility utilizes both direct and indirect (i.e., video monitoring and surveillance mirrors) to supervise assigned inmates. During the normal course of facility operations, inmates are provided programmatic services, such as educational, vocational, and rehabilitative programs. Additionally, inmates are routinely provided choices in non-programmatic activities, such as recreational and religious services. There are also institutional services, like medical, food, and hygiene access, such as barber and laundry services.

The average daily population for the past twelve months has been 1,534 inmates. At the start of the on-site audit, the FCI Sheridan housed a total of 1,555 inmates.

Summary of Audit Findings

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

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

A review of all available documentation reflects that the Federal Bureau of Prisons (BOP) has developed agency wide policies in compliance with both the spirit and letter of the Prison Rape Elimination Act (PREA) standards. The FCI Sheridan has incorporated these policies into its unit-based practices, programs, and services. While conducting a site review the institution, the auditor observed routine adherence to PREA standards by both staff and inmates. As well, inmate reactions to staff adherence of said standards reflected its institutionalization in common practice. Lastly, interviews with both staff and inmates generally reflected that FCI Sheridan employees adhered not only to the defined PREA standards, but also to the overarching principles under which they reside.

Standards Exceeded

Number of Standards Exceeded: 10

List of Standards Exceeded: 115.11, 115.13, 115.14, 115.15, 115.16, 115.54, 115.71, 115.82, 115.83, and 115.401

Standards Met

Number of Standards Met: 35

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: None

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Institution Supplement #SHE 5324.12d, Sexually Abusive Behavior Prevention and Intervention Program, 1-2-21
- BOP Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, English, July 2018
- BOP Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, Spanish, July 2018
- Memorandum for PREA File, 115.11(a), 4-16-21

Interviews:

- Agency Head
- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff

Site Review Observations:

- The Federal Bureau of Prisons (BOP) PREA Coordinator oversees the Federal Correctional Complex (FCI) at Sheridan PREA program.
- The FCI Sheridan PREA Compliance Manager is physically assigned to the FCI Sheridan and maintains a permanent office, with routine activities, within said institution as a function of his assignment.

Standard Subsections:

- BOP Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, July 2018; and FCI Sheridan's Institution Supplement #SHE 5324.12d, Sexually Abusive Behavior Prevention and Intervention Program, 1-2-21, provides written direction mandating a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. They each outline both the agency's and the facility's approach to preventing, detecting, and responding to such conduct.
- The agency has employed an agency-wide PREA Coordinator. This position, National PREA Coordinator, is within the upper hierarchy of organizational authority within the BOP. A significant function of the National PREA Coordinator's responsibility is to provide guidance and manage the six regional PREA Coordinators assigned to the BOP. The regional coordinators,

in turn, are responsible for managing the institutional PREA Compliance Managers assigned to agency facilities. As a collective effort, these persons will help facilitate institutional needs specific to the implementation and advancement of the PREA standards. As such, the National PREA Coordinator, in coordination with the six Regional PREA Coordinators and facility wardens, oversees the implementation of PREA standards throughout the agency.

- The BOP operates 129 penal institutions. Each warden within said institution has been charged with designating a PREA point person, who holds the supervisory rank Associate Warden, as well as PREA Compliance Manager. The FCI Sheridan Warden affirms his designation of the FCI Sheridan PREA Compliance Manager to serve in this capacity. The FCI Sheridan PREA Compliance Manager further confirms both sufficient time and authority to coordinate the facility's efforts in complying with the PREA standards.

Reasoning & Findings Statement:

This standard works to ensure the agency as a whole operates with a zero-tolerance acceptance level of sexual abuse and sexual harassment of incarcerated inmates. As well, the standard requires that individual facilities operate with respect to the agency's zero-tolerance expectation. In this regard, the agency has implemented policies designed to prevent, detect, and respond to sexual abuse and sexual harassment. Though the standard requires the minimum staffing of one agency-wide PREA Coordinator and then individual PREA Compliance Managers assigned to each facility, the BOP has exceeded this requirement through the additional employment of six Regional PREA Coordinators. The sole function of the Regional PREA Coordinator position is to better coordinate and advance the implementation of the PREA standards and policies so as to significantly increase the sexual safety of all inmates incarcerated within the BOP. As such, the agency, and by extension the facility, has clearly exceeded the basic requirements of this standard.

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- SHE Memorandum for PREA Audit File #115.12, 9-22-21

Interviews:

- Agency Contract Administrator
- Agency PREA Coordinator
- FCI Sheridan Warden

Site Review Observations:

- The FCI Sheridan is a publicly operated correctional facility through the Federal BOP.

Standard Subsections:

- While the FCI Sheridan does not individually contract with other entities for the confinement of inmates, the BOP contracts for the confinement of its inmates with multiple private agencies. The current contracts governing these relationships contain explicit language directing said agencies to adopt and comply with the Prison Rape Elimination Act, National Standards to Prevent, Detect, and Respond to Prison Rape (28 C.F.R. Part 115).
- These contracts also contain language requiring that the BOP monitors PREA compliance of all contracted facilities, as well as provide relevant training on their responsibilities under BOP's policy on prevention, detection, and response to sexual abuse and sexual harassment. As evidenced by the publicly posted PREA Audit Report documents for all BOP facilities, both prisons and Residential Reentry Centers, either privately or publicly owned, are routinely audited for their compliance with the PREA standards.

Reasoning & Findings Statement:

This standard ensures that all private entities contractually bound to the parent agency; namely, the federal BOP, complies with the PREA standards. In this, prior to engaging any contractual relationship with a private agency, the BOP ensures that all private agencies understand that it's the private agencies' absolute responsibility to comply with PREA regulations. Furthermore, once contracted with the BOP, private agencies understand their continuing duty to remain in compliance with PREA standards. To assist in their compliance with BOP regulations, to include PREA policies, all privately operated facilities are assigned a BOP liaison. Lastly, private facilities are routinely audited on a rotating basis to encourage said compliance. Hence, the agency meets the established requirements under this standard.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?
 Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- BOP Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, English, July 2018
- SHE Daily Log, 9-21-21
- SHE Daily Log, 9-22-21
- SHE Lt. Daily Log, 9-21-21
- SHE Lt. Daily Log, 9-22-21
- SHE Memorandum for PREA Audit File #115.13, PREA Annual Assurance, 4-1-21
- SHE Staffing & Strength Report, March 28 – April 10, 2021
- BOP Zero Tolerance, Spanish
- BOP Zero Tolerance, English
- FY 2021 QR 02 Quarter Salary/Annual Work Force, 2-13-21
- FY 2021 QR 02 Quarter Salary/Annual Work Force, 11-5-20
- FY 2020 QR 02 Quarter Salary/Annual Work Force, 8-12-20
- FY 2020 QR 02 Quarter Salary/Annual Work Force, 5-4-20
- BOP Annual and 1st Quarter Salary/Work Force Utilization Committee and Manpower Plan Meeting: FY 2021, 10-27-20
- SHE Salary/Workforce Utilization Committee Meeting, 3-16-21
- SHE Salary/Workforce Utilization Committee Meeting, 8-4-20
- SHE Salary/Workforce Utilization Committee Meeting, 6-23-20
- SHE Memorandum for PREA Audit File #115.13, Assurance Memo for Compliance with Staffing Plan, 4-16-21
- SHE Memorandum for PREA Audit File #115.13, Documentation of Unannounced Rounds, 4-16-21
- SHE Memorandum for PREA Audit File #115.13, Documentation of Unannounced Rounds – COVID Precautions, 5-3-21
- SHE Institution Supplement, #SHE 5324.12d, Sexually Abusive Behavior Prevention and Intervention Program, 1-2-21
- BOP Program Statement #5502.11, 9-26-16
- SHE Institution Duty Officer Rounds, Week of: 3-23-21 to 3-30-21

- SHE Institution Duty Officer Rounds, Week of: 2-23-21 to 3-2-21
- SHE Institution Duty Officer Rounds, Week of: 1-19-21 to 1-26-21
- SHE Institution Duty Officer Rounds, Week of: 1-12-21 to 1-19-21
- SHE Institution Duty Officer Rounds, Week of: 1-5-21 to 1-12-21
- SHE Institution Duty Officer Rounds, Week of: 12-29-20 to 1-5-21
- SHE Institution Duty Officer Rounds, Week of: 12-22-20 to 12-29-20
- SHE Institution Duty Officer Rounds, Week of: 12-15-20 to 12-22-20
- SHE Institution Duty Officer Rounds, Week of: 12-8-20 to 12-15-20
- SHE Institution Duty Officer Rounds, Week of: 12-1-20 to 12-8-20
- SHE Institution Duty Officer Rounds, Week of: 11-10-20 to 11-16-20
- SHE Institution Duty Officer Rounds, Week of: 9-8-20 to 9-15-20
- SHE Institution Duty Officer Rounds, Week of: 8-25-20 to 9-1-20
- SHE Institution Duty Officer Rounds, Week of: 8-11-20 to 8-18-20
- SHE Institution Duty Officer Rounds, Week of: 6-30-20 to 7-7-20
- SHE Correctional Training, Annual, 10-1-19 to 9-30-20

Interviews:

- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff

Site Review Observations:

- All inmate housing areas contain at least one security staff post that is continuously monitored by staff. All areas of high inmate traffic are assigned staffing positions while in operation.
- During the site review, supervisory staff were observed making routine and frequent rounds throughout the facility. All of the random staff interviewed did indicate that supervisory staff were available to them as needed and did routinely conduct unannounced rounds within the facility.
- During supervisory rounds, ranking officials were observed reviewing required documentation completed by line staff as a function of their duty posts.
- During the on-site portion of the audit, random FCI Sheridan IDO Unannounced Institutional Rounds (Chronological Housing/Building Logs) were inspected to ensure supervisory staff were conducting, and properly documenting, their unannounced rounds. Supervisory signatures were observed in red ink.
- IDO Unannounced Institutional Rounds were also reviewed to ensure that opposite gender advisements on all three facility shifts, where appropriate, were being made and properly documented.

Standard Subsections:

- The FCI Sheridan has developed and documented a staffing plan. Facility administrators are required to make their best efforts in complying with said plan on a regular basis in order to provide for adequate levels of staffing, and, where applicable, video monitoring to protect inmates

against abuse (#P5324.12). As explicitly noted within the Memorandum for PREA Audit File, as well as the Staffing Plan Annual Review template, the staffing plan takes into consideration generally accepted correctional practices when determining staffing needs and the need for video monitoring. If present, the staffing plan considers any judicial, federal investigative agencies, internal, and external oversight bodies' findings of inadequacy. The Staffing Plan Annual Review template requires that the unit considers components of the facility's physical plant, composition of the inmate population, number and placement of supervisory staff, institutional programming needs, applicable state and local laws, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, as well as any other relevant factors when determining staffing needs and the need for video monitoring. According to the FCI Sheridan PREA Compliance Manager, the facility staffing plan was predicated consistent with average daily number of inmates assigned to the FCI Sheridan. During random interviews, staff consistently remarked that unit administration does consider the nature of the inmate population and current issues/trends within the inmate population when determining staffing levels.

- BOP policy governs the minimum use of employee staffing (#P5324.12). If unit staffing levels fall below these minimum requirements, BOP policy further requires that facility staff properly document each occurrence. Within the past twelve months, the staffing levels of FCI Sheridan have not fallen below the required levels.
- The facility conducts an annual review of its staffing plan, with the last review being finalized as of October of 2020. As evidenced via interviews with agency and facility staff, in completing the FCI Sheridan staffing plan review, the facility did coordinate with the Regional PREA Coordinator, as well as the FCI Sheridan PREA Compliance Manager, to develop the facility staffing plan in accordance to the aforementioned 115.13(a). PREA staffing members were consulted regarding the use of resources necessary to commit to the staffing plan, as well as the use of video monitoring technologies within the facility.
- The agency does have a policy in place to mandate unannounced rounds conducted by intermediate-level or higher-level supervisors (#P5324.12). This policy does require that staff document those rounds. The policy requires unannounced rounds to be made on all shifts, both day and night hours. The agency also prohibits staff from alerting others that said rounds are being conducted. The timing of the site reviewed allowed the auditor to observe the facility while employees from all three shifts were on duty. The auditor did observe line and supervisory staff document said rounds as appropriate. While conducting the site review, the auditor also reviewed 12 Institutional Duty Officer (IDO) Unannounced Institutional Rounds throughout the facility. Said documentation did reflect that not only were supervisory staff conducting unannounced rounds, but these rounds were also clearly documented using red or blue ink. When interviewed, supervisory staff stated that they performed unannounced rounds at various times, as well as walked varying paces and routes when conducting unannounced rounds in an attempt to make their presence less predictable. When interviewing random staff, all persons stated that supervisors routinely conduct unannounced rounds. When interviewing random inmates, many offenders stated that they have routinely witnessed supervisory staff conducting rounds throughout the facility. During the site review, it was further noted that inmates seemed comfortable with the presence of supervisory staff within their housing areas; thus, further supporting that said staff are routinely present in inmate housing areas.

Reasoning & Findings Statement:

This standard requires the facility to ensure adequate staffing levels that promote the safety of not only all inmates assigned to the facility, but also to ensure the safety of all correctional employees, volunteers, and contractors within the institution. During the past 12 months, the FCI Sheridan did not deviate from its staffing plan. To ensure that the sexual safety of inmates assigned to the FCI Sheridan is given sufficient weight in determining facility staffing needs, the FCI Sheridan staffing plan is reviewed annually in coordination with all FCI Sheridan PREA staffing components. Lastly, to ensure meaningful and effective correctional supervision, FCI Sheridan supervisors routinely conduct and document unannounced rounds. The auditor observed, as well as the facility provided, ample evidence of documented unannounced rounds of supervisory ranks of various levels, up to and including, the facility warden. As such, the FCI Sheridan facility has exceeded in demonstrating its compliance with this provision.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- SHE Memorandum for PREA Audit File #115.14, Youthful Inmates, 9-22-21
- BOP Policy #5216.06, Juvenile Delinquents, 4-26-19

Interviews:

- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Random Staff
- Random/Targeted Offenders

Site Review Observations:

- While conducting the on-site review, the auditor did not observe any inmates who appeared excessively youthful.
- In reviewing inmate documents, the auditor did not observe any inmate birthdays to be less than 18 years younger than the date of the on-site review.
- All inmates interviewed stated that they were at least 18 years of age and did not have any knowledge of any inmates assigned to the FCI Sheridan who were not at least 18 years of age.

Standard Subsections:

- The BOP policy (#P5216.06) prohibits the placement of any inmate less than 18 years of age in an adult jail or correctional institution.
- As FCI Sheridan does not house any inmates less than the age of 18 years, the facility has most certainly maintained absolute sight and sound separation between youthful offenders and adult inmates.

- As FCI Sheridan does not house any offender less than 18 years of age, its unit administration has absolutely avoided placing any adolescent offender in isolation in order prevent said offender from living within sight and sound of adult offenders. Hence, the FCI Sheridan has not denied any adolescent offender the ability to engage in daily large-muscle exercise or to participate in other program or work opportunities.

Reasoning & Findings Statement:

This standard requires that the agency ensures sight and sound separation between youthful offenders and adult inmates. Alternatively, the standard requires that there is direct staff supervision when youthful offenders and adult inmates have the possibility of sight, sound, or physical contact. The BOP prohibits the assignment of youthful offenders to adult housing units. Hence, as FCI Sheridan contains only adult housing units, FCI Sheridan is prohibited from receiving, and subsequently housing, youthful offenders. As such, the facility has exceeded in maintaining an absolute and constant sight, sound, and physical barrier between youthful offenders and incarcerated adults.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Transgender Offenders, Annual Refresher Training, FY 2021
- SHE Institution Supplement, #SHE 5324.12d, Sexually Abusive Behavior Prevention and Intervention Program, 1-2-21
- SHE Memorandum for PREA Audit File #115.16, Cross Gender Viewing and Searches, 4-16-21
- SHE Exigent Circumstances Logbook
- SHE Memorandum for PREA Audit File #115.16, Searching or Physically Searching Transgender or Intersex Inmates, 4-16-21
- Escort Procedures, Annual Training, Instructor's Guide, FY 2021
- Escort Procedures, Annual Training, PowerPoint Slides
- SHE Memorandum for PREA Audit File #115.16, Training Regarding Inmate Pat Searches, 4-16-21
- Inmate Pat Searches Training, PowerPoint Slides, 2-7-14
- BOP Program Statement, #P5521.06, Searches of Housing Units, Inmates, and Inmate Work Areas, 7-6-15
- BOP Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15

Interviews:

- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff
- Offenders Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Random Offenders

Site Review Observations:

- During the site review, staff were routinely observed making cross-gender announcements when persons of the opposite gender entered offender housing areas.
- During the site review, staff were routinely observed engaging the PREA Notification System, known as the PREA Buzzer.
- During the site review, notices were observed noting the presence of opposite gender staffs' work schedule if assigned to offices within a housing unit.
- Supervisory staff were observed conducting their routine security checks within inmate housing areas. Cross-gender announcements and supervisory rounds, both unannounced rounds and scheduled rounds, were subsequently documented on the buildings' chronical housing logs.

- FCI Sheridan documentation reflects that during the past twelve months, the facility has not had any cross-gender visual or body cavity searches of inmates.
- Privacy shields were in place inhibiting view into all inmate restrooms.
- Privacy shields were in place and/or available in all medical examination rooms.
- A review of video footage did not reveal that any cameras were trained on inmate restrooms, showers, or other areas where inmates might be in a state of undress.
- Observed routine pat searches of random inmates.

