

**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:      September 7, 2021

### Auditor Information

Name: James Kenney	Email: james@preaauditing.com
Company Name: PREA Auditors of America	
Mailing Address: PO Box 1071	City, State, Zip: Cypress, TX 77410
Telephone: 713-818-9098	Date of Facility Visit: July 20 - 22, 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, DC 20534	
Mailing Address: 320 First Street, NW		City, State, Zip: Washington, DC 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: <a href="http://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp">www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp</a>			

### 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 Thompson, Assistant Director, Reentry Services Division	Number of Compliance Managers who report to the PREA Coordinator: 0

## Facility Information

**Name of Facility:** Federal Correctional Institution (FCI) Seagoville

**Physical Address:** 2113 N. Highway 175

**City, State, Zip:** Seagoville, Texas 75159

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

**City, State, Zip:**

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** [www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](http://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: AAAHC)

N/A

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

### Warden/Jail Administrator/Sheriff/Director

**Name:** K. Zook, Warden

**Email:** SEA-PREAComplianceMgr@bop.gov

**Telephone:** 972-287-2911

### Facility PREA Compliance Manager

**Name:** Melissa J. Bayless, Associate Warden (O)

**Email:** SEA-PREAComplianceMgr@bop.gov

**Telephone:** 972-287-2911

### Facility Health Service Administrator N/A

**Name:** Vacant

**Email:** SEA-PREAComplianceMgr@bop.gov

**Telephone:** 972-287-2911

### Facility Characteristics

**Designated Facility Capacity:**

1565

**Current Population of Facility:**

1805

Average daily population for the past 12 months:	1792
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:	19 - 83
Average length of stay or time under supervision:	21 months
Facility security levels/inmate custody levels:	FCI – Low/In; FDC – Administrative; FPC – Minimum/Out
Number of inmates admitted to facility during the past 12 months:	1014
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> :	964
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> :	901
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 checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input checked="" type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	293
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	45
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	7
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	7

Number of volunteers who have contact with inmates, currently authorized to enter the facility:	50
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	48
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	10
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	9
Number of open bay/dorm housing units:	1
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	38
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
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: )
<b>Investigations</b>	
<b>Criminal Investigations</b>	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<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
<b>Administrative Investigations</b>	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	253
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<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 type="checkbox"/> Other (please name or describe: ) <input checked="" type="checkbox"/> N/A

# 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.*

### Pre-Onsite Audit Phase

The Prison Rape Elimination Act (PREA) recertification audit for Federal Correctional Institution (FCI) Seagoville in Seagoville, Texas, was conducted on July 20-22, 2021. The audit was performed to determine continued compliance with the Prison Rape Elimination Act Standards. This audit included the main facility (FCI), the adjacent medium security Satellite Prison Camp (SCP), and a Federal Detention Center (FDC). FCI Seagoville is one of the 122 Federal correctional institutions operated by the Federal Bureau of Prisons (BOP). The audit was performed by James Kenney, a Department of Justice (DOJ) certified PREA auditor and was conducted through a third-party entity as a contractor. The auditor is personally accountable for complying with the DOJ certification requirements and audit findings. The agency contract was secured through a third-party entity, PREA Auditors of America (PAOA), and not directly by the auditor. The contract described the specific work required according to the DOJ standards and PREA audit handbook to include the pre-onsite audit, onsite audit, and post audit review. The third-party contract assigns the auditors after the contract was executed and clearly identifies the lead auditor's responsibilities. This was FCI Seagoville's third PREA audit, having completed an audit in each of the prior two audit cycles.

On 05/24/21, the auditor conducted an audit kickoff meeting by video conference with the assigned point of contact for the Bureau of Prisons, a Management Analyst from the Federal Bureau of Prisons External Auditing Branch. The Management Analyst (MA) will remain the point of contact (POC) for the audit. During the call, the auditor provided the MA information about the audit process, timelines, and logistics for the audit. The auditor explained that the PREA audit is a practice-based audit, and a plan was put into place for ongoing communications and expectations. The auditor explained that the auditor was to have unimpeded access to the institution, documents, and the staff. The auditor also explained the corrective action process and the auditor's responsibility to work with the institution to complete a corrective action plan to gain compliance within the time period, if corrective action were necessary. The MA was also provided the audit process map for review. The MA explained that the Pre-Audit Questionnaire (PAQ) and all other necessary documents would be uploaded through the contractor's file sharing site once they were available and would obtain all information needed throughout the audit process. The auditor explained the need to have the required audit notice posted throughout the institution and in all housing areas. The auditor also explained the need to allow confidential correspondence from inmates to the auditor through the address listed on the audit notice posted. The auditor requested that the notice be printed on color paper in two languages, English, and Spanish. The MA agreed to provide photos of the posted audit notice at various places throughout the institution to the auditor prior to the onsite audit.

The institution posted the required audit notice throughout the institution on 06/04/2021 and photos showing the posted audit notice in several areas of the institution were submitted to the auditor for

review on 06/09/21. The notice was printed in both languages. The auditor will confirm the posting of the notice during the onsite review.

On 06/30/21 the auditor completed the documentation review and found no missing documentation. The auditor notified the MA there were no open issues at this time. The auditor requested the following additional documentation from the institution:

1. All grievances or allegations made in the 12 months preceding the audit
2. All incident reports written in the 12 months preceding the audit
3. All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit
4. All hotline calls made during the 12 months preceding the audit

In addition, the auditor requested comprehensive lists of inmates and a request to identify inmates to meet targeted interview criteria. These lists were prepared and ready for the auditor on the first day of the onsite audit:

1. Complete inmate roster (based on actual population on the first day of the onsite audit)
2. Inmate with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disability)
3. Inmates who are limited English proficient
4. Inmates who identify as lesbian, gay, bisexual, transgender, and intersex
5. Inmates in segregated housing
6. Inmates who reported sexual abuse
7. Inmates who reported sexual victimization during risk screening

The MA provided the auditor with written agency-level interviews that will be utilized to determine compliance with the standards.

The Federal Bureau of Prisons (BOP) is well-versed in performing these PREA audits and provided the auditor with unrequested documentation through the file sharing site. This documentation included the agency-level documentation as well as the FCI Seagoville documentation for the 12 months prior to the onsite audit.

The auditor performed an independent internet search for FCI Seagoville, which yielded one news article related to a 2017 staff-inmate sexual abuse case. There were several stories posted to the Federal BOP website regarding Covid-19 testing of inmates and steps taken to maintain sanitation and cleaning at Federal institutions across the Country.

The auditor viewed the BOP website and under the Custody & Care page, the auditor located a page dedicated to Sexual Abuse Prevention. This page described the Federal BOP zero-tolerance policy against sexual abuse and the commitment to respecting and protecting the rights of its incarcerated population. The page includes a required statement about the law, the agency's PREA policy, and the Federal Bureau of Prisons Annual PREA Report for 2020. The page also includes a third-party reporting form that is available for the public to complete on behalf of an inmate.

The State of Florida requires mandatory reporting of sexual abuse of an inmate to authorities under Florida State Statute (FSS) 944.35(3)(d).

The auditor also contacted Just Detention International (JDI) to determine if they had received communication from inmates at the FCI Seagoville. They showed no information that referenced the institution.

The auditor received eight letters from inmates at FCI Seagoville at the advertised mailbox prior to the onsite phase of the audit. The auditor logged the inmate names to ensure the inmate names are included in the inmate interviews during the onsite audit.

## Onsite Audit Phase

The auditor arrived at FCI Seagoville on 07/20/21 and attended a short entrance briefing in the administration building with Warden K. Zook, the Associate Warden-Programs/Institution PREA Compliance Manager (IPCM) M. Bayless, the Associate Warden-Operations, the Security Captain, and the Acting Executive Assistant/Camp Administrator. The Management Analyst joined the meeting virtually to welcome the auditor to the institution and to discuss the schedule for the onsite audit. The auditor also received a short security briefing from staff. The auditor explained the onsite audit was intended to observe the operations of the institution and assess the day-to-day practice of the staff's interaction with inmates and the promotion of the overall sexual safety. The auditor stressed that the onsite review was intended to confirm the institution's compliance with the PREA standards, which the auditor believed the institution was already meeting. The auditor was provided with an alphabetical list and a shift roster of staff members. The auditor randomly selected fifteen staff members, five from each of the three shifts, and gave the list to the IPCM. The auditor also randomly selected inmates from all three compounds for inmate interviews. The auditor was notified that the inmate count on the first day of the onsite audit was 1,696.