Standard Subsections:

- BOP Policy (#P5324.12) prohibits cross-gender strip or visual body cavity search of inmates except in exigent circumstances or by medical practitioners. There have not been any cross-gender visual or cavity searches of inmates within the audit time frame. Random staff interviews confirm that staff do not engage in such activities. Furthermore, all 43 inmates interviewed noted that they had not, nor had they witnessed any other inmate, being stripped or body cavity searched by a security staff member of the opposite gender.
- There are not any female inmates assigned to the FCI Sheridan. However, BOP Policy (#P5324.12) mandates that staff refrain from conducting cross-gender pat-down searches of female inmates, unless in exigent circumstances. As there aren't any females staff assigned, the facility has never denied any female inmate access to a regularly available program or out of cell activity to prevent a cross-gender pat down search.
- Agency policy (#P5324.12) requires that all cross-gender strip and visual body cavity searches are documented. The facility has not engaged in any cross-gender strip searches or cross-gender body cavity searches of its prisoners within the audit period. However, under exigent circumstances, should the need arise, all random staff interviewed understood that such action, while extremely unlikely, would require extensive justification. The SHE does have a documentation log (unused) in place should the need to document a cross-gender strip or visual body cavity search arise.
- The FCI Sheridan does have a policy (#P5324.12, #SHE 5324.12d) in place that allows inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their inmate buttocks, genitalia, or breasts except in exigent circumstances or when such viewing is incidental to routine cell checks. The facility does follow policy (#P5324.12, #SHE 5324.12d) requiring that staff of the opposite gender announce their presence when entering an inmate housing unit. As well, the SHE does have a PREA Buzzer in place, with a corresponding flashing blue light, to announce the presence of opposite gender staff. In speaking with agency staff, all staff members were aware of the agency's prohibition against cross-gender strip and visual body cavity searches. BOP Program Statement #P5324.12 and #SHE 5324.12d, Sexually Abusive Behavior Prevention and Intervention Program, require all persons of the opposite gender to announce their presence upon entering an opposite gender housing assignment. All staff interviewed did confirm their adherence to said policy. As well, the majority of inmates interviewed confirmed this statement. During the facility site review, modesty barriers and curtains were in place to inhibit the viewing of any inmate in a state of undress. As well, inspected video footage did not capture, nor was it trained to capture, inmates in a state of undress during routine activities, to include strip searches. Additionally, SHE

requires inmates to be provided notice of opposite gender staff working hours when said staff are assigned offices on inmate housing areas.

- BOP Program Statement #P5324.12 and #SHE 5324.12d, Sexually Abusive Behavior Prevention and Intervention Program, prohibits searching transgender or intersex inmates for the sole purpose of determining the inmates' genital status. In interviewing staff, it was clearly expressed that if the gender of an inmate is unknown, conducting a strip search to determine the gender of the inmate would be inappropriate. It was generally expressed that to determine gender, staff would contact the medical department, their supervisor, or simply ask the inmate.
- Records reflect that 100% of FCI Sheridan security staff have been trained on proper policy specific to conducting cross-gender inmate pat searches and transgender pat searches in a professional and least intrusive manner as possible consistent with security needs. All random staff interviewed did affirm their understanding of agency policy prohibiting the search of any transgender or intersex inmate for the sole purpose of determining the inmate's genital status. BOP Policy (#P5324.12) specifies that transgender "inmates will be pat-searched in accordance with the gender of the institution, or housing assignment, in which they are assigned. Transgender inmates may request an exception." Policy (#P5324.12) provides clear instructions on how staff will perform searches of any inmate, to include transgender inmates. Random security staff interviewed confirmed their understanding of how to conduct a proper search of transgender/intersex inmates assigned to the FCI Sheridan. As well, facility training rosters reflect that all correctional staff assigned to the FCI Sheridan have been trained on how to conduct searches in a professional and least intrusive manner as possible. During the site review, security staff were observed conducting pat-down searches on a random basis in both a professional manner and in the least obtrusive manner possible consistent with security needs. When asked, the majority of inmates stated that staff generally perform physical searches in a professional manner.

Reasoning & Findings Statement:

This standard requires that the agency place limits on cross-gender strip or cavity searches. The BOP has enacted policies prohibiting said searches in the absence of exigent circumstances. In the event exigent circumstances require cross-gender strip or cavity searches, policy subsequently requires this search to be properly documented. Agency security staff are trained on the proper procedures to conduct pat searches on transgender or intersex inmates, which requires said searches to be performed in a professional and least intrusive manner as possible. As well, transgender inmates may seek an exception to being searched by a specific staff gender. The agency requires opposite gender staff to announce their presence upon entering inmate housing areas where persons may be in a state of undress. In addition, the facility has installed a PREA notification system for opposite gender staff to utilize. This system includes both a very loud buzzer sound and a flashing blue light to provide notification using more than one sense of communication. As well, to further heighten inmate awareness of opposite gender staff so as to prevent opposite gender viewing, the facility has posted notice of opposite gender staff work schedules when said staff are assigned offices within inmate housing areas. Clearly, the FCI Sheridan has exceeded the provisions of this standard.

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

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

115.16 (a)

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

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Language Line Services Informational Index Card
- SHE Memorandum for PREA Audit File #115.16, Inmates with Disabilities and Inmates Who Are Limited English Proficient, 4-16-21
- SHE Admissions and Orientation Handbook, January 2021,
- Language Line Services BOP Contract, 9-29-20

- Language Line Services SHE Contract, 12-8-14

Interviews:

- Agency Head
- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff
- Offenders with Disabilities
- Offender with Limited English Proficiency

Site Review Observations:

- Correctional staff assigned to housing areas entered each area within the building to loudly announce inmate information, to include when opposite gender staff entered the housing area.
- PREA Notification System provides audible and visual notification of opposite gender staff.
- Physical handicap accommodations were easily recognizable and accessible throughout the facility. Each shower/bathroom area contained handicap accessible showers/toilets.
- PREA Notices, as well as other advisement notices, were posted in languages spoken by significant portions of the offender population; namely English and Spanish.
- Observed auxiliary aids; namely telephone-teletype phone services and enhanced written materials, available for inmate use.
- Language Line Services are available for staff to communicate with offenders who do not speak a language known to staff.
- Staff translators are also available if needed.

Standard Subsections:

- BOP policy (#P5324.12) requires that institutions enhance communication efforts with disabled inmates; such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency; so as to provide said inmates with 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. PREA educational information is provided in writing, verbally, as well as presented in video format (available in English and Spanish). For inmates who do not speak either English or Spanish, the facility uses the language line to provide those inmates with PREA information during an individualized training session using the inmate's native language. The BOP maintains a mandatory for use contract for translation and interpretation services to assist inmates who do not speak a language common to FCI Sheridan staff. In this, the Language Line Services can be used to translate PREA, as well other confidential information.

When interviewing staff, employees were aware of the need to obtain staff interpreters for sensitive security matters, such as PREA related investigations. All staff have received training specific to this policy. During random staff interviews, all personnel were aware that other inmates could not be used to translate for any inmate during a sexual abuse/harassment investigation or incident. During the inmate interview process, a Language Line Services

translator was effectively used to translate for one Spanish-speaking inmate with Limited English Proficiency (LEP). When speaking with this LEP inmate, he stated that his inability to speak English had not prevented him from participating in any facility-based services, to include the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Additionally, inmates with physical and/or intellectual disabilities were interviewed. These inmates all stated that their disabilities did not prevent them from participating in any facility-based services or that FCI Sheridan has made accommodations for their disabilities, to include the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

- The PREA informational brochure is printed in two different languages: English and Spanish. As needed, Language Line Services can also be used to translate PREA information into other languages. SHE policy allows for these translations to be provided to the inmates both verbally and in writing. SHE policy also allows that inmates may submit written questions to administrative staff in their native language. The answers provided to the inmates will be in their native language.
- The BOP has developed agency-wide policies that prohibit the use of inmate interpreters or other types of offender-based assistance in the transmission or subsequent investigation of security sensitive information, such as PREA related matters (#P5324.12). The agency has also developed agency-wide policies to enhance communication efforts with disabled offenders; such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency (#P5324.12); so as to provide said offenders with an equal opportunity to directly participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment without the use of offender interpreters or other types of offender-based assistance. FCI Sheridan staff are aware of these agency policies and do not utilize inmate interpreters for security sensitive matters.

Reasoning & Findings Statement:

This standard looks to empower all inmates with the right to be free from sexual abuse and sexual harassment. An essential component to that requirement is the ability to access PREA information, services, and support services. Inmates with disabilities; either cognitive, physical, or cultural, may require additional assistance in achieving said access. Hence, it is necessary for the agency to provide additional measures to ensure said inmates have equal access. The BOP recognizes this need and has created policies to address it. The FCI Sheridan maintains sufficient stocks of PREA informational brochures in English. The FCI Sheridan routinely stocks PREA informational brochures, as well as shows PREA informational videos in Spanish, the most commonly spoken language inside of FCI Sheridan outside of English. The FCI SHE accommodates inmates who speak languages other than English and English by utilizing Language Line Services to provide individualized PREA training to those inmates in their native languages. The PREA packets are translated and provided to inmates in their native language. Additionally, if inmates submit written questions in their native language, staff will answer the inmate in that language. It should be noted that at no time during the past 12 months, has FCI Sheridan used inmate interpreters to help agency staff communicate with another inmate regarding security sensitive information. Lastly, the SHE provides other accommodations to inmates with physical or mental disabilities. For example, written materials can be provided in audit format or large print for inmates with poor vision. Telephone-teletype services are available for those who have difficulty hearing. Psychological services are used to assist inmates who may have cognitive difficulty in

understanding or utilizing the PREA reporting process. Documentation, as well as staff and inmate interviews, all support the exceptional effort that the FCI SHE has made in accommodating inmates with disabilities. Accordingly, the FCI SHE has clearly exceeded the minimum requirements of this standard.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- BOP Program Statement #P3420.11, Standards of Employee Conduct, 12-6-13
- BOP Program Statement #P3000.03, Human Resource Management Manual, 12-19-07
- BOP Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Questionnaire for Public Trust Positions, 1995
- BOP General Information Resource Guide
- General Employment Considerations for Staff
- SHE Memorandum for PREA Audit File #115.17, Hiring and Promotion Decisions, 9-22-21.

Interviews:

- Administrative (Human Resources) Staff
- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- FCI Sheridan Human Resource Staff

Site Review Observations:

- Review of employee files

Standard Subsections:

- The BOP has developed agency-wide policies (#P3420.11, P3000.03, #P5324.12) that prohibit the hiring or promotion of employees and contracted workers who have engaged in sexual abuse, been convicted of engaging or attempting to engage in a sexual activity with inmates, or have been civilly or administratively adjudicated to have engaged in a sexual activity with offenders while in a prison, jail, lockup, community confinement facility, juvenile facility, or other

institution. The agency also has policies that stipulate prior to all hiring and promotional decisions of employees and contract workers, any incidents of sexual harassment will be considered. Prior to hiring any new employee or contract worker at the facility level, FCI Sheridan Human Resource staff ensure that criminal background checks have been conducted on the prospective employee. As well, as required by policy, BOP/FCI Sheridan Human Resource staff ensure that all previous institutions of employment are contacted in order to determine if candidates have any previously substantiated claims of sexual abuse or resigned during a pending investigation of such claims. Conversely, policy also requires that the FCI Sheridan cooperates with other correctional and law enforcement agencies to ensure that accurate information regarding PREA related employment laws are effectively shared between agencies.

- BOP policy (#P5324.12) requires the facility to consider any incidents of sexual harassment in determining whether to hire/promote anyone who may have contact with inmates. Likewise, in speaking with the FCI Sheridan Human Resource representative, agency policy (#P3000.03) requires Human Resource staff to also verify contractor employment history.
- Before hiring or promoting employees, policy (#P3000.03, #P5324.12) requires the agency to perform criminal background checks. Policy (#P3000.03) also requires the agency to conduct checks with prior employers for any applicant previously employed by a correctional facility.
- Agency policy requires that prior to enlisting the services of any contractor who may have contact with offenders, the agency performs a criminal background record check on said contractor. An examination of FCI Sheridan's contractor background records reflects that persons contracted with the FCI Sheridan received an initial background check, as well as, where applicable, required subsequent checks within the required time frame.
- Once employed, agency policy (#P3000.03, #P5324.12) requires that criminal background checks are conducted every five years to ensure that said persons have not been found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. As well, employees have an affirmative duty to report any contact they may have had with other law enforcement agencies and to report any sexual misconduct they may have been found guilty of at any other institution (#P3000.03). Furthermore, employees are made aware that failing to provide this information, or providing false information regarding sexual misconduct, is grounds for employee discipline, to include termination of employment (#P3000.03). SHE facility staff attest to the facility's assurance that said background checks are performed as required.
- All applicants, as well as current employees, are required to submit a Questionnaire for Public Trust Positions form (#P5324.12). This document directly asks employees who may have contact with inmates to disclose any previous sexual misconduct that may have occurred in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (#P3000.03). Additionally, the BOP does impose a continuing affirmative duty on all employees to disclose any misconduct found within Section A of this standard (#P5324.12). SHE facility staff attest to the facility's assurance that said background checks are performed and staff do have a affirmative duty to disclose relevant information as required.

- Agency policy expressly advises employees that material omissions or providing false information regarding the aforementioned misconduct is grounds for termination. SHE facility staff confirm administrations willingness pursue any material omissions or providing of false information by facility staff.
- Agency policy allows that unless prohibited by law, the BOP shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied ((#P5324.12).

Reasoning & Findings Statement:

This standard requires the agency to consider the sexual safety of inmates in all hiring and promotion decisions within the agency. The agency has numerous policies in place to ensure that end. Review of employee and contractor training files reflect that the FCI Sheridan Human Resource Department is in strict compliance with agency policy. As such, the FCI Sheridan clearly meets the requirements of this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- SHE Memorandum for PREA Audit File #115.18, Upgrades to Facilities and Technologies, 3-1-21
- SHE Facilities Department Standard: Schematics
- SHE Quarterly WPC Meeting Minutes, 2-13-21
- SHE Quarterly WPC Meeting Minutes, 11-5-20
- SHE Quarterly WPC Meeting Minutes, 8-12-20
- SHE Quarterly WPC Meeting Minutes, 5-4-20
- SHE Quarterly WPC Meeting Minutes, 2-11-20
- SHE Quarterly WPC Meeting Minutes, 11-11-19
- SHE Quarterly WPC Meeting Minutes, 8-4-19
- SHE Quarterly WPC Meeting Minutes, 5-8-19
- SHE Quarterly WPC Meeting Minutes, 2-10-19
- SHE Quarterly WPC Meeting Minutes, 11-9-18
- SHE Quarterly WPC Meeting Minutes, 8-8-18

Interviews:

- Agency Head
- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Random Staff

Site Review Observations:

- Observed video monitoring technologies present within the facility.
- Observed footage from video monitoring technologies.

Standard Subsections:

- Per the FCI Sheridan PREA Compliance Manager, the FCI Sheridan has not designed or acquired any new facility or planned any substantial expansion or modification of existing facilities within the previous 12 months. However, when substantial changes are made, the agency does consider the effect that the design, acquisition, expansion, or modification that the preexisting condition has upon the agency's ability to protect inmates from sexual abuse.
- The FCI Sheridan has, however, installed two cameras at the entrance of the camp and 1 camera at the radio building to monitor inmate movement since the last PREA audit. In making this minor improvements, FCI staff note that the ability to protect inmates from sexual abuse was a consideration in these additions.

Reasoning & Findings Statement:

Within the audit time frame, FCI Sheridan has not designed or acquired any substantial expansion or modification of its existing facilities. However, as a function of its annual staffing review, the FCI Sheridan does consider, among other factors, generally accepted correctional practices and the use of video monitoring technologies. Currently, the FCI Sheridan has several hundred cameras inside the facility that provide sufficient coverage throughout the institution. In addition, within the past twelve months, the FCI Sheridan did install three additional video cameras to provide coverage at the entrance of the camp and to help monitor inmate traffic at the radio building. In this, and in all staffing decisions, to include decisions involving the use of video monitoring technology, the FCI Sheridan seeks to maximize the facility's ability to protect inmates from sexual abuse.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- One Source First Responder Reference Guide, Sexual Assault Crisis Intervention
- Chain of Custody Log
- Receipt for Property Received/Returned
- Crime Processing Administrative Worksheet
- Crime Scene Photographer Log
- SHE Memorandum for PREA Audit File #115.21, Uniform Evidence Protocol, 4-16-21
- SHE Memorandum for PREA Audit File #115.21, Forensic Medical Examinations, SAFE/SANE, 4-16-21
- SHE Institution Supplement, #SHE 5324.12d, Sexually Abusive Behavior Prevention and Intervention Program, 1-2-21
- SHE Medical Services Contract, 5-27-20
- SHE Memorandum for PREA Audit File #115.21, Gratuitous Service Agreement with Rape Crisis Center, 4-16-21
- Communication Regarding Victim Advocacy Services for FCI Sheridan: 8-31-20, 2-10-20, 6-20-19, 9-29-17, 9-26-17, 9-19-17, 9-11-17, 1-19-17, 11-1-16, 8-14-16, 8-12-16, 6-28-16, 3-18-16, 1-19-16, 10-22-15, 10-15-15, 10-7-15, 10-4-15, 10-2-15, 10-1-15, 9-25-15, & 9-24-15.

- Course Completions for Forensic Medical Exams: An Overview of Victim's Advocates, 4-9-21
- SHE Memorandum for PREA Audit File #115.21, Psychologist Qualifications as a Victim's Advocate, 4-16-21
- SHE Licensed Psychologist Certification, 8-8-06
- SHE Licensed Psychologist Certification, 3-9-12
- SHE Licensed Psychologist Certification, 8-31-14
- SHE Licensed Psychologist Certification, 1-9-15
- SHE Memorandum for PREA Audit File #115.21, Victim Advocate Used During Forensic Medical Exam, 4-16-21
- SHE Memorandum for PREA Audit File #115.21, Criminal Investigations, 4-16-21

Interviews:

- FCI Sheridan Facility Warden
- FCI SIS Staff
- Medical Staff
- Mental Health Staff
- SAFE and/or SANE Staff
- First Responders
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Observed Medical Department
- Observed Privacy Screens/Limitations

Standard Subsections:

- Agency policy (#P5324.12) mandates that the Federal Bureau of Investigations (FBI) is responsible for investigating criminal allegations of sexual abuse. In this, policy asks that the FBI follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions.
- As the FCI Sheridan does not house youth, it is not necessary to utilize a developmentally appropriate youth protocol. BOP policy does, however, still require the agency to utilize the U.S. Department of Justice's Office on Violence Against Women protocol; namely, *A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents* as the evidence collection protocol manual (#P5324.12).
- In accordance with agency protocol, the FCI Sheridan does ensure that all offenders are given access to forensic medical examinations without cost (#P5324.12). These exams are performed at an outside facility by qualified SAFE/SANE nursing staff. As SAFE/SANE staff are either on duty or on call 24 hours a day, seven days a week, the examination will always be performed by a qualified medical practitioner. The facility utilizes Willamette Valley Medical Center for forensic examines. In the past 12 months, the FCI Sheridan has not facilitated any such medical examinations.