Federal Correctional Institution Seagoville is an all-male low security level institution with an adjacent minimum security federal prison facility and an administrative-level federal detention center for pre-trial detainees. The institution has bed space for 1,565 inmates and does not house youthful inmates under the age of 18. The main compound has seven general population housing units. Six of those housing unit, units 5, 7, 10, 12, 53, and 54, all have the same general layout. Each of the housing units is two-tiered, with double-bunked dry cells. The units have centralized group showers and restrooms. The toilets are behind stall doors. The showers are behind a stall door with a small dressing area and many of the showers are equipped with a shower curtain, which is clear at the top and bottom for staff viewing of the head and feet of inmates. Most of the units are wide open, providing a clear view for housing unit staff to watch for incidents in the dayroom. One unit has a smaller dayroom area. Unit 6 has the same general layout, but the cells are five-man cells. The restrooms and showers are the same. The auditor did not identify any blind spots or areas of safety concerns in any of the housing units. [REDACTED]

The eighth, and last, housing unit on the main compound is the Special Housing Unit (SHU). The SHU has a total of 38 cells, which are double-bunked cells. The cells are wet cells and showers for the SHU are available at one end of both the upper and lower tiers in a central area. The showers have curtains for privacy for the inmates.

The auditor began the tour of the institution and site review by touring the administrative buildings outside the secure perimeter of the main compound. The auditor toured the administration building, financial management building, and religious services building. The administration building houses the executive offices, human resources, and computer services. The financial management building houses finance, trust fund offices, and the union offices. The religious services building houses the religious department, an auditorium, the special investigative services (SIS) offices, and the institution's visitation room. The first two buildings are non-inmate areas except for assigned inmate workers for cleaning services. Inmates are allowed in the religious services area and the auditorium, as well as the visitation room during approved visitation hours. The visiting room is a wide-open room with clear sight

lines, which provides for staff a view of inmates and visitors while they visit. Restroom doors were secured as the visiting room was not open at the time the auditor was touring. The auditor was shown a room to the rear of the building where inmates are visually searched following visitation. The room has a door, no windows, and separators, where inmates can stand for privacy during the search. The officer explained to the auditor that up to three inmates at a time can be brought into the room for the visual searches and placed between the separators for the search. The inmate is then released back into the compound.

The auditor then walked through the security gate and started the tour of the main compound's housing units. The units vary in size and maximum bed count, as well as the shape of the building and the dayrooms. [REDACTED] The auditor noted the required PREA audit notice in each housing unit and signs posted noting the institution's Zero-Tolerance Policy and ways to report allegations of sexual abuse and sexual harassment. The inmate telephones were easily accessible to all inmates. The auditor also noted centralized computer access where inmates could access the TRULINCS email. Before entering each of the housing units, staff would ask the auditor and escorts to pause before entering the housing unit because the auditor was being escorted by female staff members. Staff would then make a very loud announcement to the unit that a female staff member was entering the unit, two times, wait a few minutes to provide inmates an opportunity to cover up, if necessary, then allow us to enter the unit. The auditor did not note any blind spots or areas where inmate safety would be of a concern. The auditor tested the inmate telephones and found the phones to be operational in all of the housing units. The auditor spoke randomly with inmates in several of the housing units. None of the inmates expressed a concern for inmate safety and everyone the auditor talked to could explain several ways to file an allegation of sexual abuse. The auditor also spoke with several staff members during the tour. Each person was polite and readily answered the auditor's questions, including explaining numerous ways inmates and staff could file an allegation of sexual abuse.

The auditor then toured the institution's Education building, which has classrooms and meeting rooms with large windows for easy viewing of inmates and staff inside each room. There are mirrors in the hallways to provide additional viewing of inmates while they move through the building. Inmates are not permitted in certain rooms and offices and storerooms are secured to prevent unauthorized access.

The auditor toured the institution's Laundry, which was staffed by one officer and 11 inmate workers. The laundry is equipped with several large washers and dryers and is left with large spaces behind them for utility access. To combat this, the facility had installed large mirrors to provide easy viewing of the space behind. This made it easy for supervising staff members to ensure there were no inmates behind the machines and visible at all times. All storage areas in the building were properly secured. The auditor was told that inmates were to be escorted inside storage areas and inmates and staff were never in the building one-on-one.

The auditor toured the buildings for Facilities, Safety, and Vocational Training. All of these areas were inmate areas, but the auditor did not find an area of safety concern for inmates. The auditor found doors secured to prevent inappropriate behavior and clear sight lines for staff to maintain view of inmates. The Vocational Training area provided numerous opportunities for inmates including horticulture and landscape, auto repair, building trades, and heating, ventilation, and air conditioning (HVAC) training and certification. Facilities staff supervise inmate electrical, plumbing, construction, and landscape work crews.

The auditor then toured the building housing UNICOR. This is a large sewing floor, where inmate workers sew uniforms for our United States military. Federal prison industries jobs are routinely

extremely competitive and highly sought after by institution inmates, and it is no different here at FCI Seagoville. The inmates were highly motivated and proud of the products they produced, assisting our military. The work floor was set in such a way as to provide a clear view for staff and supervisors, who were situated above. This provides sight lines above and provides an extra level of safety for both staff and inmates. [REDACTED] Only approved inmates were allowed in the office areas and were not allowed in the office areas while unattended. Since the competition for UNICOR jobs is so high, inmates will avoid activities, such as sexual misconduct, to remain on the active work list to either keep their job or remain on the waiting list. The auditor noted PREA signage in several spots in the UNICOR building.

The auditor then toured the Food Services area for the main compound. This building houses the inmate dining area, the kitchen, and the staff dining area. In the kitchen area, the auditor noted an extremely clean cooking area and storage area. The auditor met with the food service administrator who walked with the auditor through the kitchen area. The auditor observed the coolers and freezers to be locked, preventing inmates from entering without proper supervision. The auditor was told that staff is always present if the coolers are left unlocked during active food preparation. The dry goods storage room was staffed by an inmate worker when necessary. The boxes in the room were stocked at an appropriate height to maintain a clear visual [REDACTED]

[REDACTED] Each of the separated food preparation areas are behind secured doors and inmates are secured inside. The dish room and pots and pans room are clean and there were no visible blind spots. The inmate dining area was clean and wide open with no blind spots. The staff dining area was not open to inmates and not a safety concern. PREA signs and the audit notice were posted in the food service building.

The auditor next toured Building 9, which houses the Special Housing Unit (SHU), Associate Warden offices, Captain and Lieutenant offices, health services, psychology services, and the classrooms for the residential drug abuse program (RDAP) and sexual offender management program (SOMP). The classrooms are open with large windows for a clear view of the people inside for safety. The auditor walked through health services and psychology services. In both areas, the auditor viewed offices and treatment rooms. Staff explained an internal policy that requires a second person in all treatment rooms to prevent one-on-one care for staff and inmate safety. In psychology, offices have large windows to provide the clinicians an opportunity to meet with inmates in private while still providing safety. The auditor found no areas of concern for inmate safety throughout the building, including the associate warden, captain, and lieutenant offices.

In health services, the auditor found the staff on duty to be very friendly and they answered several questions while showing the auditor through the space. There is no infirmary or medical housing, but they do have two isolation cells that can be utilized for short holding. Any medically necessary treatment that requires separate housing is performed at a local hospital. Medical services, laboratory services, dental care, and mental health services are available seven days a week through the health services department and psychology services. After hours care is handled by on-call staff or staff will contact emergency services based upon the situation. Any services not available by on-site staff is provided to inmates by local providers. Most of the medical staff members are institution staff members, but several job positions are contractors. The auditor confirmed that all contractors have received the required PREA education.

The auditor confirmed with several members of the health services staff that forensic medical examinations for inmates at FCI Seagoville are performed at a local hospital. The hospital has a SANE nurse on duty at all times and is prepared to perform the examination. The auditor contacted the Parkland Hospital and spoke to the charge nurse in the emergency room and confirmed the presence

of a SANE nurse. She also confirmed that sexual assault examinations are performed there in consultation with local law enforcement. Following the examination, staff at the hospital would provide a treatment plan for testing follow-up and prophylactic medications, which would be provided to the institution. The institution health services staff would follow the treatment plan upon return to the institution.