- The agency does attempt to make a victim’s advocate available for inmate support. In this, policy (#P5324.12) requires that upon notification of an allegation of abuse, the inmate will be provided with the opportunity to speak with a rape crisis advocate. If an advocate is not available from the local rape crisis center, then the agency will provide access to a second advocate or a qualified staff member who has been trained as a first responder. During the last 12 months, there weren’t any inmates who requested such victim support services.
- In accordance to policy (#P5324.12), and as requested by the victim, the local rape crisis center advocate or qualified staff member may remain with the inmate through the forensic medical examination process and investigatory interviews. As requested, this person may provide emotional support, crisis intervention, information, and referrals. The FCI SHE has made numerous attempts to develop a relationship with the local rape crisis center to no avail. However, to ensure trained victim advocacy, facility psychologists have received additional training in providing specific rape trauma counseling to inmates.
- Agency policy (#P5324.12) mandates that the Office of Inspector General (OIG) and/or the FBI is responsible for investigating criminal allegations of sexual abuse. To this effect, FCI Sheridan policy does ask that the OIG/FBI utilize the U.S. Department of Justice’s Office on Violence Against Women protocol; namely, *A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents* as the evidence collection protocol manual.
- The auditor is not required to audit this provision.
- All victim advocates used by the facility have at least doctorate degrees in clinical or counseling psychology. As well, SHE advocates have received additional training specific to counseling rape trauma victims. Hence, the agency has ensured that all persons who have contact with FCI Sheridan inmates have been appropriately screened and trained, as well as received education concerning sexual assault and forensic examination issues in general.

Reasoning & Findings Statement:

This standard concerns evidence protocol and forensic medical examinations. During the past 12 months, the FCI Sheridan has not initiated any evidence protocols or forensic medical examinations. As evidenced during the interview process, however, facility staff are very much aware of the policies and has practices in place should the need arise at some future point. Additionally, the FCI SHE has ensured that trained victim advocates are available to provide qualified counseling to victims of rape trauma. As such, the FCI Sheridan has met the requirements of this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- SHE Institution Supplement, #SHE 5324.12d, Sexually Abusive Behavior Prevention and Intervention Program, 1-2-21
- SHE Memorandum for PREA Audit File #115.22, Policies to Ensure Referrals for Investigations of Allegations, 9-22-21
- Program Statement #P5508.02, Hostage Situations or Criminal Actions Requiring FBI Presence, 12-12-96
- MOU Between BOP AND FBI, 11-21-96
- FBI's Training is in Compliance with BOP PREA Standards

Interviews:

- Agency Head
- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- FCI Sheridan SIS Investigative Staff

Site Review Observations:

- Reviewed documentary files with facility staff.
- Reviewed documentary files with investigative staff.

Standard Subsections:

- Policy (#P5324.12, #P5508.02) requires that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. Within the last 12 months, the FCI Sheridan has received a total of three sexual abuse or sexual harassment referrals. Of those, all three were administrative investigations. All three files were reviewed during the on-site inspection to ensure their compliance with applicable PREA standards.
- Per BOP policy, the FCI Sheridan refers allegations of sexual abuse to the FBI and OIG, which are external law enforcement agencies with legal authority to conduct criminal investigations. The BOP has published this policy (#P5324.12), as well as the criminal investigation process, on the agency website. All referrals to the FBI/OIG are documented by the agency.

- In accordance with policy (#P5508.02), the “Federal Bureau of Prisons (BOP) and Federal Bureau of Investigation (FBI) (have)... establish interagency operational policy guidelines...for the successful resolution of hostage situations or criminal actions which require FBI presence at BOP facilities.”
- The auditor is not required to audit this provision.
- The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard ensures that proper referrals of allegations are made for further investigations. The FCI Sheridan does have appropriate policies in place mandating referrals in specific instances. In interviewing FCI Sheridan administrative and investigative staff, it is clear that FCI Sheridan staff refer all required investigations to either the FBI or OIG for further processing in accordance to policy. As such, the FCI Sheridan complies in all material ways with this standard for the relevant review period.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- SHE Institution Supplement, #SHE 5324.12d, Sexually Abusive Behavior Prevention and Intervention Program, 1-2-21
- Sexually Abusive Behavior Prevention & Intervention Program Annual Training, Instructor Notes, 2021
- Sexually Abusive Behavior Prevention & Intervention Program Lesson Plan
- SHE PREA Training Completions, 10-1-20 through 4-16-21
- SHE Memorandum for PREA Audit File #115.31, Staff Training, 4-16-21
- SHE PREA Training Acknowledgement Form, Virtual Training
- SHE PREA Training Acknowledgement Form, ICT Phase 1 Training

Interviews:

- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Administrative (Human Resources) Staff
- Medical and Mental Health Staff
- Contractors Who May Have Contact with Offenders

Site Review Observations:

- The auditor was provided with a PREA training list of all contract workers and FCI Sheridan staff, to include newly hired staff. During the course of all staff and contract worker interviews, all persons were asked if, and when, they had received their required PREA training. Random responses were subsequently matched against the FCI Sheridan PREA Training Completion Report to ensure the validity of said report and/or staff responses.

Standard Subsections:

- Policy (#P5324.12) requires all employees to be fully trained on the agency's zero-tolerance policy for sexual abuse and sexual harassment. As verified by Human Resource staff, such training is initially performed as a function of the hiring process. This Sexually Abusive Behavior Prevention & Intervention training is a comprehensive discussion of PREA standards. A review of training curriculum for this class reflects the agency's zero-tolerance policy for sexual abuse and sexual harassment, and discussion on how employees may fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. In speaking with facility administration, it was noted that employees are also informed that offenders have a right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting said abuse and harassment, the dynamics of sexual abuse/harassment, reactions to sexual abuse/harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships

with offenders, how to comply with relevant mandatory reporting laws specific to reporting abuse to outside authorities, and how to communicate effectively and professionally with inmates; including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.

- Training curriculum reviews demonstrate that the training provided at FCI SHE is appropriate for the inmate gender assigned to the facility. Nonetheless, agency policy (#P5324.12) requires that “the employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa.”
- A review of FCI Sheridan PREA Training Completion Report reflects that all actively employed staff have received their initial PREA training, as well as continued training as appropriate based on agency policy (#P5324.12). Following this initial training, subsequent refresher trainings are provided to staff at mandatory time intervals; specifically, their annual In-Service Training. A review of the FCI Sheridan PREA Training Completion Report reflects continuing training schedules have been maintained.
- All training is either uniquely signed or electronically verified and documented upon completion of the BOP PREA training curriculum.

Reasoning & Findings Statement:

This standard relates to employee training. The agency has clearly established training expectations and well-developed training curriculums. FCI Sheridan maintains compliance with those imperatives. All training is either uniquely signed or electronically documented upon completion, with FCI Sheridan maintaining an overall master list of all staff having completed said training. During staff interviews, all employees affirmed their having received significant amounts of training as related to the PREA standards, with their most recent training being within the last year. When asked the series of questions noted within Subsection A of this standard, all staff knew and understood their responsibilities within the agency’s zero-tolerance policy. As such, FCI Sheridan has clearly met the requirements of this provision.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and

contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- SHE Institution Supplement, #SHE 5324.12d, Sexually Abusive Behavior Prevention and Intervention Program, 1-2-21
- Contractor Training Checklist
- PREA Level I Volunteer Training
- PREA Level I Volunteer Training Agenda
- PREA Level I Volunteer Training Acknowledgment
- SHE Memorandum for PREA Audit File #115.32, Volunteer and Contractor Training, 4-16-21
- PREA Volunteer Training Instructor Guide, FY 2020
- SHE Volunteer and Contractor Training Affirmations, 2-6-20
- SHE Volunteer and Contractor Training Affirmations, 2-6-20a
- SHE Volunteer and Contractor Training Affirmations, 6-6-19
- SHE Volunteer and Contractor Training Affirmations, 6-6-19a
- SHE Volunteer and Contractor Training Affirmations, 4-10-19

Interviews:

- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Complex Warden

- Administrative (Human Resources) Staff
- Contractors Who May Have Contact with Offenders

Site Review Observations:

- Review of volunteer and contractor worker standard of conduct training forms.

Standard Subsections:

- Policy (#P5324.12) requires that “The agency shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.” At the time of the audit, the FCI Sheridan had 11 contract workers who would have contact with offenders. As facility documentation indicates, and affirmed by the FCI Sheridan PREA Compliance Manager, 100% of those persons have received appropriate PREA training dependent on their level of contact with offenders within the facility.
- During the on-site audit, which occurred in light of the 2020 Coronavirus pandemic, nonessential persons were not present on the facility. As such, there were no volunteers available for interview. When said volunteers are allowed to return to the facility, records indicate 100% of the 41 volunteers have received appropriate PREA training dependent on their level of contact with offenders within the facility. There were, however, several contract workers available for interview. When interviewed, these contract workers all stated that they had been made aware of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment. They further stated that if the need arose, they could report an incident of sexual abuse or sexual harassment to their supervisor or a security staff member. Contractors’ statements of training were randomly verified against the facility’s PREA training rosters.
- Volunteers and contractors are required to receive PREA training prior to their being able to work/volunteer within the facility. After receipt of training, contractors and volunteers sign an acknowledgement form indicating the date and that they understood the training that they had received. The FCI Sheridan then maintains a copy of all training files belonging to both volunteers and contractors. Several such files were reviewed for PREA training compliance and found to be within compliance.

Reasoning & Findings Statement:

The agency requires all volunteers and contractors to receive formal training on the agency’s zero-tolerance policy for sexual abuse and sexual harassment. In this, volunteers and contractors must be provided sufficient notice of the agency’s zero-tolerance policy of sexual abuse and sexual harassment. As well, said persons must be informed of how to report any knowledge they may have regarding such abuse. Lastly, the standard requires that the agency maintain appropriate training records to verify that volunteers and contractors understood the training that they had received. As with employee training, the

FCI Sheridan has ensured both volunteers and contractors conducting business on the facility have received and subsequently documented their PREA trainings. In speaking with contracted personnel, it was clear they understood the professional boundaries between themselves and the inmates assigned to the institution. As such, FCI Sheridan has met the requirements of this standard.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- SHE Institution Supplement, #SHE 5324.12d, Sexually Abusive Behavior Prevention and Intervention Program, 1-2-21
- Program Statement #P5290.14, Admission and Orientation Program, 4-3-03
- Sexually Abusive Behavior Prevention and Intervention: An Overview for Offenders, 2018, English
- Sexually Abusive Behavior Prevention and Intervention: An Overview for Offenders, 2018, Spanish

- SHE Memorandum for PREA Audit File #115.33, Inmate Education, 4-16-21
- FCI SHE Admission and Orientation Handbook, English, January 2021
- FCI SHE Admission and Orientation Handbook, Spanish, January 2021
- Institution Admission and Orientation Program Checklist, 4-19-21
- Institution Admission and Orientation Program Checklist, 4-19-21a
- Institution Admission and Orientation Program Checklist, 4-19-21b
- Institution Admission and Orientation Program Checklist, 4-19-21c
- Institution Admission and Orientation Program Checklist, 4-19-21d
- Institution Admission and Orientation Program Checklist, 4-19-21e
- Institution Admission and Orientation Program Checklist, 4-15-21
- Institution Admission and Orientation Program Checklist, 4-15-21a
- Institution Admission and Orientation Program Checklist, 4-15-21b
- Institution Admission and Orientation Program Checklist, 4-15-21c
- Institution Admission and Orientation Program Checklist, 4-15-21d
- Institution Admission and Orientation Program Checklist, 4-15-21e
- Institution Admission and Orientation Program Checklist, 4-15-21f
- Institution Admission and Orientation Program Checklist, 4-13-21
- Institution Admission and Orientation Program Checklist, 4-13-21a
- Institution Admission and Orientation Program Checklist, 4-13-21b
- Institution Admission and Orientation Program Checklist, 4-13-21c
- Institution Admission and Orientation Program Checklist, 4-13-21d
- Institution Admission and Orientation Program Checklist, 4-13-21e
- Institution Admission and Orientation Program Checklist, 4-13-21f
- Institution Admission and Orientation Program Checklist, 4-13-21g
- Institution Admission and Orientation Program Checklist, 4-13-21h
- Institution Admission and Orientation Program Checklist, 4-13-21i
- Institution Admission and Orientation Program Checklist, 4-13-21j
- Institution Admission and Orientation Program Checklist, 4-13-21k
- Institution Admission and Orientation Program Checklist, 4-13-21l
- Institution Admission and Orientation Program Checklist, 4-13-21m
- Institution Admission and Orientation Program Checklist, 3-23-21
- Institution Admission and Orientation Program Checklist, 3-9-21
- Institution Admission and Orientation Program Checklist, 2-23-21
- Institution Admission and Orientation Program Checklist, 1-6-21
- Institution Admission and Orientation Program Checklist, 7-29-20
- Institution Admission and Orientation Program Checklist, 5-6-20
- Institution Admission and Orientation Program Checklist, 4-1-20

Interviews:

- FCI Sheridan PREA Compliance Manager
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Offenders
- Offenders with Disabilities

Site Review Observations:

- Observed the inmate reception area.
- Engaged in a mock PREA Risk Screening Process.
- Observed PREA informational postings in Offender Housing, Education, Library, Law Library, Visitation, and other areas of high traffic.
- Observed a variety of PREA related materials and information available for inmate use within the Library and Law Library areas.
- Observed a variety of PREA related materials and information available for inmate use on inmate tablets/computers
- Observed Inmate PREA training video.

Standard Subsections:

- Policy (#P5324.12) requires that upon receipt into the facility, inmates shall receive information in their native language, when possible, explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Inmates will also be informed of reporting mechanisms to expose incidents or suspicions of sexual abuse and harassment. Within the past 12 months, the FCI Sheridan has received 1,119 inmates during the Intake process. Of those offenders, 100% were provided the initial PREA screening and information.
- As noted by Intake staff, inmates are immediately provided a Sexual Abuse and Prevention Intervention pamphlet (in their native language), as well as a summary of the PREA standards upon their initial arrival to the facility. Inmates requiring language, physical, or cognitive accommodations are provided such to ensure that all inmates are provided equal opportunity to access the PREA program. Within thirty days of intake, inmates are provided a more comprehensive training, which includes a viewing of the Director's PREA video, during a 4-hour Admissions and Orientation program that details key points of the PREA process. Every inmate transferring into FCI Sheridan, regardless of how long the inmate has been incarcerated within the BOP, will participate in facility orientation, including a comprehensive component on sexual abuse and sexual harassment prevention and response.
- Per policy (#P5324.12) and the FCI Sheridan PREA Compliance Manager, as of one year from the PREA Standards effective date, all inmates who were incarcerated within the BOP were required to have received information on the agency's *Sexually Abusive Behavior Prevention and Intervention Program*. All offenders subsequently received into the BOP have since been required to receive that same information during reception. Upon any transfer to another facility within the BOP, inmates are again required to receive PREA information. This training was and continues to be given via a video format. The BOP, despite having largely consistent policies across the system, requires that a facility orientation, including a comprehension PREA education, must be provided following each transfer. According to the agency's National PREA Coordinator, this ensures that each facility can reinforce its role in supporting the agency's zero tolerance policy toward all forms of sexual victimization. During orientation, each facility also provides local information, including identifying its PREA Compliance Manager.
- All PREA information is provided in several alternative formats to ensure inmates with disabilities, to include those with limited English proficiency, have equal opportunity to receive,

understand, and utilize the PREA process as necessary to promote the sexual safety of all inmates assigned to the BOP, and more specifically, the FCI Sheridan. Per policy (#P5324.12), the agency will provide reasonable accommodations to all inmates in need of ADA accommodations, both physical and cognitive, so as to ensure said inmates have equal opportunity to benefit from the PREA provisions. PREA brochures and informational posters are provided in both English and Spanish, the two most common languages spoken within the FCI Sheridan. According to the FCI SHE Warden, if an inmate speaks a language other than English or Spanish, the Language Line is used to translate the PREA information in both written and verbal formats. If an inmate has a cognitive inability to understand the material, assistance is provided from the Psychology Department. If an inmate has a physical inability to understand the information as presented, various accommodations will be rendered to ensure all inmates have equal access to the PREA program.

- In accordance with policy (#P5324.12), and confirmed by Intake Staff, at Intake, inmates are provided with a PREA overview. Within 30 days of Intake, inmates are then provided with a more comprehensive facility orientation, to include a more in-depth PREA training. The information received is documented on the Institution Admission and Orientation Program Checklist, which is then acknowledged with a signature by the inmate receiving training.
- Inmates are provided copies of the FCI Sheridan Inmate Handbook (available in English and Spanish) upon receipt into the facility. This material, as well as a wealth of other PREA related information, is continuously available within the facility's Law Library. It is also continuously available via each inmate's tablet or agency computers. Throughout the facility, as well as posted near all inmate phones, PREA informational posters are displayed in both English and Spanish. There are also posters providing the names and contact information for the PREA Hotline and Rape Crisis Centers that provide recovery support services to incarcerated inmates.

Reasoning & Findings Statement:

This standard works to ensure that inmates are cognizant of the agency's zero-tolerance policy toward sexual abuse and sexual harassment, as well as have subsequent access to, and can effectively utilize, the PREA reporting mechanism. In speaking with inmates assigned to the FCI Sheridan, the overwhelming majority of inmates stated that they were aware of PREA and its purpose within the facility. While inmates were collectively aware of the policy and their rights to varying degrees, all inmates interviewed were specifically aware of at least one, but generally more, methods by which they could report allegations of sexual abuse or sexual harassment. Accordingly, the FCI Sheridan has demonstrated its compliance with the standards related to this provision.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its

investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- SHE Memorandum for PREA Audit File #115.34, Specialized Training: Investigations, 4-19-21
- SHE Specialized Staff Training Rosters, Investigating Sexual Abuse in a Confinement Setting, 1-1-20 through 4-16-21

Interviews:

- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Administrative (Human Resources) Staff
- FCI SHE SIS Staff

Site Review Observations:

- Reviewed investigative training rosters/certifications

Standard Subsections:

- Per policy (#P5324.12), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, conducting investigations in confinement settings. In interviewing investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training certifications reviewed onsite provided additional documentation to support facility compliance.
- Per policy (#P5324.12), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, interviewing techniques for sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. In interviewing investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training certifications reviewed onsite provided additional documentation to support facility compliance.
- The agency maintains documentation that agency investigators have completed the required specialized training related to sexual abuse investigations. Specifically, Policy #P5324.12, requires that the “specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.” An onsite review of training certifications

confirms that such documentation is maintained within agency files for all investigators currently utilized within the FCI Sheridan. Additionally, in speaking with investigative staff, said staff confirmed that said training had been provided.