The auditor entered the secured SHU and had an opportunity to speak with several of the inmates to verify their access to services and programs as well as their ability to file allegations of sexual abuse or sexual harassment if it became necessary. The auditor found the unit well maintained and clean. The auditor was shown where visual searches would be performed. There were zero-tolerance signs posted near the showers. There were no blind spots noted. Even though these inmates were in the unit for disciplinary or administrative confinement, they all stated they could utilize the telephone to file allegations of sexual abuse or sexual harassment or use the computer to send an email. They also stated they could ask an officer for administrative remedy form and complete that to file the allegation, as well as verbally tell a staff member. The officer on duty in the SHU and the Lieutenant both told the auditor that any SHU inmate could request to send an email and they would be provided to access to an inmate station, which is located in the SHU and viewed by the auditor.

The auditor was then escorted to the recreation department, where the auditor noted several leisure activities available for the inmates. The auditor noted no areas of safety concerns in this building. The auditor found several sports field near the recreation building that were available to the inmates for leisure events, but there were no areas of safety concerns located during the tour of the facilities.

The auditor was then escorted to the Federal Detention Center (FDC) to tour that facility. Following a thorough search, the auditor was escorted through the entrance sally port and viewed the administrative offices of the FDC. The offices are a non-inmate area and the only inmates that would be allowed would be inmate workers from the Camp. The inmates would be escorted and are not allowed alone in an office one-on-one with a staff member. The auditor then toured the FDC's two housing units.

Both of the FDC housing units are laid out the same, a two-tiered, double-bunked unit, with wet cells and a group shower at one end. Inside the showers room, the inmates are provided four shower stalls with shower curtains, which are clear at the top and bottom for staff viewing of the head and feet of inmates. The units are in a large rectangular shape, with a large open dayroom. The viewing of the dayroom and inmates is easy for staff, which provides the best possible for inmate safety. [REDACTED]

[REDACTED] Off the side of the second housing unit, there are 12 isolation cells that are utilized for administrative confinement, disciplinary confinement, or any other physical separation from population that would be necessary. These cells are wet cells, and a separate shower is available with a shower curtain for privacy. The auditor noted zero-tolerance signs and the required audit notice signs in the housing units. The auditor tested the telephones and found them to be operational. The auditor spoke with several inmates who told the auditor that they felt safe in the facility and could provide the auditor with several ways to file an allegation of sexual abuse.

The auditor walked through the FDC medical services unit. The unit provides medical services for the inmates held at the institution. As seen at the main compound, the auditor confirmed with a random medical staff member that medical services must be provided with an escort and staff must not be alone with an inmate in a room.

The auditor was then escorted to Receiving and Discharge, which is inside FDC. This area is utilized to process new intake inmates into the institution and process the release of inmates from the institution. The auditor asked several questions and then asked to be processed as a new intake inmate. The

auditor was shown the pat search and strip search process, which is performed behind a curtain, performed by a male staff member only. The auditor was then provided with intake paperwork, which includes the initial risk screening information, a medical questionnaire, psychology paperwork, and the Inmate Admissions & Orientation Handbook (A&O Handbook). The auditor was asked risk screening questions, social screening questions, medical screening questions, registered in the inmate management system in the computer, then met with a medical practitioner for a medical screening, prior to being cleared for escort to a housing unit. The auditor clarified that each inmate would be processed in this same manner and was told that each inmate must complete the same process and complete the same documents and confirm in writing the receipt of the risk screening, the zero-tolerance education, and the Inmate A&O Handbook.

The auditor was then escorted to the satellite Camp. All of the Camp services are housed within on structure. Inside the building the auditor noted the Camp visiting room, education services, food service, chapel, unit management offices, administrative offices, and the two housing units.

The two housing units for the Camp are both dormitory-style units. Each unit holds several rows of double-bunks in the dormitory with a group restroom and shower room. In the restrooms, the toilets have a stall door, and the showers have shower curtains, which are clear at the top and bottom for staff viewing of the head and feet of inmates. The auditor noted zero-tolerance signs and the required audit notice signs in the housing units. The auditor tested the telephones and found them to be operational. There did not appear to be any concerns with blind spots in the housing units.

Throughout the site review, the auditor noted placement of the required audit notice posted in two languages in public areas for inmates and staff to view. There were clearly posted Zero-Tolerance signs, again in two languages.

The auditor interviewed the executive assistant/camp administrator to confirm the institution's grievance procedures for inmates. For the BOP, grievances are called administrative remedies. An Inmate can complete a written form on multiple copy forms, keep a copy for himself, and turn in the form in his housing unit. The forms are picked up daily in the housing unit and delivered to the administrative building, where the administrative assistant documents the administrative remedy and forwards it to appropriate staff member to review. Once reviewed and thoroughly investigated, the remedy is forwarded to the Warden, who will provide a formal response. The response is then sent to the inmate. This must be completed within 20 days. Administrative remedies related to sexual abuse and sexual harassment are considered emergency remedies and are handled immediately by staff. Response must be completed within five days.

The auditor met with a staff psychologist and a case manager, who performed a risk screening with the auditor. It was explained that the risk screening is a two-step process, always performed at intake for inmates, either the day they arrive or the next day. The case manager and the psychologist each interview the inmate and complete part of the screening. The questions on the risk screening meet the information required under the standard. Staff from the psychology department perform a second risk screening within fourteen days of the inmate's arrival at FCI Seagoville and responses are compared to the initial screening. Any concerns noted are immediately forwarded to the housing unit counselor and the unit team. The unit team and case manager perform a reassessment of each inmate within 28 days. This reassessment is also completed for each transgender inmate every six months.

## Inmate Interviews

The auditor conducted random and targeted inmate interviews in small conference rooms outside each of the four housing units. Based on the inmate population of 1,696 on the first day of the onsite portion of the audit, the PREA Auditor Handbook specifies that a minimum of 40 total inmate interviews must be conducted; a minimum of 20 random inmates and 20 targeted interviews are required. The security captain and executive assistant facilitated the interviews of all inmates privately in a conference room in psychology services on the main compound, in a unit manager’s office at the camp, and in a supervisor’s office at the FDC. The auditor conducted the following inmate interviews during the onsite phase of the audit:

<b>Category of Inmates</b>	<b>Interviews Conducted</b>
Random Inmates (Total)	21
Targeted Inmates (Total)	23
Total Inmates Interviewed	44
Breakdown of Targeted Inmate Interviews:	
• Youthful inmates	0
• Inmates with physical disability	1
• Inmates who are blind, deaf, or hard of hearing	2
• Inmate who are LEP	1
• Inmates with a cognitive disability	1
• Inmates who identify as lesbian, gay, or bisexual	3
• Inmates who identify as transgender or intersex	6
• Inmates in segregated housing for high risk of sexual victimization/suffered prior abuse	0
• Inmates who reported sexual abuse	4
• Inmates who reported sexual victimization during risk screening	5
Total Number of Targeted Inmate Interviews	23

The institution provided the auditor with a complete list of inmates for each of the targeted categories for interviews. The institution does not house youthful inmates. Staff also notified the auditor they would not house inmates in segregation for high risk of sexual victimization at FCI Seagoville. Those inmates would be housed at other institutions. Therefore, there were no inmates available meeting that target population to interview. The auditor randomly selected inmates from the available lists of inmates and provided those names to the institution during the entrance briefing.

The auditor was also provided a full alphabetical list of inmates for the main compound, the camp, and the FDC. The auditor randomly selected four inmates from the FDC and four inmates from the camp to interview, and one inmate from every other page of the alphabetic list of inmates from the main compound, for a total of 20 inmates for the random inmate interviews. All interviews were completed using the Department of Justice interview protocols.

All inmate interviews were conducted while using COVID-19 safety precautions and Personal Protective Equipment (PPE).

Staff Interviews

The auditor conducted interviews with institution and agency leadership and are not counted in the totals below:

- Mr. M.D. Carvajal, Agency Head/Director
- Ms. Kristi Zook, Institution Warden
- Ms. Jill Roth, National PREA Coordinator
- Ms. Melissa Bayless, Institution PREA Compliance Manager

The auditor conducted the following interviews with institution staff during the onsite phase of the audit:

Category of Staff	Interviews Conducted
Random Staff (Total)	15
Specialized Staff (Total)	23
Total Staff Interviewed	38
Breakdown of Specialized Staff Interviews:	
• Intermediate- or higher-level institution staff	1
• Medical and mental health staff	4
• Non-medical staff involved in cross-gender strip searches	1
• Human resources staff	1
• SANE staff	1
• Volunteers and Contractors who have contact with inmates	3
• Investigative staff	1
• Staff who perform screening for risk of victimization	1
• Staff who supervise inmates in segregated housing	2
• Incident review team	1
• Designated staff member charged with monitoring retaliation	1
• First responders, security staff	1
• Line staff who supervise youthful inmates	0
• Education and program staff who work with youthful inmates	0
• Intake staff	1
• Mailroom Staff	1
• Director or Volunteers and Contractors	1
• Food Services Staff Supervising Inmates	1
• Grievance coordinator	1
Total Specialized Interviews	23

The institution supplied the auditor with a list of staff names assigned to participate in the specialized staff interviews. The institution lists 50 volunteers and 7 contractors on their approved entry list. There were no volunteers available to interview due to the ongoing coronavirus emergency. Information regarding volunteers was confirmed through other interviews and is reviewed under that standard discussion later in this document. For random staff interviews, the auditor selected staff members from each of the three security shift rosters. Random staff interviews were conducted in a private setting, in the administration area or a supervisor office. The specialized staff interviews were conducted in the same manner. All interviews were completed using the Department of Justice interview protocols.

Document Sampling and Review

The institution provided the auditor the requested listings of documents, files, and records. From this information, the auditor selected and copied a variety of files, records and documents summarized in the table below:

Name of Record	Number Reviewed
Employee Files	10
Inmate Files	10
Investigation Files	4
Total Files	24

**Employee Files:** The auditor was provided ten employee records that included hiring information and training records that were randomly selected by the auditor from the alphabetical list of staff members.

**Inmate Files:** The auditor reviewed ten inmate files that were selected to match the risk screening records that were provided to the auditor during the pre-audit and site review.

**Investigation Files:** During the previous 12 months, there were a total of seven allegations of PREA related misconduct at the institution and five of the investigations were closed and completed, while the remaining two were still under investigation. The auditor reviewed the investigation records, including medical and mental health records for alleged victims, for the incidents of sexual abuse and sexual harassment that were reported during the 12-month period preceding the audit. There was one substantiated allegation of sexual misconduct, which has been referred for criminal investigation, but as the date of the incident was recent to the date of the audit, the outcome of the referral was not available at the time of this report. The investigation dispositions are shown below:

	Substantiated	Unsubstantiated	Unfounded	Investigation Ongoing
Inmate-on-inmate abusive sexual contact	1	2	1	2
Inmate-on-inmate nonconsensual sexual act	0	0	0	0
Inmate-on-inmate sexual harassment	0	1	0	0
Staff-on-inmate sexual misconduct	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total Allegations	1	3	1	2

The investigations were provided to the auditor for review, to demonstrate compliance with the standards. The investigation files were complete and included detailed victim and suspect interviews, evidence descriptions, incident reports, medical and mental health records, retaliation monitoring documentation, investigation memorandums, and sexual abuse incident reviews. Each investigation was completed promptly and thoroughly.

On the last day of the onsite phase of the audit, the auditor held an exit meeting with the Warden, both Associate Wardens, the institution’s department heads, and the MA, who attended virtually. The

auditor provided staff with an overview of the positive points found during the onsite phase of the audit. The auditor presented an overall positive report from the onsite review. The auditor expressed to the Warden and her team his thanks for the cooperation of the entire staff during the onsite visit. All the staff appeared to be very well educated on PREA and they were all friendly and respectful. The auditor explained that the institution's broad focus on reentry and programming designed to provide inmates with skills beneficial to the inmate's success following their release, all support the institution's efforts to prevent, detect and respond to incidents of sexual abuse and sexual harassment. The competitive opportunities for jobs, programs, and therapy at FCI Seagoville provide the inmates with incentive to maintain good behavior and avoid acts of misconduct that would prevent removal from these opportunities. This all leads to a higher level of sexual safety at the institution. The auditor was impressed with the cleanliness of the institution and the cooperation of the entire team to complete the audit. The auditor appreciated the cooperation of everyone to assist in the onsite portion of the audit.

### **Post-Onsite Audit Phase**

During the post-onsite phase, the auditor received one additional letter from an inmate at the institution and noted the inmate's concerns in the final report of the audit.

The auditor utilized the auditor compliance tool to assist in the review of the policies and procedures, documentation and data, interview notes, and site review notes to triangulate the results of each of the standards to confirm compliance or non-compliance. Final results were uploaded into the Online Audit System and a final report was submitted to the PREA Resource Center and to the Federal Bureau of Prisons.

## **Institution Characteristics**

Federal Correctional Institution (FCI) Seagoville is located at 2113 N. Highway 175, Seagoville, Texas. The institution is operated by the Federal Bureau of Prisons, one of 122 institutions overseen by Director M.D. Carvajal and Agency PREA Coordinator Jill Roth. FCI Seagoville was dedicated in 1938 and has seen many changes leading up to the current configuration of the low security Federal Correctional Institution, adjacent Satellite Prison Camp (SCP), and Federal Detention Center (FDC) for pre-trial detention. The institution has a designated institution capacity of 1,565. The institution currently employs 293 personnel, who all work under the leadership of institution Warden, Kristi Zook. Institution leadership consists of an Associate Warden-Programs, an Associate Warden-Operations, and a Security Captain. There are three security shifts. The Bureau of Prisons (BOP) requires that all staff members complete correctional officer training, so all staff are certified officers.

FCI Seagoville houses male inmates only with an age range of 19 to 83. The institution does not house youthful inmates. The average daily population for the last 12 months is 1,792, with an average length of stay of 157 months for the main compound and 120 months for the camp. There were 1,014 inmates admitted to FCI Seagoville over the last 12 months and 964 inmates whose length of stay was for 72 hours or more.

The institution has a total of 48 buildings. There are eight housing units on the main compound, seven of those are general population housing units. Six of them, units 5, 7, 10, 12, 53, and 54, all have the same general layout. Each of the housing units is two-tiered, with double-bunked dry cells. The units have centralized group showers and restrooms. The toilets are behind stall doors. The showers are

behind a stall door with a small dressing area and many of the showers are equipped with a shower curtain, which is clear at the top and bottom for staff viewing of the head and feet of inmates. Most of the units are wide open, providing a clear view for housing unit staff to watch for incidents in the dayroom. One unit has a smaller dayroom area. Unit 6 has the same general layout, but the cells are five-man cells. The restrooms and showers are the same. The auditor did not identify any blind spots or areas of safety concerns in any of the housing units. [REDACTED]

The eighth, and last, housing unit on the main compound is the Special Housing Unit (SHU). The SHU has a total of 38 cells, which are double-bunked cells. The cells are wet cells and showers for the SHU are available at one end of both the upper and lower tiers in a central area. The showers have curtains for privacy for the inmates.

The two FDC housing units are laid out the same, a two-tiered, double-bunked unit, with wet cells and a group shower at one end. Inside the showers room, the inmates are provided four shower stalls with shower curtains, which are clear at the top and bottom for staff viewing of the head and feet of inmates. The units are in a large rectangular shape, with a large open dayroom. The viewing of the dayroom and inmates is easy for staff, which provides the best possible for inmate safety. [REDACTED]

[REDACTED] Off the side of the second housing unit, there are 12 isolation cells that are utilized for administrative confinement, disciplinary confinement, or any other physical separation from population that would be necessary. These cells are wet cells, and a separate shower is available with a shower curtain for privacy.

The two housing units for the SCP are both dormitory-style units. Each unit holds several rows of double-bunks in the dormitory with a group restroom and shower room. In the restrooms, the toilets have a stall door, and the showers have shower curtains, which are clear at the top and bottom for staff viewing of the head and feet of inmates.

The SCP is self-contained in one building. All of the Camp services are housed within on structure. Inside the building are the Camp visiting room, education services, food service, chapel, unit management offices, administrative offices, and the two housing units.

The FDC is also self-contained in one building. The building houses administrative offices, both housing units, medical services, and the institution's receiving and discharge. This area is utilized to process new intake inmates into the institution and process the release of inmates from the institution.

The remainder of the ancillary services for the institution are at the FCI compound. Buildings for UNICOR, Laundry, Commissary, Food Service, Facilities, Warehouse, Education, Vocational Training, Chaplain, Safety, Finance, and Visitation are all well-maintained and built in a wide-open floor plan, providing for no blind spots and easy sight lines for staff and video monitoring.

Housed within Building 9 is the offices for the Captain and the Lieutenant and Psychology Services and Health Services. Classrooms and meeting rooms for the residential drug abuse program (RDAP) and sexual offender management program (SOMP) are also in this building. All classrooms and meeting rooms are open with no blind spots. The rooms all have large windows for easy viewing into the rooms for safety.