- The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard works to ensure that persons investigating allegations of sexual abuse and sexual harassment have been sufficiently trained in related procedural and due process requirements necessary for both administrative prison hearings and for federal or state judiciary proceedings. The BOP investigative staff are required to attend both general PREA training, as well as PREA trainings specific to conducting investigations of sexual victimization in a confinement setting. FCI Sheridan investigative staff affirmed receipt of sufficient training necessary to confidently conduct sexual abuse investigations in a confinement setting. Documentation verified that FCI Sheridan investigative staff do receive specialized training in excess of the generalized training provided to all staff. As such, the FCI Sheridan meets the basic requirements of this standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15

- SHE Memorandum for PREA Audit File #115.35, Specialized Training: Medical and Mental Health Professionals, 4-19-21
- PREA for Medical and Mental Health Care, 4-9-21
- PREA for New Psychologists Training

Interviews:

- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Administrative (Human Resources) Staff
- Medical Staff
- Mental Health Staff
- SANE/SAFE Staff

Site Review Observations:

- Review of facility training records

Standard Subsections:

- The FCI Sheridan provides medical and mental health services to incarcerated persons assigned to its facility. Policy (#P5324.12) requires that in addition to the generalized training provided to all staff, “the agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.” Interviews with Human Resource staff, FCI Sheridan medical/mental health staff, as well as with the SAFE/SANE Forensic Nurse Coordinator assigned to coordinate forensic medical services with the FCI Sheridan, all confirm that staff have received trainings as required. A review of agency training records documents staff participation in initial and/or continuing training requirements.
- In accordance agency policy, and verified through interviews with FCI Sheridan medical/mental health staff, medical staff at FCI Sheridan do not conduct forensic medical examinations. Rather, as confirmed by the contracted SAFE/SANE Forensic Nurse Coordinator, inmates are transported to a nearby public medical facility, Willamette Valley Medical Center, for such services.
- A review of training records reflects that of the 34 current Medical and Mental Health staff assigned to the FCI Sheridan, 100% have received specialized training appropriate for their professional roles.
- As well, in accordance to their professional role, a review of training records reflects those medical and mental health practitioners have also received the generalize PREA training provided to all other staff, volunteers, and contractors working within a correctional setting.

Reasoning & Findings Statement:

This standard works to ensure that medical and mental health staff have received specialized training for medical and mental health services provided to victims of sexual abuse and sexual harassment. The federal BOP has policies in place to ensure all FCI Sheridan medical and mental health staff are furnished this training. FCI Sheridan medical and mental health administration confirmed that such staff have received all required and continuing education classes specific to their professional role as it applies to medical and mental health services administered when assisting victims of sexual abuse and sexual harassment. Also, the contracted SAFE/SANE Forensic Nurse Coordinator with the Willamette Valley Medical Center confirmed that all persons conducting forensic medical exams are properly certified to perform said exams. Documentation of agency training verified that said staff do receive specialized training in excess of the generalized training provided to all staff. As such, the FCI Sheridan meets the requirements of this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- SHE Institution Supplement, #SHE 5324.12d, Sexually Abusive Behavior Prevention and Intervention Program, 1-2-21
- Intake Screening Process
- Risk Assessment Factor Table
- SHE Inmate Activity Record, 4-10-21
- SHE Individualized Needs Plan – Initial Classification, 4-9-21
- SHE Inmate Activity Record, 4-19-21
- SHE Individualized Needs Plan – Initial Classification, 4-22-21
- SHE Inmate Activity Record, 30 Day PREA Follow-Up, 4-6-21
- SHE Individualized Needs Plan – Initial Classification, 4-29-21
- SHE Memorandum for PREA Audit File #115.41, Procedural Guidance on Intake Screening Risk Determinations, 9-14-20
- SHE Intake Screening Form, 4-15-21
- SHE Intake Screening Form, 4-12-21
- SHE Intake Screening Form, 4-12-21a
- SHE Intake Screening Form, 4-8-21
- SHE Intake Screening Form, 4-7-21
- SHE Intake Screening Form, 4-2-21
- SHE Intake Screening Form, 4-2-21a
- SHE Intake Screening Form, 3-31-21
- SHE Intake Screening Form, 3-29-21
- SHE Intake Screening Form, 3-29-21a
- SHE Intake Screening Form, 3-29-21b
- SHE Intake Screening Form, 3-29-21c
- SHE Intake Screening Form, 3-25-21
- SHE Intake Screening Form, 3-25-21a
- SHE Intake Screening Form, 3-25-21b
- SHE Intake Screening Form, 3-25-21c
- SHE Intake Screening Form, 3-25-21d
- SHE Intake Screening Form, 3-25-21e
- SHE Intake Screening Form, 3-19-21
- SHE Intake Screening Form, 3-18-21
- SHE Intake Screening Form, 3-15-21
- SHE Intake Screening Form, 3-12-21
- SHE Intake Screening Form, 3-12-21a
- SHE Intake Screening Form, 3-12-21b
- SHE Intake Screening Form, 3-4-21
- SHE Intake Screening Form, 3-4-21
- SHE Intake Screening Form, 3-3-21
- SHE Intake Screening Form, 3-3-21a
- SHE Intake Screening Form, 3-3-21b
- SHE Intake Screening Form, 3-3-21c
- SHE Intake Screening Form, 3-3-21d

- SHE BOP Psychology Services Risk of Sexual Victimization, 3-26-21
- SHE BOP Psychology Services Risk of Sexual Victimization, 3-12-21
- SHE BOP Psychology Services Risk of Sexual Victimization, 3-12-21a
- SHE BOP Psychology Services Risk of Sexual Victimization, 3-9-21
- SHE BOP Psychology Services Risk of Sexual Victimization, 3-5-21
- SHE BOP Psychology Services Risk of Sexual Victimization, 3-2-21
- SHE BOP Psychology Services Risk of Sexual Victimization, 3-1-21
- SHE BOP Psychology Services Risk of Sexual Victimization, 2-19-21
- SHE BOP Psychology Services Risk of Sexual Victimization, 2-18-21
- SHE BOP Psychology Services Risk of Sexual Victimization, 1-11-21
- SHE BOP Psychology Services Risk of Sexual Victimization, 12-31-20
- SHE BOP Psychology Services Risk of Sexual Victimization, 12-22-20
- SHE BOP Psychology Services Risk of Sexual Victimization, 12-11-20
- SHE BOP Psychology Services Risk of Sexual Victimization, 12-4-20
- SHE BOP Psychology Services Risk of Sexual Victimization, 11-30-20
- SHE BOP Psychology Services Risk of Sexual Victimization, 11-30-20a
- SHE BOP Psychology Services Risk of Sexual Victimization, 11-30-20b
- SHE BOP Psychology Services Risk of Sexual Victimization, 11-10-20
- SHE BOP Psychology Services Risk of Sexual Victimization, 11-10-20a
- SHE BOP Psychology Services Risk of Sexual Victimization, 11-9-20
- SHE BOP Psychology Services Risk of Sexual Victimization, 10-30-20
- SHE BOP Psychology Services Risk of Sexual Victimization, 10-27-20
- SHE BOP Psychology Services Risk of Sexual Victimization, 10-22-20
- SHE BOP Psychology Services Risk of Sexual Victimization, 10-22-20a
- SHE BOP Psychology Services Risk of Sexual Victimization, 10-21-20
- SHE BOP Psychology Services Risk of Sexual Victimization, 9-28-20
- SHE BOP Psychology Services Risk of Sexual Victimization, 9-11-20
- SHE BOP Psychology Services Risk of Sexual Victimization, 8-20-20
- SHE BOP Psychology Services Risk of Sexual Victimization, 7-10-20
- SHE BOP Psychology Services Risk of Sexual Victimization, 6-30-20
- SHE BOP Psychology Services Risk of Sexual Victimization, 2-22-20
- SHE Memorandum for PREA Audit File #115.41, Screening for Risk of Victimization and Abusiveness, 4-19-21

Interviews:

- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Intake Staff
- Medical and Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Offenders Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Disabled Offenders
- Limited English Proficient Offenders
- Random Offenders

Site Review Observations:

- Engaged in a mock PREA screening demonstration
- Reviewed inmate files

Standard Subsections:

- Policy (#P5324.12) requires that all inmates shall be assessed for risk of sexual victimization or abusiveness upon arrival of intake and upon transfer to another institution. The FCI Sheridan Intake and Medical staff affirm the facility's adherence to agency policy. Specifically, all offenders received into the facility are screened for sexual victimization and/or sexually abusive risk factors on the same day that the inmates are received into the facility. A mock screening process was demonstrated to the auditor.
- Policy (#P5324.12) requires that the screenings will be completed "within 72 hours of the inmate's arrival at the facility." In speaking with FCI Sheridan Intake and Medical staff, it was noted that said screenings take place immediately upon each inmate's arrival to the facility. In accordance to agency policy, of the 1,119 inmates entering the facility (either through intake or transfer) within the past 12 months, 100% were subsequently provided risk screening assessments for their risk of being sexually victimized or for being a sexual abuser within 72 hours of their entry into the facility.
- The PREA screening assessment is conducted using an objective screening instrument. A review of the nine survey questions provided to inmates does not present with either an implicit bias or leading statements. The PREA assessment process does not contain value statements, bias language, or implied negative consequences for affirmative answers to any of the questions asked. Rather, it is a strictly utilitarian form that was administered in a nonjudgmental manner during the mock demonstration.
- The PREA Assessment Form and Risk Assessment Factor Table do consider, at a minimum, if the inmate has a mental, physical, or developmental disability. It considers the age of the inmate, the inmate's physical build, whether the inmate has previously been incarcerated, whether the inmate's criminal history is exclusively nonviolent, whether the inmate has prior convictions for sex offenses against an adult or child, whether the inmate has previously experienced sexual victimization, the inmate's own perception of vulnerability, and whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Inmates are explicitly asked if they are or if they are perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming/gender nonbinary. The risk screener is allowed to enter his/her subjective perception of the inmate's gender expression. During inmate interviews, most inmates stated that they had, in fact, been asked the aforementioned questions upon their receipt into the FCI Sheridan.
- In assessing inmates for their risk of being sexually abusive, the PREA Intake Objective Screening Instrument and Risk Assessment Factor Table does consider prior acts of sexual abuse, prior convictions for violent offenses, and the history of prior institutional violence or sexual abuse. Along with observing a mock risk screening demonstration, the auditor also reviewed several PREA Intake Objective Screening Instrument completed within the auditing

time frame. All forms were filled out in their entirety, with inmates having generally provided relevant answers to each of the questions asked. It should further be noted that the Intake and Medical staff both confirmed that offenders may refuse to answer any question on the survey or may refuse participation in the entire survey without the threat of negative consequences.

- Policy (#P5324.12) requires that “Within a set time period, not to exceed 30 days from the inmate’s arrival at the facility, the facility will reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.” Per the FCI Sheridan PREA Compliance Manager, within the audit time frame, 100% of the 1,006 offenders with a length of stay in the facility for 30 days or more, were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival to the FCI Sheridan. In speaking with FCI Sheridan Unit Management staff, their adherence to this policy was confirmed. Additionally, a review of documentation specific to said assessments confirmed both initial and subsequent assessments were provided within the required time frames.
- Policy (#P5324.12) allows that any employee may make a mental health referral based on his/her observation of the inmate’s behavior or at the inmate’s request, which include referrals based on concerns the inmate has been or is at high risk of being subject to sexual misconduct. Both the FCI Sheridan PREA Compliance Manager and staff who perform screening for risk of victimization and abusiveness confirm reassessments are conducted as required. As well, when asked if they believed the facility addressed PREA concerns in a meaningful manner, many inmates stated that after having brought concerns for their safety to the attention of security personnel, they were subsequently interviewed by the FCI Sheridan PREA Compliance Manager regarding these concerns. Ultimately, most of the inmates interviewed believed that FCI Sheridan staff did address their needs in a timely manner. It should further be noted that each of the 43 inmates interviewed stated that they currently felt safe from fear of sexual assault at the FCI Sheridan.
- Policy (#P5324.12) expressly prohibits disciplinary sanctions against any inmate who refuses to answer or fails to provide complete and/or accurate answers to any of the questions noted on the PREA Intake Objective Screening Instrument. When interviewed, Intake, Medical, Unit Managers, and the FCI Sheridan PREA Compliance Manager affirmed that disciplinary sanctions were not imposed against inmates for refusing or failing to answer any of the questions on the PREA Intake Objective Screening Instrument. As well, inmate interviews confirmed that said population was aware of their right not to answer related questions.
- Policy (#P5324.12) argues that the information presented on PREA Intake Objective Screening Instrument is considered sensitive information. Accordingly, “sensitive information is limited to staff who have a need to know.” Policy further requires, as well as reinforced by the electronic credential requirements necessary to gain access to the PREA Intake Objective Screening Instrument, that facility staff must restrict the spread of information obtained as a function of the PREA Intake Objective Screening Instrument to only those designated staff members with an operational need for said information in order to inform classification, housing and work assignments, programmatic and non-programmatic activities, or other relevant institutional activities. The FCI Sheridan PREA Compliance Manager, Unit Managers, and other operative staff associated with the PREA Intake Objective Screening Instrument affirmed the information

obtained by way of said document was considered restricted, and as such, was not distributed to unauthorized staff. Lastly, the auditor observed that completed PREA Intake Objective Screening Instrument did require authorized credentials in order to access said documents within the BOP electronic data base.

Reasoning & Findings Statement:

This standard works to ensure inmates are properly screened for their risks of sexual victimization and abusiveness. Agency policy provides for an objective PREA Intake Objective Screening Instrument, which is administered and scored at the facility level as a simple fact assessment. Inmates are reassessed as required by policy, to include if new information is discovered by facility staff that might warrant changes in inmates' risk status. Interviews with facility screening staff, as well as with inmates, confirm that the proper screening tool is being utilized at the FCI Sheridan. As well, the information gleaned from this form is appropriately used to inform classification, housing, work, and other facility-based activities. Staff charged with administering PREA Intake Objective Screening Instruments affirm the restricted nature of the information and their adherence to the facility's limited distribution list. As such, the FCI Sheridan has satisfied the requirements of this standard and is found to meet its expectations.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- SHE Institution Supplement, #SHE 5324.12d, Sexually Abusive Behavior Prevention and Intervention Program, 1-2-21
- Intake Screening Process
- SHE Memorandum for PREA Audit File #115.42, Procedural Guidance on Intake Screening Risk Determinations, 9-14-20
- BOP Zero Tolerance Poster, English
- BOP Zero Tolerance Poster, Spanish
- SHE Memorandum for PREA Audit File #115.42, Use of Screening Information, 4-19-21
- Transgender Executive Council, 4-8-21; 4-7-21
- CIM Clearance and Separate Data, 4-7-21
- Security/Designation Data, 4-7-21
- CIM Clearance and Separate Data, 4-7-21a
- Security/Designation Data, 4-7-21a
- CIM Clearance and Separate Data, 4-7-21b
- Security/Designation Data, 4-7-21b
- CIM Clearance and Separate Data, 4-7-21c

- Security/Designation Data, 4-7-21c
- Inmate Activity Record, 4-6-21
- Inmate Activity Record, 2-1-20
- Inmate Activity Record, 3-2-21
- Inmate Activity Record, 3-30-21

Interviews:

- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Intermediate or Higher-Level Facility Staff
- Intake Staff
- Medical and Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Staff
- Offenders Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Disabled Offenders
- Limited English Proficient Offenders

Site Review Observations:

- Observed in a mock PREA screening demonstration
- Reviewed offender files
- Observed offender housing, work, and educational assignments

Standard Subsections:

- Policy (#P5324.12) requires that the agency use information from the PREA Intake Objective Screening Instrument to help separate inmates with a high risk of being sexually victimized from those inmates with a high risk of being sexually abusive. As such, the information gleaned from the PREA Intake Objective Screening Instrument is used to inform inmate housing, bed, work, education, and program assignments. In speaking with Intake and Medical staff, as well as the FCI Sheridan PREA Compliance Manager, once an inmate is deemed as a possible high risk for sexual victimization, staff will ensure that the inmate at risk is not housed in a vulnerable location with respect to other inmates who are assessed at a high risk to sexually abuse other inmates. The inmate will also be referred to medical/mental health staff for further review. Facility documentation reflects this is an institutionalized process.
- Policy (#P5324.12) requires that the facility makes individualized determinations about how to ensure the safety of each inmate. In speaking with the PREA Coordinator, the FCI Sheridan PREA Compliance Manager, and the FCI Sheridan Facility Warden, staff affirmed that the concerns for every inmate are reviewed on an individual basis. In speaking with inmates currently assigned to the FCI Sheridan, most stated that their own opinions regarding their personal safety are considered by FCI Sheridan staff when providing housing or job assignments. Inmates further stated that if their concerns for their own safety changed, many believed that FCI

Sheridan staff would take their concerns seriously. When asked, all inmates noted that they had no fear for their sexual safety while assigned to the FCI SHE.