Health services does not have an no infirmary or medical housing, but they do have two isolation cells that can be utilized for short holding. Any medically necessary treatment that requires separate housing is performed at a local hospital. Medical services, laboratory services, dental care, and mental health services are available seven days a week through the health services department and psychology services. After hours care is handled by on-call staff or staff will contact emergency

services based upon the situation. Any services not available by on-site staff is provided to inmates by local providers. Most of the medical staff members are institution staff members, but several job positions are contractors. Forensic medical examinations for inmates at FCI Seagoville are performed at a local hospital. The hospital has a SANE nurse on duty at all times and is prepared to perform the examination. The auditor contacted the Parkland Hospital and spoke to the charge nurse in the emergency room and confirmed the presence of a SANE nurse. She also confirmed that sexual assault examinations are performed there in consultation with local law enforcement.

Inmate visitation is available on weekends and on Federal holidays. Visitation is held in a large open room, under direct watch of a corrections officer. There are signs in the visitation area for the public to view the institution's zero-tolerance policy regarding sexual assault and sexual harassment as well as the information for them to report allegations of sexual abuse.

The food service building, where the inmate dining area, the kitchen, and the staff dining areas are housed, is extremely clean in the cooking and storage area. The auditor met with the food service manager who walked with the auditor through the kitchen area. The coolers and freezers were locked, preventing inmates from entering without proper supervision. The dry goods storage room was staffed by two inmate workers. [REDACTED]

[REDACTED] The inmate dining area was not in use due to the ongoing national pandemic, but there were no blind spots visible. The staff dining area is not open to inmates and not a safety concern.

The Recreation Department provides leisure activities to the inmate population. FCI Seagoville Recreation staff offers hobby craft programs in drawing, painting, crochet, leather craft, and stick art. The wellness programs offered include health fairs, a wellness resource library, walking programs, and fitness classes. They also offer leisure activities such as weightlifting, horseshoes, billiards, a photography program, and bocci ball. The institution offers sports programs including leagues and tournaments in basketball, volleyball, flag football, soccer, handball, and softball.

FCI Seagoville provides the inmates with access to several work opportunities and programs to meet their mission of reentry. The institution requires all inmates to hold a job and participate in one of the programs. This action leads to better sexual safety at the institution by keeping the inmates busy and providing a reason to avoid misconduct to maintain their job or program. Some of the many programs and educational opportunities available at FCI Seagoville include UNICOR, Facilities Construction, GED classes, Parenting programs, post-secondary education, and vocational training opportunities in horticulture and landscape, auto repair, building trades, and heating, ventilation, and air conditioning (HVAC) training and certification.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations*

made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

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

**Number of Standards Exceeded:** 2

115.42; 115.65

**Number of Standards Met:** 43

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

**Number of Standards Not Met:** 0

### Summary of Corrective Action (if any)

Each standard discussion contains information specific to any needed corrective action.

## 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 institution, has each institution designated a PREA compliance manager? (N/A if agency operates only one institution.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the institution's efforts to comply with the PREA standards? (N/A if agency operates only one institution.)  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 institution does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the institution.*

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  1. Program Statement (PS) 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  2. Federal Bureau of Prisons Organizational Chart
2. Interviews:
  1. PREA coordinator
  2. PREA compliance manager

### Findings (by provision):

**115.11(a).** The Federal Bureau of Prisons and Federal Correction Institution Seagoville has adopted a comprehensive written policy that mandates zero-tolerance toward all types of sexual abuse and sexual harassment. The agency provided Program Statement (PS) 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*, which outlines their zero-tolerance sexual abuse policy. The PS

clearly describes the agency's approach to the prevention, detection, and response to sexual assault incidents in their correctional facilities and establishes immediate reporting guidelines of such incidents. This procedure provides the definitions for sexual abuse and sexual harassment that are consistent with the prohibited behaviors in the PREA standards. Based upon this analysis, the auditor finds the institution in compliance with this provision.

**115.11(b).** The agency has designated an agency wide PREA coordinator, Jill Roth, who reports to the Assistant Director Reentry Services of the Federal BOP. The agency's organizational chart was provided for review and shows the PREA coordinator's position in the Reentry Services Division of the BOP. There is no question as to the authority level of the PREA coordinator at this agency. The National PREA coordinator develops, implements, and oversees the Bureau's compliance with PREA. The Bureau appoints a Regional PREA coordinator to ensure policy guidelines are addressed in institutions within each region. The National PREA coordinator provides oversight to all the Regional coordinators. Based on the information in the PS, discussion with the Associate Warden, and the organizational chart the auditor understands the PREA coordinator has both the time and authority necessary to be successful and meet the standard. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.11(c).** The agency has designated PREA compliance managers to handle the responsibilities at their correctional facilities. The Warden at each institution must assign an Institution PREA Compliance Manager (IPCM), who except in rare circumstances will be an Associate Warden. At FCI Seagoville the IPCM is Associate Warden Operations M. Bayless. The IPCM maintains responsibility for the Sexually Abusive Behavior Prevention and Intervention Program and must provide supervisory oversight to ensure the coordination of institution departments in prevention, detection, intervention, and response, as specified by the agency's Program Statement. Through an interview with the IPCM, the auditor was able to determine the IPCM clearly understands her role and is well educated on the PREA standards. The IPCM indicated that there was sufficient time to complete duties as the IPCM, as it was a required part of the Associate Warden's responsibilities. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

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

#### 115.12 (a)

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

#### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## The following evidence was analyzed in making the compliance determination:

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

## Findings (by provision):

**115.12(a)** The agency provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement states, "The Bureau must ensure its contracts with secure privatized facilities, jails, juvenile facilities, and Residential Reentry Centers include their obligation to adopt and comply with the PREA standards. Privatization Management Branch and Residential Reentry Management Branch field staff must include PREA compliance monitoring within their scheduled contract monitoring activity" (p. 14). The agency reported there were a total of 12 contracts for the confinement of inmates and 150 Residential Reentry Centers (RRCs) that the agency had entered or renewed with private entities or other government agencies.

The auditor was provided written interview responses from the Bureau's Contract Administrator. In this interview, the administrator confirmed that all BOP contracts with private contract facilities includes the following contract language, "The contractor shall develop policy and procedures for the establishment of a sexual abuse/assault program and comply with the Prison Rape Elimination Act of 2003 and the national standards to prevent detect and respond to prison rape as contained in *28 CFR Part 115, National Standards To Prevent, Detect, and Respond to Prison Rape; Final Rule*, dated June 20, 2012." The administrator went on to say that the Bureau monitors the contractors to ensure appropriate adherence to the national standards and regulations. The auditor was provided copies of three contracts showing the inclusion of the PREA requirements in their contracts in 2013. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.12(b)** In the agency’s contract administrator interview, the administrator stated that each contractor is required to notify the BOP of any PREA allegation and forward a copy of the allegation the investigation, and the findings to BOP oversight staff for review. BOP oversight staff will review any PREA allegation to ensure compliance with PREA requirements. Such reviews are reflected on monitoring reports. Additionally, at least once a year the BOP’s Quality Assurance Program conducts a review of all of each contractor’s PREA allegations to determine contract compliance. Ten of the Bureau’s twelve private contract facilities have undergone at least an initial national PREA certification, with subsequent recertifications every three years. Compliance results were submitted to the Bureau timely. Two new contracts were awarded in May 2019, and those contractors had scheduled their PREA compliance audits at the time the interview was written. Based on this analysis, the auditor finds the institution in compliance with this provision.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

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

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

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the institution 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 institution, 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 institution, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The institution's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the institution, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the institution has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.13 (d)

- Has the institution/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 institution/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 institution?  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 institution does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the institution.*

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  2. Annual Salary/Workforce Utilization Plan FY21
  3. FCI Seagoville Institutional Duty Officer Unannounced Institution Rounds
2. Interviews:
  1. PREA Coordinator
  2. Agency Head
  3. Random Inmates
  4. Random Staff
  5. Specialized Staff
3. Site Review Observations
  1. Control room (electronic monitoring)
  2. Programs and work areas
  3. Housing units
  4. Kitchen
  5. Health services

### Findings (by provision):

**115.13(a).** In the PAQ, the agency provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The PS states that the Human Resource Management Division and Administration Division must consider PREA factors and safety, in general, when allocating overall staffing resources. At each institution, the Salary/Workforce Utilization Committee Meeting Minutes are

utilized to monitor staffing and constitute the institution's Staffing Plan. The auditor was provided FCI Seagoville's Committee Meeting Minutes for the prior 12-month period.

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

1. Provision 115.13(a)(1) – Generally accepted detention and correctional practices – The Bureau creates posts throughout the BOP in line with national correctional practice and was developed based on direction from the National Institute of Corrections (NIC) and US Department of Justice's "Guidelines for the development of a security program".
2. Provision 115.13(a)(2) – Any judicial findings of inadequacy – There are no judicial findings of inadequacy at FCI Seagoville.
3. Provision 115.13(a)(3) – Any findings of inadequacy from Federal investigative agencies – FCI Seagoville has not had any findings of inadequacy from any Federal investigative agency.
4. Provision 115.13(a)(4) – Any findings of inadequacy from internal or external oversight bodies – There have been no findings of inadequacy from any internal or external oversight bodies at the Bureau.
5. Provision 115.13(a)(5) – All components of the institution's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) – The Annual Salary/Workforce Utilization Meeting reviews all PREA-related concerns as part of the meeting. There are no noted concerns for the institution's physical plant.
6. Provision 115.13(a)(6) – The composition of the inmate population – The review considers the inmate population and understands that there are no concerns related to segregation units, youthful inmates, security levels, or separation of male and female inmates.
7. Provision 115.13(a)(7) – The number and placement of supervisory staff – The review considers the institution's ability to place staff throughout the institution, including supervisors. These tasks help to ensure sexual safety in the institution.
8. Provision 115.13(a)(8) – Institution programs occurring on a particular shift – The review ensures adequate staff assigned to daily programmatic activities, including daily access to mental health programming and the residential drug abuse unit. It also includes adequate staffing to ensure excellence in educational opportunities for all inmates, while ensuring the safety of the inmates.
9. Provision 115.13(a)(9) – Any applicable State or local laws, regulations, or standards – There are no State or local laws, regulations, or standards that relate to the Bureau and its staffing.
10. Provision 115.13(a)(10) – The prevalence of substantiated and unsubstantiated incidents of sexual abuse – The review includes a review of the PREA allegations in its annual review. FCI Seagoville has a significantly low number of allegations.
11. Provision 115.13(a)(11) – Any other relevant factors – The review considered all other incidents and the institution's physical plant and found no need to make modifications to the current staffing plan.

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

During the site review, the auditor found no areas of concern or blind spots in the institution. The auditor also noted adequate staffing throughout the institution, as well as with supervisory staff. The auditor reviewed all areas, including the kitchen, laundry, program areas, health services and mental health, and all housing units. [REDACTED] the auditor could see where the institution had identified potential areas of concern, as some mirrors had been installed. This would support the assertion in the staffing review that the institution has done an extensive review. The auditor visited the control room where staff actively monitor video within the institution. There appeared to be adequate coverage in most areas of the institution.

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

The auditor visited the education and programs buildings and UNICOR. Inmates were able to utilize program services and easily meet their required work opportunities without taking away security and safety from the rest of the institution. In fact, inmates expressed to the auditor that participation in these programs and educational opportunities were sought after by inmates. Inmates told the auditor that they were so eager to participate that it was encouragement to avoid violating inmate rules so they could maintain their program participation, thus adding to institutional sexual safety. The staffing plan provides for required programs staff to allow full participation in work and betterment programs.

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

**115.13(b).** The staffing plan reports total deviations in the Workforce Utilization Plan. Any shortage of staff, expected terminations, retirements, Federal holiday payments, overtime usage, or budget shortfall is addressed. The institution utilizes overtime to cover deviations from the plan to ensure adequate coverage on each shift to maintain proper staffing. This ensures sexual safety of the inmates at the institution. These deviations are reported on the daily shift rosters and are included in the institution's weekly reports. This information is included in the quarterly Salary/Workforce Utilization Plan. The auditor was provided access to this information in the submitted documentation for review and the Warden confirmed this information during the interview with the auditor. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.13(c).** The auditor was provided a copy of the Annual Salary/Workforce Utilization Plan FY21 in the PAQ. The annual review was completed in the first quarter of 2021. The review indicated there were no concerns with the current staffing based on the institution's inmate population, current staffing levels, current video monitoring technology, physical plant, and institution administration requests. The annual review was completed by the Workforce Utilization Committee, which included the IPCM, and was signed by the Warden.

The auditor received written responses from the Agency PREA coordinator, who confirmed the staffing plan is reviewed at a minimum of once per year and are annually compiled by the Regional PREA

Coordinator by May 1 and submitted to the National PREA Coordinator by June 1. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.13(d).** The auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. This program statement states, “Unannounced rounds by supervisory staff conducted with the intent of identifying and deterring sexual abuse and sexual harassment are conducted every week, including all shifts and all areas. The Institution Duty Officer (IDO) conducts and documents the unannounced rounds. At the end of the IDO’s tour week, the documentation is forwarded to the Institution PREA Compliance Manager for retention” (p. 16).

During the onsite audit, the auditor spoke with several staff members while completing the site review. The auditor confirmed that supervisors make rounds throughout the institution daily and weekly. In fact, the auditor was told that the Warden routinely walks through each housing unit almost every day to ensure that inmates and staff are safe. The auditor spoke with several inmates, and they told the auditor that supervisors and the Warden are seen often in the housing unit and are easily accessible if the inmates have a concern. The auditor was provided several copies of the **FCI Seagoville Institutional Duty Officer Unannounced Institution Rounds** completed forms for various dates throughout the last 12 months. The forms show completed rounds in all areas of the institutions, at various times of the day, by various intermediate- and higher-level staff members. The auditor interviewed an intermediate supervisor during the onsite audit. She confirmed that each upper-level supervisor is posted for one week as the Institutional Duty Officer on a rotating basis. During that week, rounds must be performed throughout the institution. She stated that she utilizes keys to each building as a means to ensure her entry is unannounced. Based on this analysis, the auditor finds the institution in 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 institution 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 institution 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 institution 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 institution 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 institution 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 institution 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 institution 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 institution does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the institution.*

**The following evidence was analyzed in making the compliance determination:**

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

**Findings (by provision):**

**115.14(a).** FCI Seagoville does not house youthful inmates. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.14(b).** FCI Seagoville does not house youthful inmates. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.14(c).** FCI Seagoville does not house youthful inmates. Based on this analysis, the auditor finds the institution in compliance with this provision.

## 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 institution 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 institution always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)  Yes  No  NA
- Does the institution always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

#### 115.15 (c)

- Does the institution document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the institution document all cross-gender pat-down searches of female inmates?  
 Yes  No

#### 115.15 (d)

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

#### 115.15 (e)

- Does the institution 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 institution 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 institution/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 institution/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 institution does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the institution.*

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  2. PS 5521.06 *Searches of Housing Units, Inmates, and Inmate Work Areas*
  3. Training curriculum
  4. Training records
2. Interviews:
  1. Specialized staff
  2. Targeted inmates
  3. Random inmates
3. Site Review Observations:
  1. Control room (electronic monitoring)
  2. Strip search room
  3. Bathrooms and shower areas
  4. Housing units
  5. Health services

### Findings (by provision):

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

During the site review, the auditor viewed the strip search area in the institution's receiving area. This area is separated from viewing from other inmates and staff members and there are no cameras in the area that could view the inmate in a state of undress during the search. This area is utilized for unclothed searches of inmates upon transfer into or out of the institution. During the site review, the auditor experienced the intake process and saw where the search would be performed and was told the search would always be performed by a male staff member based on the agency policy. The auditor had informal discussion with inmates during the site review and was told that strip searches of inmates are always performed by male officers. The auditor interviewed two officers that perform searches and they both indicated that only male officers are permitted to perform strip searches of the male inmates. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

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

**115.15(d).** The agency provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement indicates that this section applies only to inmate housing units and does not apply to medical housing units. The procedure requires that inmates be appropriately clothed in all common areas of the institution. Inmates are required to shower, perform bodily functions, and change clothing in designated areas only. Inmates will be notified of the presence of opposite gender staff members in four ways, including:

1. a statement in the Admission and Orientation Handbook advising inmates they are required to remain clothed, and the presence of cross-gender staff;
2. a posted notice on inmate bulletin boards and signs in housing units that state that male and female staff routinely work and visit the inmate housing areas;
3. an announcement made at the beginning of primary shifts, or other appropriate times in each housing unit, using a public address system;
4. for staff members with offices in the housing units, the Unit Team, the most recent schedule is posted in the unit, so inmates are aware when opposite gender staff are present.

At FCI Seagoville, in open dormitory housing units, inmates are required to dress and undress inside the shower and restroom area only. Each inmate is given that instruction and they are expected to follow that instruction. Female staff members also make an additional cross gender announcement

prior to entering the shower and restroom areas to ensure the male inmates have an opportunity to cover up.