- In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, agency policy (#P5324.12) requires that administrators consider, on a case-by-case basis, whether such a placement would ensure the offender's health and safety and whether such a placement would present management or security problems. In deciding whether to assign a transgender or intersex offender to a specific housing or program assignment, agency policy ((#P5324.12) dictates that administrators must consider, on a case-by-case basis, whether such a placement would ensure the offender's health and safety and whether such a placement would present management or security problems. In speaking with the PREA Coordinator, the FCI Sheridan PREA Compliance Manager, and the FCI Sheridan Facility Warden, staff affirmed that an inmate's genital status is not the sole determining factor in placing transgender or intersex inmates in male or female facilities, or in placing said inmates within specific housing or program assignments within a facility.
- Agency policy (#P5324.12) requires that the placement and programming assignments of transgender or intersex inmates are reviewed at least twice every year to examine any possible safety concerns expressed by the inmate. When interviewed, FCI Sheridan Unit Management staff did affirm the facility's compliance with this policy. As well, along with routine informal safety checks by the FCI Sheridan PREA Compliance Manager and housing staff, all transgender inmates confirmed that their living, work, and other environmental concerns for their sexual safety were formally reviewed at least twice a year. Many transgender inmates stated that they had reasonable access to speak with the PREA Compliance Manager, or other unit staff, as needed.
- Agency policy (#P5324.12) requires that upon the routine review of the placement and programming assignments of transgender or intersex inmates, the transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration. When interviewed, FCI Sheridan staff and the FCI Sheridan PREA Compliance Manager affirmed that the facility strictly adherences to this policy. Additionally, during random and targeted interviews with inmates, many stated that they believed FCI Sheridan staff would consider their own views with respect to their own safety. When asked, all inmates noted that they had no fear for their sexual safety while assigned to the FCI SHE.
- Policy (#P5324.12) allows for transgender and intersex inmates to be given the opportunity to shower separately from other inmates. In speaking with FCI Sheridan random staff, the existence of alternative shower times for transgender and intersex inmates was affirmed. Specifically, FCI Sheridan correctional staff stated that upon notification from a transgender inmate, staff would then allow said inmate access to the shower area during Count Time, when the showers are otherwise closed to all inmates. This would be done to ensure transgender inmates are provided privacy in showering. In interviewing transgender inmates, all such inmates were aware of their right to shower separately from the general inmate population. However, given the privacy inherently created by the cubicle design of the shower area, along with the PREA privacy curtains, most transgender inmates stated that they did not have any safety concerns in showering at the same time as the general inmate population and had, in fact, never requested to utilize an alternate shower time.

- The FCI Sheridan is not subject to consent decrees, legal settlements, or legal judgments requiring this facility to be established as a dedicated facility or housing unit for lesbian, gay, bisexual, transgender, or intersex offenders. As such, policy (#P5324.12) expressly states that “lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates.” In speaking with the PREA Coordinator, the FCI Sheridan PREA Compliance Manager, and the FCI Warden, staff adamantly affirm that inmates who identify as transgender or intersex are not placed in a facility, or within a housing assignment, based solely on their sexual or gender identity. During interviews of transgender, gay, and bisexual inmates, none stated that they had ever been housed in a facility, or in a specific housing unit within the FCI Sheridan, based solely on their gender identity or sexual orientation. As well, of the random staff interviewed, all such staff affirmed that the FCI Sheridan does not house transgender, intersex, gay, or bisexual inmates in any specific areas based solely on their gender identity or sexual orientation.

Reasoning & Findings Statement:

This standard works to ensure the adequate use of screening information to promote and protect inmates who may be at high risk of being sexually victimized. The BOP has numerous policies in place to ensure the most effective and secure use of the PREA Intake Objective Screening Instrument. Inmates deemed to be at high risk are routinely monitored by FCI Sheridan PREA Compliance Manager, as well as unit staff, to ensure their sexual safety. Agency policies require staff to make individualized determinations on a case-by-case basis regarding inmate safety. Interviews with the agency PREA Coordinator and the FCI Sheridan PREA Compliance Manager reflect that facility staff have discretion in managing the safety of individual inmates. The FCI Sheridan PREA Compliance Manager, as well as all other FCI Sheridan staff, affirm their adherence to agency policies and also confirm that the inmate’s own views regarding the inmate’s own safety are given serious consideration specific to facility operations. Staff affirm that transgender and intersex inmates are permitted alternative shower times to the general population. However, must like the inmates, staff confirm that given the privacy designs of the showers, transgender inmates do not request to shower at separate times. Additionally, transgender inmates are reviewed twice a year specific to their placement and programming assignments. As such, agency policy meets, and FCI Sheridan adheres to, the requirements of this standard.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?
 Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?
 Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- SHE Memorandum for PREA Audit File #115.43, Involuntary Segregation Housing Unit Assignments, 4-19-21
- BOP Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegations

Interviews:

- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Staff Who Supervise Offenders in Segregated Housing
- Random Inmate Interviews
- Targeted Inmate Interviews

Site Review Observations:

- Observed Special Housing Units

Standard Subsections:

Policy (#P5324.12) mandates that agency staff shall 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. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.” In speaking with the FCI Sheridan PREA Compliance Manager and the FCI Sheridan Warden, staff confirm that there have not been any offenders placed in the Special Housing Unit (SHU) during the audit time frame. As well, inmate interviews did not suggest that FCI Sheridan utilizes any form of restrictive housing as a primary means of separation for investigatory purposes.

- Policy (#P5324.12) allows that if necessary, “Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible.” To this effect, if inmates are involuntarily segregated, efforts should be made to ensure these inmates receive similar access to programmatic activities, privileges, educational activities, and work opportunities as offenders assigned to the general population. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document which activities were restricted. Specifically, staff must document the opportunities that have been limited, the duration of the limit, and the reasons for said limitation. In speaking with the FCI Sheridan PREA Compliance Manager and the FCI Sheridan Warden, staff confirm that there have not been any inmates placed in the Special Housing Units. In speaking with Staff Who Supervise Offenders in Segregated Housing, it was noted that if inmates were to be placed in segregated housing for protective reasons, those inmates would have access to programs, privileges, education, and work opportunities to the extent possible. Additionally, no inmates stated that they had been placed in such housing.
- Policy (#P5324.12) mandates that inmate placement in the Special Housing Unit for those inmates at a high risk of sexual victimization shall only be used until an alternative means of separation from likely abusers can be arranged, but ordinarily not more than 30 days. In speaking with the FCI Sheridan PREA Compliance Manager and the FCI Sheridan Warden, staff confirmed that there have not been any inmates placed in the Special Housing Unit for risk of sexual safety during the audit time frame. Additionally, no inmates stated that they had been placed in such housing. However, it was noted that if inmates were to be placed in such housing for protective reasons, their case would be reviewed weekly and a mental health evaluation would be done at least on a monthly basis.
- Policy (#P5324.12) requires that upon placement of an inmate into the Special Housing Unit, the facility must clearly document the basis of the facility’s concern for the offender’s safety. Additionally, the facility must document whether a determination has been made that there is no available alternative means of separation from the likely abusers. In speaking with the FCI Sheridan PREA Compliance Manager and the FCI Sheridan Warden, said staff confirmed that there have not been any inmates placed in the Special Housing Unit for risk of sexual safety during the past 12 months. Additionally, no inmates stated that they had been placed in such housing.

- Policy (#P5324.12) requires that an inmate placed in the Special Housing Unit due to being a high risk of sexual victimization shall have this status reviewed at least every 30 days thereafter. In speaking with the FCI Sheridan PREA Compliance Manager and the FCI Sheridan Warden, staff confirmed both their knowledge of this policy and the fact that there have not been any inmates placed in the Special Housing Unit for risk of sexual safety during the audit time frame. However, it was noted that if inmates were to be placed in such housing for protective reasons, their case would be reviewed weekly and a mental health evaluation would be done at least on a monthly basis. Additionally, no inmates stated that they had been placed in such housing.

Reasoning & Findings Statement:

This standard works to ensure that the use of involuntary protective custody is not a de facto management solution for inmate safety concerns. Agency policy explicitly mandates that staff refrain from placing inmates at high risk for sexual victimization in the Special Housing Unit unless an assessment of all available alternatives has been made and there are no other available means of separation from likely abusers. In speaking with the FCI Sheridan PREA Compliance Manager and the FCI Sheridan Warden, staff confirmed that there have not been any inmates placed in the Special Housing Unit for risk of sexual safety during the audit time frame. Additionally, no inmates stated that they had been placed in such housing. Correctional staff routinely assigned to work within Segregated Housing were interviewed. While these staff confirmed that inmates assigned to the Special Housing Unit for high risk of sexual victimization would be afforded, as much as possible, similar activities as inmates within general population, to the best of their knowledge, there have not been any such inmates assigned to such housing within the audit time frame. As such, the FCI Sheridan has satisfied all component parts of this standard and found to have met its provisions.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- SHE Institution Supplement, #SHE 5324.12d, Sexually Abusive Behavior Prevention and Intervention Program, 1-2-21
- Program Statement #P3420.11, Standards of Employee Conduct, 12-6-13
- Zero Tolerance Policy, English
- Zero Tolerance Policy, Spanish
- SHE Memorandum for PREA Audit File #115.51, Inmate Reporting to Outside Entity, 4-19-21
- Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders, 2018, English
- Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders, 2018, Spanish
- SHE Memorandum for PREA Audit File #115.51, Responsible Entity for Taking Reports, 4-19-21
- SHE Memorandum for PREA Audit File #115.51, Reporting Sexual Abuse and Sexual Harassment, 4-22-21
- SHE PREA Compliance Manager Information Tracking Log, Audit Time Frame: June 2020-May 31, 2021

Interviews:

- Agency Head
- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Random Staff
- Offenders Who Disclosed Sexual Victimization During Risk Screening
- Offenders Who Reported Sexual Abuse
- Random Offenders

Site Review Observations:

- Reviewed documentation related to offender reports of sexual abuse and sexual harassment.
- Observed mock PREA screening process
- Observed informational posters throughout the facility advising offenders of various reporting mechanisms for allegations of sexual abuse and sexual harassment
- Observed numerous PREA educational and reporting references available for offender use within the facility Law Library

Standard Subsections:

- The agency provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, as well as neglect or violations of staff responsibilities that may have contributed to such incidents. Additionally, the agency provides numerous avenues by which inmates may report any subsequent retaliatory measures experienced by inmates as a result of having reported said abuse. Upon receipt onto the facility, all inmates are provided a PREA risk screening, via the PREA Intake Objective Screening Instrument, and advised of their right to be

free of sexual abuse and sexual harassment under the PREA standards. Inmates are subsequently given a more comprehensive inmate orientation within 30 days of their receipt into the facility. This orientation includes detailed training on the BOP PREA program. This training includes information on, and contact information for, internal and external reporting agencies. Inmates are also provided with a BOP FCI Sheridan Inmate Orientation Handbook, which contains contact information for internal and external reporting agencies and victim services organizations. As well, one of the many ways that inmates can make claims of sexual abuse and sexual harassment is through their tablet using the agency's e-mail system. In this, it should be noted that emails sent by inmates can be completely anonymous if the inmate chooses to designate it as so. In interviewing staff, all employees were aware of an inmate's right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. In interviewing inmates, all inmates were equally aware of their right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. During random and targeted interviews, all inmates were able to articulate at least one manner, but usually several manners, by which a report could be made.

- As noted in policy (#P5324.12), the facility also provides multiple avenues and contact information for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. Within their facility handbooks, as well as posted on the walls throughout the facility, inmates are provided the phone numbers to the Operation Support Center and an Outside Agency Reporting Hot Line. Call to both of these agencies can be anonymous and without cost to the inmate. Inmates are provided the physical address to the primary reporting entity, the Office of the Inspector General, which can receive and immediately forward offender reports to agency officials for their investigation. As well, inmates may contact said staff, as well as many other facility staff, via email from their tablets or from one of the dorms located on their housing unit. Upon an inmate's request, the Office of the Inspector General will allow an inmate to remain anonymous. If an inmate is being detained solely for civil immigration purposes, relevant contact information for his/her consular is available in the FCI Sheridan facility Law Library.
- Per policy (#P5324.12), staff accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. All employees interviewed stated that they would act on any report of sexual abuse or sexual harassment regardless of how they became aware of that information. In doing so, the majority of staff stated that they would immediately document such reports as soon as possible following the allegations being presented to them. All inmates interviewed affirmed their right to make either verbal or written reports of sexual abuse and sexual harassment. Most inmates were also aware that they could make reports of sexual abuse and sexual harassment via third party or anonymously. The majority of inmates interviewed stated that they believed FCI Sheridan staff would take any complaint of sexual safety seriously and act accordingly to address their concerns.
- Per policy (#P5324.12), staff have an affirmative duty to report any knowledge, suspicion, or information they may have regarding sexual abuse, sexual harassment, or retaliation against inmates or staff for having reported such abuse. Nonetheless, per policy (#P5324.12) staff may privately report sexual misconduct by contacting "any supervisory staff at the local institution, regional staff, or Central Office staff, including the Regional PREA Coordinators and the National PREA Coordinator. Allegations involving staff members may also be reported to the

Office of Internal Affairs or the Office of Inspector General, as appropriate.” When asked, staff were generally aware that they could make anonymous reports of sexual abuse and sexual harassment.

Reasoning & Findings Statement:

This standard works to ensure inmates, staff, and outside agents have the ability to report all instances of sexual abuse and sexual harassment against inmates. The agency does have multiple avenues by which inmates may make formal reports, to include verbal, written, anonymous, and third-party reports. Inmates are provided detailed instructions, contact persons, phone numbers, e-mail addresses, and physical addresses for correspondence where incidents or suspicions of sexual abuse, sexual harassment, and retaliation may be reported. Additionally, while inmates are not encouraged to utilize rape counseling support service centers as reporting avenues, they will also serve in this capacity if explicitly requested by the inmate. With this in mind, the auditor solicited inmate contact information from three rape counseling centers central to the FCI Sheridan. Two of these centers, Just Detention International and Henderson House of McMinnville indicated that they had not received any initial complaints of sexual abuse or sexual harassment from offenders assigned to the FCI Sheridan within the reporting time frame. The three rape counseling centers central to Sheridan, Oregon, the Confederate Tribes of Grande Ronde, did not return my query. In interviewing correctional staff, all such persons were aware that inmates could report allegations of sexual abuse and sexual harassment verbally, in writing, anonymously, and through a third party. When receiving verbal reports of sexual abuse and sexual harassment, all staff recognized the need to take immediate action to protect the inmate in question and the need to document the verbal complaint as soon as possible. In speaking with inmates, all persons were aware of their right to be free from sexual abuse and sexual harassment, as well as their right not to suffer retaliation for having reported such abuse. All inmates understood their right to make verbal and written complaints. The majority of inmates understood their right to make anonymous and third-party complaints. As such, it is evident that the FCI Sheridan meets all aspects of this this standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents:

- SHE Memorandum for PREA Audit File #115.52, Exhaustion of Administrative Remedies: Grievance Submission, 4-19-21
- SHE Institution Supplement, #SHE 5324.12d, Sexually Abusive Behavior Prevention and Intervention Program, 1-2-21
- Program Statement #P1330.18, Administrative Remedy Program, 1-6-14
- Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders, 2018, English
- Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders, 2018, Spanish
- SHE Institution Supplement, #SHE 5324.12d, Exhaustion of Administrative Remedies: Notification of Extension of Time Frame, 4-22-21

Interviews:

- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Investigative Staff
- Random Offenders
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Reviewed the procedures that would be used had grievances been submitted by inmates concerns sexual abuse.

Standard Subsections:

- The BOP does have administrative procedures to address inmate grievances regarding sexual abuse.
- Policy (#P5324.12, #P1330.18) permits inmates to submit grievances regarding allegations of sexual abuse and sexual harassment. Inmates are not mandated to file these administrative remedies within a required time frame. Additionally, inmates do not need to first seek an informal resolution to their concerns.
- Policy (#P5324.12, #P1330.18) permits inmates to submit grievances regarding allegations of sexual abuse and sexual harassment directly to the Regional Director. As such, inmates are not required to first seek an informal resolution to their concerns prior to filing and administrative remedy. Once received, the complaint is subsequently processed by the institutional investigator, not the person with whom the complaint is against.
- Policy (#P5324.12, #P1330.18) requires the BOP to “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. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level.” In speaking with the facility warden, it was noted that since no grievances were received, the facility has not needed to claim an extension of its investigatory time frame.

- Policy (#P5324.12, #P1330.18) allows for “third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates... If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate’s decision.” In speaking with the facility warden, it was noted that there have not been any third-party complaints filed within the audit time frame.
- Policy (#P5324.12, #P1330.18) requires that should the agency receiving “an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision shall document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.”
- Policy (#P5324.12, #P1330.18) allows that “the agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.”

Reasoning & Findings Statement:

This standard works to ensure inmate access to courts by way of exhausting administrative remedies specific to allegations of sexual abuse and sexual harassment. Policy (#P1330.18) permits inmates to submit grievances alleging sexual abuse and sexual harassment. Once filed, the agency must respond to the inmate’s allegations in a timely manner. Failure to provide a timely response can be construed as a denial at that level. The inmate may then pursue his concerns to the next level. Unless the agency can prove that the inmate filed his administrative remedy in bad faith, disciplinary sanctions cannot be applied against the inmate for having filed allegations of sexual abuse or sexual harassment. Within the audit time frame, the FCI SHE has not received any grievances alleging sexual abuse. Nonetheless, facility staff adequately demonstrated the processes in place to address such grievances were they to be received. As such, the facility has met the requirements of this standard.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- SHE Institution Supplement, #SHE 5324.12d, Sexually Abusive Behavior Prevention and Intervention Program, 1-2-21
- National Sexual Assault Hotline Phone Number Posting, English
- National Sexual Assault Hotline Phone Number Posting, Spanish
- Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders, 2018, English
- Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders, 2018, Spanish
- SHE Memorandum for PREA Audit File #115.53, Inmate Access to Outside Confidential Support Services, 4-19-21
- FCI Sheridan Facility Handbook, January 2021
- Communication Regarding Victim Advocacy Services for FCI Sheridan: 8-31-20, 2-10-20, 6-20-19, 9-29-17, 9-26-17, 9-19-17, 9-11-17, 1-19-17, 11-1-16, 8-14-16, 8-12-16, 6-28-16, 3-18-16, 1-19-16, 10-22-15, 10-15-15, 10-7-15, 10-4-15, 10-2-15, 10-1-15, 9-25-15, & 9-24-15.