During the site review, the auditor visited each housing unit and viewed the restroom and shower areas. In all areas, the auditor could see the specific actions taken to provide privacy for the inmates and to prevent cross-gender viewing of inmates' breasts, genitalia, and buttocks. Most of the housing units have group restrooms and the toilets are behind stall doors. Most of the showers have a dressing area in front with a stall door. Many of the showers have a shower curtain as well, which is clear at the top and bottom for viewing of the inmate head and feet for safety. Those showers that do not have the dressing area have the same shower curtain. The auditor witnessed the cross-gender announcement each time the auditor entered the housing unit and when the auditor's escort attempted to enter the shower and restroom area to view that area. The auditor spoke with several inmates during the site review and each inmate explained the internal rule that required dressing in the restroom area only, especially in the dormitory housing units. This prevents opportunities to be seen by female staff members in other areas of the unit. The auditor checked the video monitors in the institution's main control room and there was no camera which provided a clear view of any of the restroom areas, where a staff member would have the opportunity to see an inmate's breasts, genitalia, and buttocks.

During random interviews with 21 inmates, they all stated that officers routinely make an announcement before entry to the unit. Some of the inmates in the open dormitory unit stated that the announcement was not made unless the female staff member was going to enter the restroom area. All 21 of the inmates interviewed confirmed they were aware of the agency's cross-gender signs and statement in the Handbook. No inmate stated they could be seen in full nudity by female staff members. During random interviews with 15 staff members, they confirmed that cross-gender announcements are performed every time a female staff member enters a housing unit. Staff stated that they cannot see inmates in the showers and restrooms. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.15(e).** In the PAQ, the agency provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement confirms that the agency may not search an inmate to determine their genital status, but the provision does not limit the search of an inmate to ensure the safe and orderly running of the institution.

During the onsite phase of the audit, the auditor interviewed six transgender female inmates. Each of the inmates stated that they were not searched to determine the gender of the inmate. The auditor interviewed 15 random staff members and was told that such searches of transgender inmates to determine gender was a violation of policy. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.15(f).** The institution provided the auditor a copy of the search procedures training curriculum that is provided for staff on an annual basis. The training identifies the need for staff members to perform pat searches using the bladed technique between and under the breasts to search for contraband. The training also requires the need to do searches in a professional and respectful manner, in the least intrusive manner possible. The auditor was provided training records for the last two years, which documents the completion of training for all staff members on the search module.

During the onsite phase of the audit, the auditor interviewed 15 random staff members. Each of the 15 staff members confirmed receiving this required agency training. All 15 staff members stated that the training included how to perform the searches of transgender inmates in a professional and respectful manner. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  2. DOJ Blanket Purchase Order (BPA DJJ12-F-2306)
  3. FDC Inmate Orientation Handbook

4. Form NI1-120 – PREA Education
2. Interviews:
  1. Agency head
  2. Targeted inmates
  3. Random inmates
3. Site Review Observations:
  1. Postings in housing units
  2. Medical housing
  3. Inmate educational materials

### Findings (by provision):

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

During the onsite phase of the audit, the auditor interviewed one inmate with a physical disability, who was confined to a wheelchair. The inmate confirmed he had received the PREA education and had no problems with seeing and hearing the information provided at receiving. He could explain the zero-tolerance policy, knew how to properly report an allegation of sexual abuse, and knew what behavior was considered sexual abuse. The auditor also interviewed one partially blind inmate and one deaf inmate. The inmates reported that they also received the PREA education without a problem at intake and at orientation. The deaf inmate was provided written materials to read. The auditor interviewed one inmate that spoke Spanish. The institution provided a staff member to translate for the auditor. The inmate explained that written materials were all provided in Spanish, and he clearly understood the agency's zero-tolerance policy. The auditor also interviewed an inmate with dyslexia. This inmate also confirmed that he had properly received the PREA education at intake and was able to understand the information without assistance. The auditor received written interview responses from the agency head. In these responses, he confirmed the various accommodations available to provide PREA education for all inmates, regardless of the disability or language spoken. During the site review, the auditor viewed the PREA signage, and it appeared to be posted at a level that was easily viewed by all inmates, even those that were wheelchair-bound. Administrative remedies are available to all inmates and all inmates have full access to inmate email, regardless of any disability they may have. Also, BOP policy requires accommodations for those that need assistance to file an administrative remedy. The telephones are also in a place easily accessible for all inmates, so all inmates would be able to call the PREA hotline. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

institution has access to staff members that can translate Spanish, Language Line Solutions, and American Sign Language interpreting services.

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

**115.16(c).** In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement indicates that use of an inmate interpreter is not allowed, except in exigent circumstances.

During the onsite phase of the audit, the auditor spoke with 15 random staff members. All staff stated that the institution does not utilize inmates to interpret for other inmates. Staff members stated clearly that using an inmate to interpret could be dangerous, as there is no way to ensure that the translation from their language to English is accurate. Staff confirmed that there is a list of approved translators if someone requires a translator. Based on this analysis, the auditor finds the institution in compliance with this provision.

## 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 institution, juvenile institution, 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 institution, juvenile institution, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

### 115.17 (g)

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

### 115.17 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  2. PS 3000.03 *Human Resource Management Manual*
  3. PS 3420.09 *Standards of Employee Conduct*
  4. PS 3420.11 *Standards of Employee Conduct*
  5. BOP Pre-Employment Guide
  6. BOP Recruitment Flyer
  7. U. S. Government - Questionnaire for Public Trust Positions
  8. Employment records
2. Interviews:
  1. Specialized staff

### Findings (by provision):

**115.17(a).** In the PAQ, the auditor was provided several documents related to the Bureau's hiring procedures for staff members, contractors, and volunteers. PS 3000.03 *Human Resource*

*Management Manual* highlights the Bureau's investigative requirements for the hiring of staff members, contractors, and volunteers. Prospective BOP employees, institution volunteers, and contractors for services to BOP institutions are provided documents to advise them of the requirements of criminal background checks. These documents include the Pre-Employment Guide, the Recruitment Flyer, and the U.S. Government Questionnaire for Public Trust Positions. PS 3420.09 *Standards of Employee Conduct* and PS 3420.11 *Standards of Employee Conduct* were also provided for the auditor to indicate acts of conduct that the BOP will consider as prohibited that will exclude an applicant from consideration for employment or service as a volunteer.

The auditor reviewed the records of ten randomly selected staff members. The agency provided clear records showing the appropriate background checks performed with no indication of prior sexual offenses listed for each of the ten records reviewed. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.17(b).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* includes an extensive review of the applicant's prior work history. This review asks questions regarding the applicant's sexual harassment history. This review must be completed before the applicant can be approved for employment by the Bureau.

During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that all applicants are asked specific questions about sexual harassment. The applicant is required to affirmatively state that he or she has not been the subject of a sexual harassment investigation. This is also confirmed through the background check of prior employers. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.17(c).** In the PAQ, the auditor was provided several documents related to the Bureau's hiring procedures for staff members, contractors, and volunteers. PS 3000.03 *Human Resource Management Manual* highlights the Bureau's investigative requirements for the hiring of staff members, contractors, and volunteers. Prospective BOP employees, institution volunteers, and contractors for services to BOP institutions are provided documents to advise them of the requirements of criminal background checks. These documents include the Pre-Employment Guide, the Recruitment Flyer, and the U.S. Government Questionnaire for Public Trust Positions. PS 3420.09 *Standards of Employee Conduct* and PS 3420.11 *Standards of Employee Conduct* were also provided for the auditor to indicate acts of conduct that the BOP will consider as prohibited that will exclude an applicant from consideration for employment or service as a volunteer.

The auditor reviewed the records of ten randomly selected staff members. The agency provided clear records showing the appropriate background checks performed with no indication of prior sexual offenses listed for each of the ten records reviewed. During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that all applicants must pass the full criminal history review before being considered for employment. Also, a full check of prior employers is completed for everyone before the applicant's file can receive final approval. These same reviews are completed for contractors but are typically performed by the contractor and are included in the contract. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.17(d).** In the PAQ, the auditor was provided several documents related to the Bureau's hiring procedures for staff members, contractors, and volunteers. PS 3000.03 *Human Resource Management Manual* highlights the Bureau's investigative requirements for the hiring of staff members, contractors, and volunteers. Prospective BOP employees, institution volunteers, and contractors for services to BOP institutions are provided documents to advise them of the requirements of criminal background checks. These documents include the Pre-Employment Guide, the Recruitment Flyer, and

the U.S. Government Questionnaire for Public Trust Positions. PS 3420.09 *Standards of Employee Conduct* and PS 3420.11 *Standards of Employee Conduct* were also provided for the auditor to indicate acts of conduct that the BOP will consider as prohibited that will exclude an applicant from consideration for employment or service as a volunteer.