Interviews:

- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Medical and Mental Health Staff
- SANE/SAFE Staff
- Random Staff
- Mailroom Staff
- Offenders Who Disclosed Sexual Victimization During Risk Screening
- Offenders Who Reported Sexual Abuse
- Random Offenders
- Just Detention International, 9-24-21
- Henderson House of McMinnville, 9-24-21
- BOP Website Third Party Reporting Coordinator, 9-24-21

Site Review Observations:

- Reviewed PREA Risk Screening assessment and distributed information upon FCI Sheridan reception
- Observed informational posters throughout the facility advising offenders of various reporting mechanisms for allegations of sexual abuse and sexual harassment
- Observed numerous PREA educational and reporting references available for inmate use within the facility Law Library
- Observed offender general visitation and legal visit areas informational posters
- Interviewed Mailroom staff specific to correspondence between victim advocate services and inmates

Standard Subsections:

- Policy (#P5324.12) requires the facility to provide inmates with the mailing address and telephone numbers of outside victim advocates. The FCI Sheridan Inmate Handbook provides a wealth of contact information for reporting sexual abuse and sexual harassment. Via institutional awareness posters, inmates are also provided the physical address to write for confidential emotional support services. As well, the Law Library contains a listing of contact information. Per policy (#P5324.12), the agency does provide toll-free telephone calls to several rape crisis hotlines. Policy (#P5324.12) also allows that communication between inmates and advocates within these rape crisis centers is as confidential as possible. The BOP does detain inmates solely for civil immigration purposes. Accordingly, information on how to contact relevant consular officials is available in the facility's Law Library. When interviewed, most inmates knew that the agency provided free rape crisis support services to inmates. Additionally, all offenders were aware of at least one means by which they could contact rape crisis support services, with most offenders knowing that they could access those services by way of the information provided via the PREA posters located throughout the facility.
- Per policy (#P5324.12), inmates are notified that their calls to the national hotline number (Rape, Abuse, Incest, National Network), as well as to any local rape crisis centers, only rise to the level of confidential. As such, these calls are subject to staff monitoring.
- The FCI Sheridan has repeatedly attempted to negotiate a contract between itself and the Henderson House of McMinnville to help provide rape crisis support services as requested by inmates assigned to the FCI Sheridan. To date, such negotiation have not been successful. However, inmates assigned to the FCI SHE may still avail themselves to the toll-free national rape crisis hotline for counseling support as needed. As well, the FCI SHE has provided a host of other national level rape crisis centers that offenders may contact in writing.

Reasoning & Findings Statement:

This policy works to ensure that inmates assigned to the FCI Sheridan have access to outside confidential rape crisis support services and that access is provided in the most confidential manner as possible. Inmates assigned to the FCI Sheridan are provided a list of resources to contact regarding sexual abuse rape crisis support centers. This list contains a contact name within the crisis center and contact information for related services. Inmates are advised that calls to rape crisis centers are subject to monitoring. The FCI Sheridan has also made numerous attempts to secure a memorandum of understanding with a local rape crisis center for support services. When interviewed, all employees and inmates knew that the agency provided free emotional support services to offenders upon request. As well, most inmates knew that they could initiate access to those services by contacting the rape crisis center using the information posted on the PREA awareness posters predominately displayed throughout the facility. As such, the FCI Sheridan has met the minimum standards of this provision.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- SHE Memorandum for PREA Audit File #115.54, Third-Party Reporting, 4-19-21
- Zero Tolerance Policy, English
- Zero Tolerance Policy, Spanish
- National Sexual Assault Telephone Hotline, English
- National Sexual Assault Telephone Hotline, Spanish
- BOP Voice Your Inmate Concerns Reporting Prompt
- Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders, 2018, English
- Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders, 2018, Spanish

Interviews:

- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Investigative Staff

- External Reporting Entities
- Random Offenders
- Just Detention International, 2-17-21
- Henderson House of McMinnville, 9-24-21
- BOP Website Third Party Reporting Coordinator, 9-24-21

Site Review Observations:

- Review BOP website specific to PREA and third-party reporting methods
- Tested BOP online third-party online reporting system
- Observed the Offender Visitation Area informational posters
- Observed informational postings and other publications throughout the offender housing areas
- Observed PREA reporting information within the Law Library
- Observed inmate access to reporting systems via tablets and computers within their housing assignments.

Standard Subsections:

- Policy (#P5324.12) allows for the use of third-party reporting on allegations of sexual abuse and sexual harassment. During the on-site review, signage throughout the facility encouraged offenders to third-party report if needed. As well, public notices on PREA reporting, specifically third-party reporting, were available for review by offender family and friends via the facility's Offender Visitation Room. Additionally, public notice on third-party PREA reporting is available to the general public on the agency's website. To verify the online third-party reporting system was operational, the auditor submitted a test email to the agency's online reporting address. A response was received back from the agency within one business day. All staff interviewed confirmed that the FCI Sheridan would accept third-party reports of sexual abuse. As well, most inmates interviewed believed that the facility would accept, and take seriously, any allegations of sexual abuse reported by a third party.

Reasoning & Findings Statement:

This standard works to ensure a publicly available third-party reporting mechanism exists for claims of sexual abuse and sexual harassment being inflicted upon inmates. In accordance with policy (#P5324.12), the FCI Sheridan promotes the use of third-party reporting via informational posters spread out across the facility, to include the Inmate Visitation Area. Electronic contact information is freely distributed on the agency's website in order to allow the general public direct access to reporting information. To ensure the functionality of the BOP site, all electronic links were tested and found to be operating as required. To ensure the functionality of the BOP online third-party reporting system, a test submission was successfully sent. As well, PREA informational posters and the inmate PREA training video also provide inmates with a plethora of agency telephone numbers, physical addresses, and electronic contact methods. Additionally, inmates themselves can access the agency's website in order to utilize the agency's web reporting system. Inmates can communicate this reference information to their family, friends, and personal advocates. Inmates themselves are provided numerous state and advocacy addresses to submit third-party correspondence. As well, inmates may also have a third-party complaint via any staff member or other PREA reporting mechanisms. When interviewed, all staff were aware that the facility would accept and investigate third-party complaints of sexual abuse and

sexual harassment from inmate advocates. The majority of inmates were also aware of their right to file a third-party complaint on behalf of another inmate. Given the wealth of manners that third-party reports can be made, as well as the concept of third-party reporting being clearly institutionalized across staff and offender cultures, the FCI Sheridan has easily exceeded the provisions of this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- SHE Memorandum for PREA Audit File #115.61, Staff and Agency Reporting Duties, 9-22-21

Interviews:

- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Investigative Staff
- Medical/Mental Health Staff
- Random Staff
- Random Offenders

Site Review Observations:

- Reviewed employee training records
- Observed proliferation of advisements that provided various reporting methods for both staff and inmates

Standard Subsections:

- Policy (#P5324.12) mandates that all employees must immediately report all knowledge, suspicion, or information of any sexual misconduct that occurred within the correctional institution. As well, staff have an affirmative duty to report all knowledge, suspicion, or

information regarding retaliation against offenders or staff for having reported an incident of sexual abuse and sexual harassment. Staff also have an affirmative duty to report any negligence or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation. A review of employee training records, as well as training curriculum records, reflects that all FCI Sheridan staff had received initial PREA training, including acknowledgment of their affirmative duty responsibilities. When interviewed, all staff confirmed their obligation to immediately report any information they might have regarding allegations of sexual abuse and sexual harassment. In speaking with the FCI Sheridan Warden, the process of staff reporting was readily explained.

- Policy (#P5324.12) advises all staff that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decision. Staff are cautioned to disseminate information related to sexual abuse reports only on a need-to-know basis and only to the extent necessary. Random staff interviews confirm that facility employees are aware of the sensitive and confidential nature of said complaints. In speaking with the FCI Sheridan PREA Compliance Manager, the totality and reasoning surrounding the confidential investigatory process was clearly explained.
- Policy (#P5324.12) requires that medical and mental health practitioners have a duty to disclose their mandatory reporting status, including limitations of confidentiality. During medical/mental health services staff interviews, the need for medical staff to inform offenders (at the initiation of professional services) of their duty to report, as well as to their limitations of confidentiality, was affirmed. Additionally, medical/mental health staff noted their policy to have inmates acknowledge their understanding of policy via a signed informed consent statement.
- All inmates incarcerated within the FCI Sheridan are legally classified as adults. As such, there aren't any juveniles assigned to this facility. However, per policy (#P5324.12), the facility may still have persons classified as vulnerable adults.
- Policy (#P5324.12) mandates that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are referred by the "Institution PREA Compliance Manager... to the appropriate office, and reviews the incident for any further response." When interviewing random facility staff, all employees affirmatively responded that any reports of sexual abuse and sexual harassment received by them would be immediately referred to supervisory and/or other entities appropriate for further investigations.

Reasoning & Findings Statement:

This standard works to ensure mandatory staff and agency reporting requirements. Both agency and facility policies mandate staffs' duty to report all allegations of sexual abuse and sexual harassment. Policy further stresses the importance of confidentiality as it applies to reported incidents of sexual abuse and sexual harassment. Lastly, policy requires that all medical and mental health staff disclose their limits of confidentiality and obtain informed consent prior to the initiation of services. In interviewing correctional staff, all employees expressed an understanding of policy. Training records and course curriculums document correctional staff training specific to mandatory reporting requirements. In interviewing FCI Sheridan medical/mental health staff, the process of limited confidential and informed

consent used by said staff was explained in detail. As well, training records and course curriculums for the specialized training of medical staff document an understanding of mandatory reporting requirements. As such, the FCI Sheridan meets the provisions established within this standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- FCI SHE Staffs' PREA Response Card
- SHE Memorandum for PREA Audit File #115.62, Referral for Criminal Matter for Investigation, 4-21-21

Interviews:

- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff

- Investigative Staff
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Medical and Mental Health Staff
- Random Staff
- Offenders Who Disclosed Sexual Victimization During Risk Screening
- Offenders Who Reported Sexual Abuse
- Random Offenders

Site Review Observations:

- Review of referral processes and documentation
- Review of retaliation monitoring documentation

Standard Subsections:

- Per policy (#P5324.12), when the FCI Sheridan learns that an inmate is subject to a substantial risk of imminent sexual abuse, agency officials have an affirmative duty to take immediate action to protect the offender. In speaking with the FCI Sheridan PREA Compliance Manager, FCI Sheridan Facility Warden, FCI Unit Managers, and random staff, a plethora of possible options were discussed specific to inmate protection measures. During the audit time frame, the FCI Sheridan has not had any instances of sexual abuse or sexual harassment at FCI Sheridan that rose to the level of referral. It should also be noted that the FCI Sheridan did not find any evidence within the audit time frame that any inmates assigned to the facility were at a substantial risk of sexual abuse.

Reasoning & Findings Statement:

This standard works to actualize the processes of inmate protection. Agency policy (#P5324.12) requires staff to take immediate action to ensure the safety of all inmates who are at a high risk of sexual victimization. Provided there are no other alternative options available to ensure the inmate's safety, policy (#P5324.12) allows the facility to immediately increase the safety of the at-risk inmate by placing said inmate in the Special Housing Unit. However, placement in the Special Housing Unit would only be used if no other general housing assignments available would ensure the inmate's safety. During the audit time frame, the FCI Sheridan did not receive any reports from inmates who were at substantial risk of sexual abuse. In interviewing random staff, all persons were asked specifically what actions would be taken if an inmate presented as a high risk for sexual victimization. Unequivocally, all staff responded that they would take immediate action to protect the potential victim. Additionally, supervisory staff were questioned as to their role in this potentially dangerous situation. While supervisory staff did provide a more technical and inclusive response, they too, were centrally focused on protecting the inmate. Hence, the facility has clearly realized the provisions of this standard.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- SHE Memorandum for PREA Audit File #115.63, Reporting to Other Confinement Facilities, 5-7-21

Interviews:

- Agency Head
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden

Site Review Observations:

- Reviewed of facility-to-facility referrals

Standard Subsections:

- BOP policy (#P5324.12) requires that when a facility receives notice regarding allegations of sexual abuse and sexual harassment occurring at another facility, the receiving facility must provide written notice of these allegations to the managing officer (Warden) of the destination facility within 72 hours. A review of documents for the past twelve months reflects that there were four such referrals made by the FCI Sheridan and no referrals made to the FCI Sheridan.
- Per BOP policy (#P5324.12), written notice of the aforementioned allegations must be provided as soon as possible, but not more than 72 hours after learning of the allegations. The FCI Sheridan Warden confirmed that all notices are sent to the destination facility as soon as possible, usually within 24 hours, but certainly within 72 hours. The FCI Sheridan did not receive any notifications from other facilities within the last 12 months. Documentation was reviewed to verify that at referrals were made from the FCI Sheridan to other facilities within 72 hours of facility awareness.
- The FCI Sheridan documents this notification through the use of a BOP Memorandum in accordance to policy (#P5324.12).
- Upon receipt of said allegations, policy ((#P5324.12) requires that the Warden of the destination facility must then process these allegations in accordance to standard protocol.

Reasoning & Findings Statement:

This policy works to ensure agency staff are provided sufficient due process with respect to the timely notification of inmate allegations involving sexual abuse and sexual harassment. Within the last 12 months, the FCI Sheridan hasn't received any incoming allegations of sexual abuse and sexual harassment from any inmates who reported such at another BOP facility. Within the last 12 months, the FCI Sheridan has been required to submit four outgoing allegations of sexual harassment from inmates who reported said allegations once they were reassigned to the FCI Sheridan. In three of these instances, the inmate provided an actual unit location to be notified. A review of those outgoing notifications was made to ensure time compliance, specifically that the notifications were made within 72 hours of agency staff learning about the alleged abuse. Accordingly, agency policy, staff comments, and collaborative documentation all reflect that the FCI Sheridan has satisfied the provisions of this standard.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15

- SHE Institution Supplement, #SHE 5324.12d, Sexually Abusive Behavior Prevention and Intervention Program, 1-2-21
- SHE Memorandum for PREA Audit File #115.64, First Responder Duties, 9-22-21

Interviews:

- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Investigative Staff
- Intermediate or Higher-Level Facility Staff
- Random Staff
- First Responders
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Review of employee training records
- Review of investigator narrative case files

Standard Subsections:

- Policy (#P5324.12) requires the first responding security staff member to immediately separate the alleged victim and abuser. After ensuring the safety of the victim, policy (#P5324.12) requires staff to preserve and protect the crime scene until evidence collection is possible. If the first responder learns that the victim has been sexually abused, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should 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. Once the first responder learns that an offender has been sexually abusive, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should 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. In interviewing FCI Sheridan security first-responders, the actions taken were consistent with policy. Within the past twelve months, FCI Sheridan has received three allegations from offenders who claim to have been victims of sexual harassment. As such, there wasn't a need to collect forensic physical evidence.
- Policy (#P5324.12) requires that non-security first responders contain and assess the situation, notify their immediate supervisor or the security shift supervisor, instruct the victim not to take any action that could destroy physical evidence. Within the past twelve months, FCI Sheridan has received three allegations from offenders who claim to have been victims of sexual harassment. As such, there wasn't a need to collect forensic physical evidence.

Reasoning & Findings Statement:

This standard works to determine whether facility staff understand their role when responding to inmate allegations of sexual abuse and sexual harassment. Of primary importance is separating and securing the alleged victim and abuser. Of this, all staff interviewed absolutely articulated that point. The majority of staff then articulated the need to preserve any evidence possibly remaining at the crime scene and on the alleged victim. A review of employee training records and class curriculums reflect staff have received required training specific to the preservation of evidence regarding allegations of sexual abuse and sexual harassment. The immediate notification to a security supervisor provides assurance that all subsequent critical steps will be followed. This information, combined with agency policy, staff interviews, and facility training documentation sufficiently supports the expectations required by this standard.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- SHE Institution Supplement, #SHE 5324.12d, Sexually Abusive Behavior Prevention and Intervention Program, 1-2-21
- SHE Memorandum for PREA Audit File #115.65, Coordinated Response, 4-19-21
- FCI SHE Procedural Guide: Coordinated Response to Allegations of Sexual Abuse, 5-20-21

Interviews:

- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Investigative Staff
- Medical and Mental Health Staff
- SANE/SAFE Staff
- Random Staff

Site Review Observations:

- Review of agency policies
- Review of departmental level facility processes

Standard Subsections:

- The FCI Sheridan has developed a written institutional plan; namely, Program Statement #SHE 5324.12d, Sexually Abusive Behavior Prevention and Intervention Program, 1-2-21, to coordinate actions amongst first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse and sexual harassment.

Reasoning & Findings Statement:

This provision works to coordinate facility efforts so that victims of sexual abuse and sexual harassment receive adequate support services. To coordinate facility efforts in the most efficient manner possible, the FCI Sheridan implemented a unit-based policy (#5324.12d) that details the coordinated response plan to an incident of inmate sexual abuse. In this, the roles of all facility staff are discussed and, perhaps even more importantly, the way those roles interact with one another is outlined. This policy is a conveniently written overview of departmental responsibilities, equipped with notification and referral reminders. When asked, various departmental staff were able to articulate their role in the response process. As well, during inmate interviews, many were able to articulate the responsibilities of responding staff; thus, demonstrating this process has been institutionalized within the facility. As such, the FCI Sheridan has met all of the provisions within this standard.

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining

agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- SHE Memorandum for PREA Audit File #115.66, Collective Bargaining Agreement, 4-19-21
- Local Supplemental Agreement, 4-21-17

Interviews:

- Agency Head
- Agency Contract Administrator
- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Administrative (Human Resources) Staff

Site Review Observations:

- Reviewed agency labor contracts

Standard Subsections:

- Per policy (#P5324.12), both the agency, as well as any other governmental entity responsible for collective bargaining on the agency's behalf, are prohibited from entering into or renewing

any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Current contracts between the Federal Bureau of Prisons and the American Federation of Government Employees ensures that the BOP retains the management rights for facilitates to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

- The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This provision allows the agency to protect inmates from having contact with sexual abusers and sexual harassers. Policy (#P5324.12) allows for employees to be suspended from duty pending the outcome of a sexual abuse or sexual harassment investigation. In speaking with investigative staff, the FCI Sheridan facility warden, and human resource staff, the process of suspending or separating an employee from employment as a function of a sexual abuse or sexual harassment investigation finding was explained. It was also noted that the BOP has no reservations about discharging employees for engaging in sexual abuse and sexual harassment. Hence, the FCI Sheridan has satisfactorily met all provisions within this standard.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- SHE Memorandum for PREA Audit File #115.67, Agency Protection Against Retaliation, 9-22-21

Interviews:

- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Institutional Investigator
- Designated Staff Member Charged with Monitoring Retaliation
- Random Staff
- Random Offenders
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Reviewed retaliation monitoring logs (staff/offender)

Standard Subsections:

- Policy (#P5324.12) prohibits retaliation for reporting sexual abuse or sexual harassment and for cooperating with a sexual abuse and sexual harassment investigations. Per policy (#P5324.12) “the Institution PREA Compliance Manager monitors staff and inmates 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.”

- Per policy (#P5324.12), the “agency shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.” In speaking with the facility warden, it was noted that the responsibility of retaliation monitor belongs to each Unit Manager. In speaking with Unit Managers, it was noted that said staff document retaliation monitoring via the appropriate log. As well, assessment findings are noted in the inmate's Central file.
- Per policy (#P5324.12), for a minimum of three (3) months following a report of sexual abuse or sexual harassment, the facility shall monitor the conduct and treatment of:
 - An inmate who reported an incident of sexual abuse or sexual harassment (including a third-party reporter)
 - An inmate who was reported to have suffered sexual abuse or sexual harassment; and
 - An employee who reported an incident of sexual abuse or sexual harassment of an inmate.
 - Monitoring staff shall employ multiple protection measures to prevent inmate retaliation, such as reviewing inmate disciplinary, housing changes, job changes, and program changes.
 - Monitoring staff shall employ multiple protection measures to prevent staff retaliation, such as negative performance reviews for staff and the reassignment of staff.
 - Monitoring shall go beyond 90 days if the initial monitoring indicates a continuing need.
 - Within the past twelve months, the FCI Sheridan has not had a reported incident of retaliation.
- Per policy (#P5324.12), in the case of inmates, such monitoring shall also include periodic in-person status checks at least every 30 days.
- Per policy (#P5324.12), if any other individual (staff, volunteer, contractor, offender, adolescent offender, resident, etc.) who cooperates with an investigation expresses a fear of retaliation, the facility and agency shall take appropriate measures to protect that individual against retaliation.
- The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard works to prevent retaliation against employees and inmates for reporting sexual abuse and sexual harassment or for having cooperated with an investigation into such. BOP policy provides a comprehensive overview of agency protection against sexual abuse and sexual harassment. In speaking with inmates, none noted that they had ever experienced retaliation for participating in a PREA related facility investigation. Both the FCI Sheridan PREA Compliance Manager and the FCI Sheridan Institutional Investigator provided detailed explanations of the monitoring process. As well, Unit Managers were able to demonstrate the process. Hence, the auditor able to observe the monitoring system currently in place at the FCI Sheridan. Given the totality of the policies provided, staff knowledge regarding the process, and a demonstration of the FCI Sheridan monitoring process, the FCI Sheridan has certainly satisfied the basic provisions of this standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- SHE Memorandum for PREA Audit File #115.68, Post-Allegation Protective Custody, 4-19-21
- Safeguarding of Inmates Alleging Sexual Abuse/Sexual Assault Allegations

Interviews:

- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Random Staff
- Staff Who Supervise Offenders in Segregated Housing
- Random Offenders

Site Review Observations:

- Observed Special Housing Units

Standard Subsections:

- Policy (#P5324.12) prohibits placing inmates who allege sexual abuse or to be at a high risk of sexual abuse, in Special Housing Units unless an assessment of all other available alternatives has been made and a subsequent determination concludes that there are no available alternatives means of separation from likely abusers. Within the past twelve months, the FCI Sheridan has not placed any inmates who have suffered sexual abuse or who are at a high risk of sexual abuse in a Special Housing Unit pending completion of their assessment.

Reasoning & Findings Statement:

Agency policy strictly prohibits the use of involuntary segregated housing; namely, the Special Housing Unit, as a de facto response to inmate safety concerns. Rather, as explained by the FCI Sheridan facility warden, the use of involuntary segregated housing should be considered only as the last available option, and even at that, as only a temporary measure. Within the reporting time frame, FCI Sheridan administration did not utilize involuntary segregated housing for any inmate who had alleged sexual abuse or fear of such abuse. While conversations with the FCI Sheridan Warden and the FCI Sheridan PREA Compliance Manager did indicate that if absolutely necessary, inmates would be placed in involuntary segregated housing, it would be their absolute last option. As such, the FCI Sheridan has satisfied the requirements of this provision.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- SHE Memorandum for PREA Audit File #115.71, Criminal and Administrative Agency Investigations, 9-22-21

Interviews:

- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Investigative Staff
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Review of case files
- Reviewed investigator training certifications
- Reviewed agency training records documenting investigator training curriculums

Standard Subsections:

- Policy (#P5324.12) requires that when the "when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports."
- Policy (#P5324.12) requires investigators to have received specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. In interviewing the FCI Sheridan PREA Compliance Manager and the FCI Sheridan Institutional Investigator, said staff confirmed participation in numerous related courses, to include NIC's Investigating Sexual Abuse in a Confinement Setting. Additionally, training curriculums, employee training certifications, as well as completed training rosters, provided additional documentation to support facility compliance.
- Per policy (#P5324.12), Institutional Investigators, the FCI Sheridan PREA Compliance Manager, and/or the Evidence Recovery Team gathers and preserves direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Policy (#P5324.12) allows that Institutional Investigators and/or the FCI Sheridan PREA Compliance Manager will interview alleged victims, suspected perpetrators, and witnesses. Institutional Investigators and/or the FCI Sheridan PREA Compliance Manager are also required to review prior reports and complaints of sexual abuse involving the suspected perpetrator.
- Policy (#P5324.12) allows compel interviews only "after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution."
- Policy (#P5324.12) requires that the "credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation." In discussing credibility concerns, neither the Institutional Investigators nor the PREA Compliance Manager noted that they would discount an inmate's testimony solely on the basis of that person being incarcerated. Rather, it is the overall weight of the totality of evidence that is used to determine credibility.
- Policy (#P5324.12) requires administrative investigations to consider whether staff actions or failures to act contributed to the sexual abuse and sexual harassment. All administrative investigations are documented in written reports. As a function on that documentation, these reports should include a description of the physical evidence and testimonial evidence, the reasoning behind credible assessments, as well as investigative facts and findings. A review of

files maintained by FCI Investigative Staff provided detailed written report of both the allegations and the subsequent investigation.

- Policy (#P5324.12) requires that all criminal investigations are documented in written reports. As a function on that documentation, these reports should include a description of the physical evidence, testimonial evidence, and documentary evidence. As there haven't been any criminal allegations presented within the current audit time frame, there weren't any such investigations to review. However, in discussing the investigatory procedures with Institutional Investigative staff, the totality of the process was clearly explained.
- As noted by the Institutional Investigator and required by policy (#P5324.12), all substantiated allegations of conduct that appear to be criminal are referred for prosecution.
- Policy (#P5324.12) requires that “the agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.”
- Policy (#P5324.12) mandates that “the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.” The standard operating procedure was, in fact, confirmed by Institutional Investigators.
- The auditor is not required to audit this provision.
- Policy (#P5324.12) requires that “when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.”

Reasoning & Findings Statement:

The Federal Bureau of Investigations (FBI) operates as the law enforcement branch inside of the BOP. As such, the BOP conducts its own administrative investigations via agency staff and allows the FBI to conduct all criminal investigations for allegations of sexual abuse. To work as a criminal investigator within the BOP, personnel must have law enforcement credentials. As well, to perform administrative investigations, BOP staff must have met additional training requirements for conducting sexual abuse/sexual harassment investigations within a confinement setting. FBI staff do have the authority to investigate criminal cases within the BOP, to include collecting evidence, as well as interviewing victims, suspected perpetrators, and witnesses. FBI officers have been trained on the standards of evidence required to support a finding of guilt in criminal cases. As well, FBI officers have been trained on due process and procedural requirements of criminal cases. As confirmed through interviews with BOP staff, FBI officers and BOP staff work collaboratively under a memorandum of understanding in order to facilitate communication between the two agencies. This considered, the BOP, and by extension, the FCI Sheridan has certainly exceeded the requirements of this provision.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- SHE Memorandum for PREA Audit File #115.72, Evidentiary Standard for Administrative Investigations, 9-22-21

Interviews:

- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Investigative Staff

Site Review Observations:

- Review of case files

Standard Subsections:

- Policy (#P5324.12) requires that “the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.” Policy (#P5324.12) clearly establishes the standard of proof

required to substantiate claims of sexual abuse and sexual harassment. Specifically, the allegations are determined substantiated, unsubstantiated, or unfounded based on the preponderance of the evidence. For substantiated claims, this simply means that the weight of the evidence must indicate that the allegations are more likely to be true than not true. In discussing this concept with the facility warden, it was noted that a preponderance of the evidence is just 51%.

Reasoning & Findings Statement:

Agency policy requires that the BOP establish a standard of proof no higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. When interviewed, facility staff confirmed that standard of proof to be slightly more than half. An onsite review of case files reflected the standard of proof used to substantiate allegations of sexual abuse or sexual harassment was merely a preponderance of evidence. As such, the FCI Sheridan has satisfied all material provisions for this standard.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- SHE PREA Compliance Manager Information Tracking Log, 2020
- SHE Memorandum for PREA Audit File #115.73, Reporting to Inmates, 4-22-21

Interviews:

- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Investigative Staff
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Review of case files

Standard Subsections:

- Policy (#P5324.12) requires that “the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.” A review of the case files activated during the audit time frame reflects the inmates were properly notified of the investigatory results following the conclusion of each case. In speaking with Institutional Investigators, it is noted that all inmates must sign to acknowledge their receipt of the disposition.
- Policy (#P5324.12) further requires that “If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.” In speaking with Institutional Investigators, it was noted that despite the fact no criminal investigations were conducted during the current audit time frame, when said investigations are conducted, facility staff do remain in communication with the outside law enforcement agency conducting the criminal investigation so as to still provide inmates with a final disposition.
- Policy (#P5324.12) requires that when an offender has filed allegations of sexual abuse against a staff member (unless unfounded), the institutional investigator shall inform the inmate upon the following:
 - The staff member is no longer posted within the inmate’s unit;
 - The staff member is no longer employed at the facility;
 - The institution learns that the staff member has been indicted on a charge related to sexual abuse within the institution;
 - The institution learns that the staff member has been convicted on a charge related to sexual abuse within the institution.

- Policy (#P5324.12) requires that when an offender has filed allegations of sexual abuse against another offender, the agency must notify the offender whenever the alleged abuser has been:
 - Indicted on a charge related to sexual abuse within the facility and
 - Whenever the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- Policy (#P5324.12) requires that “all such notifications or attempted notifications shall be documented.” A review of inmate notifications reflects that they are provided in writing and that inmates do acknowledge their receipt of such via a signature page.
- Auditor is not required to audit this provision.

Reasoning & Findings Statement:

Agency policy requires BOP staff to provide inmates with dispositions for all claims of sexual abuse and sexual harassment. The BOP conducts all administrative sexual abuse/sexual harassment investigations. While all criminal sexual abuse and/or sexual harassment claims are addressed by the FBI, agency staff do remain actively engaged in those investigations. Agency policy provides that all inmates who have filed a previous sexual abuse and sexual harassment claim against agency staff or other offenders, should receive notification upon a change in housing status for the abusing offender or a change in job status for the employee. Lastly, policy requires these notifications to be documented. Within the previous 12 months, FCI Sheridan staff have provided notifications on 3 investigations. All notifications to FCI Sheridan inmates were documented. Documentation reflecting proper notifications was reviewed and found to be in compliance with PREA policy. As such, the FCI Sheridan is operating in accordance with all parts of this provision.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P3420.11, Standards of Employee Conduct, 12-6-13
- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- SHE Memorandum for PREA Audit File #115.78, Disciplinary Sanctions for Staff, 4-19-21

Interviews:

- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Investigative Staff
- Administrative (Human Resources Staff)
- Random Staff

Site Review Observations:

- Review of case files

Standard Subsections:

- Policy (#P3420.11, #P5324.12) clearly advises staff that all employees shall be subject to disciplinary sanctions up to and including termination for violating BOP sexual misconduct policies. Interviews with the BOP Human Resource Staff, FCI Sheridan PREA Compliance Manager, FCI Sheridan Facility Warden, and the FCI Sheridan Institutional Investigator confirm facility adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment.
- Policy (#P3420.11, #P5324.12) continues by noting that any perpetrator of a sexual abuse or sexual harassment will be dealt with through discipline or prosecution to the fullest extent permitted by law. In this, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse of an inmate. In speaking with the facility warden, it was noted that no staff have been found to engage in sexual abuse or sexual harassment within the audit time frame; however, termination would be the presumptive disciplinary for sexual abuse.
- Policy (#P3420.11, #P5324.12) stipulates disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Again, interviews with the BOP Human Resource Staff, FCI Sheridan PREA Compliance Manager, FCI Sheridan Facility Warden, and the FCI Sheridan Institutional Investigator confirm the facility's adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment. In the past twelve months, there haven't been any employees assigned to the FCI Sheridan who have engaged in any acts of sexual abuse or sexual harassment.
- Policy (#P5324.12) notes that "all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies." In the past twelve months, the FCI Sheridan has not had any staff who have been disciplined, short of termination, for any violation of agency sexual abuse or sexual harassment policies.

Reasoning & Findings Statement:

These standards work to ensure agency staff understand the gravity and the criminal nature of having sexual relations with incarcerated persons. The federal Bureau of Prisons has made the consequences of engaging in such behavior exceptionally clear. It should also be noted that over the past 12 months, there haven't been any staff members assigned to the FCI Sheridan who have violated agency sexual abuse or sexual harassment policies. As such, no staff have been terminated, disciplined, or reported to law enforcement agencies. During staff interviews, all staff expressed their knowledge of the agency's zero

tolerance policy. As such, the BOP, as well as FCI Sheridan administration, has satisfied the provisions of this standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P3420.11, Standards of Employee Conduct, 12-6-13
- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- SHE Memorandum for PREA Audit File #115.77, Reports of Sexual Abuse by Contractors/Volunteers, 4-21-21

- SHE Memorandum for PREA Audit File #115.77, PREA Standard 115.77, 4-9-21
- SHE Memorandum for PREA Audit File #115.77, Reports of Sexual Abuse by Contractors/Volunteers: Remedial Measures, 4-21-21

Interviews:

- Agency Contract Administrator
- FCI Sheridan Facility Warden
- Investigative Staff
- Administrative (Human Resources) Staff
- Contractors Who May Have Contact with Offenders

Site Review Observations:

- Review contractor/volunteer files

Standard Subsections:

- Policy (#P3420.11) advises contractors and volunteers that no person shall “allow themselves to show partiality toward, or become emotionally, physically, or financially involved with inmates, former inmates, or persons known (or who should have been known based on circumstances) to the employee as a family member or close friend of inmates or former inmates.” Policy (#P5324.12) further notes that “any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.” Interviews with contracted staff evidenced that the agency’s zero-tolerance policy was institutionalized.
- Policy (#P5324.12) further states that “the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.” Interviews with contracted staff evidenced that the agency’s zero-tolerance policy was institutionalized. As well, in speaking with the facility warden, it was noted that remedial measures of addressing contractors and volunteers are taken in deciding whether to prevent said persons for having additional contact with inmates.

Reasoning & Findings Statement:

Policy expressly states that contractors and volunteers who engage in sexual abuse with inmates will be removed from contact with inmates pending the outcome of the investigation. Contractors or volunteers who engage in sexual abuse will be reported to law enforcement and to any relevant licensing body. These persons will also be subject to criminal sanctions. Over the past twelve months, the FCI Sheridan has not had any contractors or volunteers engage in sexual abuse or harassment of any inmate. At the time of the onsite review, due to the COVID pandemic, there weren’t any volunteers present on the facility. However, during the FCI Sheridan contractor interviews, both the prohibition against sexual abuse and sexual harassment of inmates, as well as the consequences of having engaged such, were clearly known. Documentation of contractor and volunteer training records further supports this

assertation. Hence, the provisions of this standard have been met and FCI Sheridan is in compliance with such.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement #P3420.11, Standards of Employee Conduct, 12-6-13
- SHE Memorandum for PREA Audit File #115.78, Disciplinary Sanctions for Inmates, 4-21-21

Interviews:

- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Investigative Staff
- Medical/Mental Health Staff
- Random Staff
- Random Offenders

Site Review Observations:

- Review of offender disciplinary files

Standard Subsections:

- Policy (#P3420.11) provides the standards associated with all disciplinary hearings, to includes hearings related to inmate-on-inmate sexual abuse/sexual harassment. Policy (#P5324.12, #P5324.12) further notes that following an administrative finding that an offender engaged in inmate-on-inmate sexual abuse, said offender is subject to disciplinary sanctions pursuant to formal disciplinary processes. During the past twelve months, the FCI Sheridan has not had any administrative or criminal findings of inmate-on-inmate sexual abuse.

- Policy (#P3420.11, #P5324.12) ensures that disciplinary sanctions imposed are commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. As well, sanctions consider aggravating and mitigating factors.
- When determining an offender’s disciplinary sanctions, policy (#P3420.11, #P5324.12) does consider how an offender’s mental disabilities or mental illness contributed to his behavior.
- Per policy (#P5324.12), “all inmates found guilty of sexual abuse shall be given appropriate programming and interventions if determined to be necessary by mental health services in consultation with sex offender services.” In speaking with Mental Health staff, it was noted that counseling is provided to both the victim and the assailant.
- Per policy (#P5324.12), “the DRC may discipline an inmate for sexual contact and/or sexual conduct with staff only upon finding out that the staff member did not consent to such contact or conduct.”
- Per policy (#P5324.12), a report made in good faith based upon a reasonable belief that the alleged conduct did occur does not constitute falsely reporting an incident or lying for the purpose of disciplinary action, even if the investigation does not establish evidence sufficient to substantiate the allegations.
- Per policy (#P3420.11, #P5324.12), the agency clearly distinguishes between consensual sex, which is still a violation of agency policy, and inmate-on-inmate sexual abuse, which is defined as when one or more offenders engage in sexual conduct, including sexual contact, with another offender against his or her will or by use of force, threats, intimidation, or other coercive actions.

Reasoning & Findings Statement:

The inmate disciplinary process is a formal means to address institutional misconduct. The FCI Sheridan uses a progressive disciplinary system, which allows for consideration of aggravating and mitigating factors. Within the last 12 months, the FCI Sheridan has not processed any administrative or criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at the facility. In considering agency policies, facility procedures, staff interviews, and offender comments, FCI Sheridan is compliant with disciplinary standards as required under this provision.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Risk of Sexual Victimization
- Risk of Sexual Abusiveness
- SHE Memorandum for PREA Audit File #115.81, Access to Follow-Up to Medical and Mental Health Services, 4-9-21
- SHE Memorandum for PREA Audit File #115.81, Medical and Mental Health Follow-Up Services, 4-9-21
- Inmate Profile, Medical and Mental Health Services, 9-4-20
- SHE Memorandum for PREA Audit File #115.81, Informed Consent, 4-9-21

Interviews:

- FCI Sheridan PREA Compliance Manager
- Intake Staff
- Medical/Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Offenders Who Reported Sexual Victimization During Risk Screening

Site Review Observations:

- Observed Medical Department
- Reviewed of Medical/Mental Health PREA Screening Form
- Reviewed Medical/Mental Health Documentation

Standard Subsections:

- Policy (#P5324.12) requires that within 72 hours of arrival, all FCI Sheridan inmates will be screened for sexual abuse risk factors. In speaking with the facility warden, it was noted that if the assessment indicates that the inmate has had prior sexual victimization, whether it occurred in an institutional setting or in the community, staff will offer a follow-up meeting with a mental health or medical practitioner within 14 days of the intake screening. In the past twelve months, 100% of offenders received at the FCI Sheridan who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. A review of both medical and mental health referrals, as well as conversations with medical and mental health staff, confirms the institutionalization of this practice.
- Per policy (#P5324.12), persons with a history of being sexually abusive must also be referred for mental health services within 14 days of the intake screening. In speaking with Mental Health staff, it is noted that the nature of the referral is in accordance with the individualized needs of each inmate. In the past twelve months, 100% of offenders received at the FCI Sheridan who had previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner.

- Per policy (#P5324.12), regular mental health referrals are addressed within a timeframe consistent with the nature of the referral and within 14 days of the intake screening.
- Per policy (#P5324.12) and in accordance with the Prison Rape Elimination Act (PREA) Standards, 28 C.F.R. 115.81, any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local laws. As noted by medical and mental health staff during the interview process, medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.
- Per policy (#P5324.12) and in accordance with the Prison Rape Elimination Act (PREA) Standards, 28 C.F.R. §115.81, any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local laws. As noted by medical and mental health staff during the interview process, medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18 years or considered a vulnerable adult. In speaking with medical/mental health staff, as well as the FCI Sheridan Institutional Investigator, adherence to this policy was confirmed.

Reasoning & Findings Statement:

Within the past 12 months, 100% of inmates who had disclosed prior victimization during risk screening were offered a follow-up meeting with a medical or mental health practitioner. Within the past 12 months, 100% of offenders who had previously perpetrated sexual abuse as indicated during risk screening were offered a follow-up meeting with a medical or mental health practitioner. As noted by medical/mental health staff, the FCI Sheridan is providing routine and regular medical screens and other health services in accordance to qualified medical assessments, as well as to policy. Documentation specific to the PREA Intake Objective Screening Instrument for medical and mental health staff reflects the appropriate use of the screening tool to determine necessary housing and medical needs. As such, the facility is meeting all provisions as established within this standard.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by

medical and mental health practitioners according to their professional judgment?

Yes No

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- SHE Institution Supplement, #SHE 5324.12d, Sexually Abusive Behavior Prevention and Intervention Program, 1-2-21
- SHE Memorandum for PREA Audit File #115.82, Access to Emergency Medical and Mental Health Services, 4-9-21

Interviews:

- FCI Sheridan PREA Compliance Manager
- Medical and Mental Health Staff
- SANE/SAFE Staff
- Security Staff and/or Non-Security Staff Who Have Acted as First Responders
- Random Staff
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Observed Medical Department
- Review of Medical/Mental Health Screening Form
- Reviewed Medical/Mental Health Documentation

Standard Subsections:

- In accordance to the policy (#P5324.12), “inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.” In interviewing medical and mental health staff, said staff confirmed the ability to treat inmates in accordance to their professional medical judgement.
- Policy (#P5324.12) requires that if there isn’t any qualified medical or mental health staff on duty when a sexual abuse report is filed, then security staff will need to “take preliminary steps to protect the victim pursuant to section 115.62 and shall immediately notify the appropriate medical and mental health practitioners.” During interviews with first responders, as well as random security staff, all personnel recognized with immediacy the need to notify medical and mental health staff of any sexual abuse allegations.
- Policy (#P5324.12) requires that inmates are offered timely and appropriate prophylactic information, as well as emergency contraception, if appropriate. In speaking with medical staff, adherence to this policy was confirmed.
- Policy (#P5324.12) requires that “treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.” In speaking with medical staff, adherence to this policy was confirmed.

Reasoning & Findings Statement:

This standard is designed to provide offenders access to emergency medical and mental health services. In this, facility staff are meeting all of the provisions within this standard. Policy (#P5324.12) allows that upon receipt of an inmate into the Medical Department, medical staff shall determine the offender’s course of treatment; specifically, what is medically indicated on the basis of evidence collection or physical trauma. Inmate interviews further acknowledge that inmates are provided appropriate

medical/mental health treatment. Lastly, documentation reflecting access to medical and mental health care, to include outside services, was reviewed. In reviewing the totality of the information provided, the FCI Sheridan has met the minimum provisions of this standard via emergency (24-hour) access to qualified medical staff. The FCI Sheridan has exceeded the minimum provisions of this standard by providing emergency (24-hour) access to qualified mental health staff.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- SHE Institution Supplement, #SHE 5324.12d, Sexually Abusive Behavior Prevention and Intervention Program, 1-2-21
- SHE Memorandum for PREA Audit File #115.83, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, 9-23-21

Interviews:

- FCI Sheridan PREA Compliance Manager
- Medical Staff
- Mental Health Staff
- Offenders Who Reported Sexual Abuse
- Random Inmates

Site Review Observations:

- Observed Medical Department
- Review of Medical/Mental Health PREA Screening Form
- Reviewed Medical/Mental Health Documentation

Standard Subsections:

- Policy (#P5324.12, #SHE 5324.12d) requires that all allegations of sexual assault must be evaluated immediately by the facility medical and mental health staff. In speaking with medical and mental health staff, adherence to this policy was confirmed. In speaking with correctional staff, there were no instances where any staff indicated that the medical or mental health departments had ever, or would ever, refuse to provide medical/mental health treatment to any inmate who claimed to have been a victim of sexual abuse. In speaking with inmates who were receiving mental health treatment services at the time of facility transfer, they confirmed that upon said transfer, they were automatically placed on the mental health rosters of their newly assigned facility.
- Specifically, policies (#P5324.12, #SHE 5324.12d) require that mental health services are offered to both victims of sexual assault and the abusers. Per policy (#P5324.12) “the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.” In speaking with the facility warden, it was noted that follow-up services are provided to the victim within 14 days. They are provided to the perpetrator within 60 days.
- Policy (#P5324.12) requires that all victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. If not referred to an outside hospital emergency department for a forensic exam, the inmate is treated in the facility infirmary after evaluation by a primary care provider. In either instance, medical and mental health services are provided in accordance to the judgement of qualified health care providers. During interviews with medical and mental health staff, it was noted that not only do inmates routinely receive services consistent with the community level of a care, but in crisis situations, the agency’s coordinated medical and mental health care far exceeds the level of dedicated trauma car that one would expect to receive in the community.
- FCI Sheridan does not have biological females incarcerated at the facility. Accordingly, pregnancy tests are not a required response to sexual abuse allegations.

- FCI Sheridan does not have biological females incarcerated at the facility. Hence, there is no need to offer inmates “timely and comprehensive information about all lawful pregnancy-related medical services.”
- Policy (#P5324.12) requires that all victims of sexual assault are to be provided tests for sexually transmitted diseases as medically appropriate. In speaking with medical staff, as well as the facility warden, departmental adherence to this policy was confirmed.
- Policy (#P5324.12) requires that inmates are not charged for medical and mental health services received as a consequence of sexual assault. In fact, "treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." In speaking with medical staff, as well as the facility warden, adherence to this policy was confirmed.
- Policy (#P5324.12) requires that “all prisons shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.” In speaking with mental health staff, it was noted that while agency policy allows for 60 days to evaluate abusers, to help ensure the safekeeping of all inmates, known abusers are generally evaluated at a much faster rate.

Reasoning & Findings Statement:

This standard is designed to ensure ongoing medical and mental health care for sexual abuse victims and abusers. The FCI Sheridan offers qualified and coordinated medical and mental health care regardless of an inmate’s ability to pay for said services. As appropriate, inmates are provided the opportunity to attend follow-up treatments, for both medical and mental health services. Once established, access to said treatment follows the inmate throughout the BOP system and can be coordinated with community care upon the inmate’s release from the BOP. The medical and mental health services provided are consistent with the community level of care. Additionally, because this level of care is coordinated to ensure that inmates receive every aspect of sexual abuse treatment, addressing both medical and mental health needs on a regular and timely basis, without regard to cost, the opportunity for treatment received in this institutional setting far exceeds that of individuals receiving similar treatments within the community. Accordingly, the FCI Sheridan Medical and Mental Health Department has collectively exceeded the provisions of this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- SHE Institution Supplement, #SHE 5324.12d, Sexually Abusive Behavior Prevention and Intervention Program, 1-2-21
- SHE Memorandum for PREA Audit File #115.86, Sexual Abuse Incident Reviews: Completed Administrative Investigations, 4-19-21
- SHE Memorandum for PREA Audit File #115.86, Sexual Abuse Incident Review Team: Implementation of Recommendations, 4-28-21

Interviews:

- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Incident Review Team Member

Site Review Observations:

- Reviewed Incident Review documents

Standard Subsections:

Policy (#P5324.12) states that “the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.” In the past twelve months, the FCI Sheridan had three administrative investigations of alleged sexual misconduct completed at the facility. Accordingly, the FCI Sheridan has conducted three corresponding sexual incident reviews. In speaking with the FCI Sheridan PREA Compliance Manager and the

FCI Sheridan Facility Warden, each person explained their role within the incident review process.

- Policy (#P5324.12) requires the Incident Review team to complete the review process within 30 calendar days of the incident.
- Policy (#P5324.12) requires that, at a minimum, the incident “review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.” “
- Policy (#P5324.123) requires that the incident review team will consider:
 - Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - Whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused other group dynamics at the facility;
 - Whether the area in the facility where the incident allegedly occurred contains physical barriers in the area may enable abuse;
 - The adequacy of staffing levels in that area during different shifts;
 - Whether monitoring technology should be deployed or augmented to supplement supervision by staff.
 - Concluding the team meeting, the designated team member will prepare a brief report noting any team findings or recommendations for the future. “The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so” (#P5324.12)

Reasoning & Findings Statement:

Within the past 12 months, FCI Sheridan has conducted three administrative investigations of alleged sexual misconduct at the facility. As such, there were three corresponding sexual incident reviews. Documentation relative to these reviews was examined to ensure that the Incident Review Team consisted of the appropriate committee members, that due consideration was given to the factors noted within Section D, an incident review report was completed with appropriate subsequent action taken, and that these reviews were generally conducted within 30 days of the incident. In speaking with the FCI Sheridan PREA Compliance Manager and the FCI Sheridan Facility Warden, each person explained their role within the incident review process. Additionally, inmates were interviewed to determine what, if any, changes were needed or made to institutional policy following their reported incident. With this, given the totality of the information reviewed, policies, documented evidence, staff and offender interviews, it is apparent that the FCI Sheridan has maintained compliance with each of the aforementioned provisions and is thus in compliance with the entire standard.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Federal Bureau of Prisons Annual PREA Report, 2013
- Federal Bureau of Prisons Annual PREA Report, 2014
- Federal Bureau of Prisons Annual PREA Report, 2015
- Federal Bureau of Prisons Annual PREA Report, 2016
- Federal Bureau of Prisons Annual PREA Report, 2017
- Federal Bureau of Prisons Annual PREA Report, 2018

Interviews:

- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section
- Reviewed monthly incident summaries

Standard Subsections:

- Policy (#P5324.12) provides all staff within the BOP a standardized set of definitions specific to sexual abuse/sexual harassment allegations. Policy (#P5324.12) further mandates that all “the agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.” In speaking with the FCI Sheridan Institution Investigator, adherence to this provision was confirmed.
- Policy (#P5324.12) further requires that “the agency shall aggregate the incident-based sexual abuse data at least annually.” In speaking with the FCI Sheridan Institution Investigator, adherence to this provision was confirmed.
- Policy (#P5324.12) requires that the information collected “shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.”
- Policy (#P5324.12) requires that “The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual

abuse incident reviews.” The FCI Sheridan PREA Compliance Manager confirmed the agency’s overall adherence to this policy. As well, the FCI Sheridan PREA Compliance Manager and FCI Sheridan Institution Investigator confirmed that above reference sources were continuously used to inform the agency’s annual statistical reports.

- Policy (#P5324.12) mandates that the agency PREA coordinator/designee must ensure all aggregated sexual misconduct data received from private facilities with which it contracts is readily available to the public at least annually through the facility internet site. The National PREA Coordinator confirmed the agency’s overall adherence with this standard.
- Policy (#P5324.12) states ”upon request, the agency shall provide all such (statistical PREA) data from the previous calendar year to the Department of Justice no later than June 30.”

Reasoning & Findings Statement:

This standard works to ensure that specific data relative to promoting sexual safety within a correctional institution is collected on a monthly basis. That data is then aggregated and made available for public review. The FCI Sheridan has agreed to the timely collection of said data and is subsequently furnishing it to appropriate entities as required. Hence, the FCI Sheridan has met all provisional requirements and is in compliance with this standard.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Federal Bureau of Prisons Annual PREA Report, 2013
- Federal Bureau of Prisons Annual PREA Report, 2014
- Federal Bureau of Prisons Annual PREA Report, 2015
- Federal Bureau of Prisons Annual PREA Report, 2016
- Federal Bureau of Prisons Annual PREA Report, 2017
- Federal Bureau of Prisons Annual PREA Report, 2018

Interviews:

- Agency Head
- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section

Standard Subsections:

- Policy (#P5324.12) requires the PREA Coordinator to prepare and aggregate data related to sexual abuse and sexual harassment across all BOP facilities. Following this, the BOP then uses that data to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. Specifically, the BOP works to identify problem areas, take corrective action on an ongoing basis, and prepares an annual report of its findings from the data review and any corrective actions for each facility, as well as the agency as a whole. The PREA Coordinator confirmed adherence to this policy. As well, the BOP Annual PREA Reports (2013-2018) is a productive display of the potential use of data that has been collected.
- Policy (#P5324.12) requires that annual statistical reports “shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.” The PREA Coordinator confirms adherence to this policy.
- Policy (#P5324.12) requires that upon completion of each year’s Annual Report, “the agency’s report shall be 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.” A review of the BOP website reflects this data to be publicly available for citizen consumption.
- Policy (#P5324.12) requires that any information redacted from the report due to a clear and specific threat to the safety and security of the facility must indicate the reason for redaction.

Reasoning & Findings Statement:

This standard works to determine if agency, and by extension, facility base staff use aggregated data to promote the overall safety and security of the facility. In speaking with the agency-wide PREA Coordinator, FCI Sheridan PREA Compliance Manager, and the FCI Sheridan Facility Warden, the manner in which staff utilized the data to improve overall institutional safety, based on their role within the agency, was explained. The FCI Sheridan has demonstrated clear compliance with each of the provisions, and as such, has reached the goal of the standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15

Interviews:

- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section

Standard Subsections:

- Policy (#P5324.12) requires all aggregated data to be securely retained. The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87.
- Policy (#P5324.12) requires all aggregated data to be publicly available, with new materials being added at least once annually. The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87. This data is made readily available to the public through the BOP website.
- Policy (#P5324.12) requires all personal identifiers must be removed from publicly available data, such as all annually produced statistical reports published on the agency’s website.
- Policy (#P5324.12) requires all aggregated data to be retained for at least 10 years. The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87. This data is made readily available to the public through the BOP website.

Reasoning & Findings Statement:

This standard works to ensure both public availability and agency integrity in the presentation of aggregated sexual abuse data. In reviewing agency documents and speaking with staff, it is apparent that both the BOP PREA Coordinator, as well as the administration of the FCI Sheridan operate with transparency in government. As such, the facility has clearly obtained each provision, and thus, satisfactorily achieve overall compliance.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- BOP Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP PREA Webpage

Interviews:

- Agency PREA Coordinator
- FCI Sheridan PREA Compliance Manager
- FCI Sheridan Facility Warden
- Random Staff
- Random/Targeted Offenders

Site Review Observations:

- On-site inspection of the entire FCI Sheridan
- Review of documentation available via the BOP PREA website

Standard Subsections:

- As evidenced by presence of facility audits on the BOP website, and confirmed by the PREA Coordinator, PREA Audits have been completed at all BOP correctional facilities to provide for at least one-third of each facility type operated by the Agency being audited during each audit year.
- This is Audit Year 3 of Cycle 3.
- The auditor had full access to all areas of the facility.
- All documents requested by the auditor were received in a timely manner.
- The auditor was permitted to conduct private interviews with inmates.
- Inmates were permitted to correspond with the auditor using privileged mail processes.

Reasoning & Findings Statement:

Both the FCI Sheridan PREA Compliance Manager and other PREA staff were exceptionally prepared for this review. The auditor was provided the PAQ well in advance of arriving to the facility. The auditor was given unrestricted access to the institution and provided with all reference materials requested. The auditor was provided with a convenient location from which to interview both employees and staff in a confidential manner. Agency staff ensured that the flow of interview traffic was never restricted and that the auditor was able to attend all requested inmate functions throughout the facility as needed. The auditor did not experience any significant barriers, at any stage of the audit, that were under the control of either the agency or the FCI Sheridan. Accordingly, FCI Sheridan has exceeded the provisions of this standard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- BOP Program Statement #P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP PREA Webpage

Interviews:

- Agency PREA Coordinator

Site Review Observations:

- Review of documentation available via the BOP PREA website

Standard Subsections:

- A review of the agency website reflects that the BOP has published all final audit reports for prior audits completed during the last three years preceding this audit. The PREA Coordinator affirms that all facilities within the BOP have been audited, and their reports subsequently published, on the agency's website.

Reasoning & Findings Statement:

The function of this standard is to promote transparency in government by ensuring that all facility audits are available for public review, by way of, for example, the agency's website. In this case, the BOP does have an agency website and has made all facility PREA reports conveniently accessible to the public.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Valerie Wolfe Mahfood

10-28-21

Auditor Signature

Date

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

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