During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that all applicants must pass the full criminal history review before being considered for employment. Also, a full check of prior employers is completed for everyone before the applicant's file can receive final approval. These same reviews are completed for contractors but are typically performed by the contractor and are included in the contract. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.17(e).** In the PAQ, the agency provided PS 3000.03 *Human Resource Management Manual*. The manual states that all positions considered law enforcement positions and all other positions are subject to the background investigations at levels based on the sensitivity of their job descriptions. All positions are subject to five-year reinvestigations.

During the onsite phase of the audit, the auditor interviewed a human resources staff member. She confirmed that all staff members are subject to an automatic five-year reinvestigation that is performed by the Bureau with assistance of the Federal Bureau of Investigation. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.17(f).** In the PAQ, the agency provided PS 3000.03 *Human Resource Management Manual*. The manual states that all positions considered law enforcement positions and all other positions are subject to the background investigations at levels based on the sensitivity of their job descriptions. All positions are subject to five-year reinvestigations. The staff member's duty to affirmatively disclose any misconduct is part of the five-year reinvestigation.

During the auditor's interview with the human resources staff member, it was confirmed the agency follows this policy. She explained that questions regarding an individual's prior employment, sexual abuse and sexual harassment allegations, and prior criminal offenses are asked during the oral interview process. She also confirmed that all employees are required to report any arrests or allegations of sexual harassment. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.17(g).** The agency's employment application was provided to the auditor during the interview. The application clearly provides the applicant with the statement that all statements on the application are true, and any misstatement, misrepresentation or falsification of facts shall cause forfeiture of all rights to employment with the agency.

During the interview with the human resources staff member, the auditor confirmed that the agency will terminate any employee for false information provided during the application process or omissions of fact of any information, including sexual abuse and sexual harassment. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.17(h).** Although there is no prohibition to release such information, the Bureau refers such requests to Internal Affairs for response. The auditor was provided a memorandum to show that these requests are handled by Internal Affairs and release of the information may be based on a law enforcement exception.

During the onsite phase of the audit, the auditor interviewed a staff member from human resources. She confirmed that the agency would, in fact, provide potential new employers with information regarding a past employee's sexual abuse and sexual harassment allegations and/or investigations. She stated that they would not want an individual who had already participated in such activities to have access to inmates in another institution. She stated that there is no law prohibiting this in Texas. Based on this analysis, the auditor finds the institution in compliance with this provision.

## 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 institution 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/institution has not acquired a new institution 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/institution 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 institution does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the institution.*

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  1. None
2. Interviews:
  1. Agency head
  2. Warden

**Findings (by provision):**

**115.18(a).** The agency provided no documentation regarding this standard, although institution documentation provided to the auditor during the onsite audit show no substantial expansion or modifications to the existing institution since the last PREA audit.

During the onsite phase of the audit, the auditor interviewed the Warden, who stated that the administration constantly reviews what changes might be needed for FCI Seagoville. Although none are needed at this time, they would always take into account the sexual safety of the inmate population when making decisions. The auditor received written interview responses from the agency head. In these responses, he confirmed that all new facility designs, and upgrades of technology will include consideration of how it could enhance the Bureau's ability to protect against sexual abuse. Modifications must take into account proper line of sight, ensuring that new construction does not create blind spots, and ensuring new construction will not inhibit an inmate's ability to benefit from all aspects of PREA. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.18(b).** The agency provided no documentation regarding this standard, although institution documentation provided to the auditor during the onsite audit show no substantial expansion or modifications to the existing institution since the last PREA audit.

During the onsite phase of the audit, the auditor interviewed the Warden, who stated that the administration constantly reviews what changes might be needed for FCI Seagoville. Although none are needed at this time, they would always take into account the sexual safety of the inmate population when making decisions. The auditor received written interview responses from the agency head. In these responses, he confirmed that all new facility designs, and upgrades of technology will include consideration of how it could enhance the Bureau's ability to protect against sexual abuse. Modifications must take into account proper line of sight, ensuring that new construction does not create blind spots, and ensuring new construction will not inhibit an inmate's ability to benefit from all aspects of PREA. Based on this analysis, the auditor finds the institution in compliance with this provision.

## 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/institution 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/institution 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/institution 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 institution, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

**115.21 (d)**

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  
 Yes  No

### 115.21 (e)

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

### 115.21 (f)

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

### 115.21 (g)

- Auditor is not required to audit this provision.

### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)

1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  2. Policy Memorandum FY14-POL-03 RE: Prison Rape Elimination Act Investigative Policy
  3. PREA Victim Advocacy Brochure
  4. Memorandum of Understanding – FCI SEAGOVILLE, SEAGOVILLE, TEXAS and DALLAS COUNTY HOSPITAL DISTRICT d/b/a PARKLAND HEALTH & HOSPITAL SYSTEM, on behalf of its PARKLAND RAPE CRISIS CENTER
2. Interviews:
    1. Specialized staff
  3. Site Review Observations:
    1. Health services

**Findings (by provision):**

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

During the onsite phase of the audit, the auditor interviewed 15 staff members, who clearly identified the steps to properly secure potential crime scenes and protect evidence from the victim and suspect until the evidence can be properly collected. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

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

During the onsite phase of the audit, the auditor interviewed two nurses from health services, who stated that any forensic examination would be performed at a local hospital. The auditor also conducted a telephone interview with a charge nurse in the emergency room of Parkland hospital. The nurse confirmed that the hospital has on staff in the emergency room a sexual assault nurse examiner (SANE) that would perform the forensic exam if an inmate victim were brought to the hospital. The nurse was not aware of any such examination over the previous 12 months. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.21(d).** In the PAQ, the institution provided a Memorandum of Understanding – FCI SEAGOVILLE, SEAGOVILLE, TEXAS and DALLAS COUNTY HOSPITAL DISTRICT d/b/a PARKLAND HEALTH &

HOSPITAL SYSTEM, on behalf of its PARKLAND RAPE CRISIS CENTER. This agreement (MOU) calls for the Rape Crisis Center (RCC) to provide victim advocacy for FCI Seagoville. This advocacy includes the advocacy accompaniment for inmate victims following sexual assaults that occur at the institution.

During the onsite phase of the audit, the auditor interviewed the IPCM. She confirmed that the institution has access to victim advocates through the RCC. Inmates are informed of the available advocates through information provided to inmates following assault incidents. The auditor interviewed four inmates who reported sexual abuse during their time at FCI Seagoville. The inmates confirmed their knowledge of available victim advocacy but stated they did not need those services. The auditor contacted staff at the RCC to confirm the MOU and availability of advocates for FCI Seagoville. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.21(e).** In the PAQ, the institution provided a Memorandum of Understanding – FCI SEAGOVILLE, SEAGOVILLE, TEXAS and DALLAS COUNTY HOSPITAL DISTRICT d/b/a PARKLAND HEALTH & HOSPITAL SYSTEM, on behalf of its PARKLAND RAPE CRISIS CENTER. This agreement (MOU) calls for the Rape Crisis Center (RCC) to provide victim advocacy for FCI Seagoville. This advocacy includes the advocacy accompaniment for inmate victims following sexual assaults that occur at the institution.

During the onsite phase of the audit, the auditor interviewed the IPCM. She confirmed that the institution has access to victim advocates through the RCC. Inmates are informed of the available advocates through information provided to inmates following assault incidents. The auditor interviewed four inmates who reported sexual abuse during their time at FCI Seagoville. The inmates confirmed their knowledge of available victim advocacy but stated they did not need those services. The auditor contacted staff at the RCC to confirm the MOU and availability of advocates for FCI Seagoville. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.21(f).** Since sexual abuse investigations are performed by the agency, this provision does not apply to the institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.21(g).** The auditor is not required to review this provision.

**115.21(h).** FCI Seagoville has an agreement in place to provide victim advocacy services for the institution. With this agreement in place, it is not necessary to utilize staff members to provide victim advocate services. Based on this analysis, the auditor finds the institution in compliance with this provision.

## Standard 115.22: Policies to ensure referrals of allegations for investigations

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

#### 115.22 (a)

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

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

#### 115.22 (b)

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

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/institution 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 institution does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the institution.*

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  - b. Policy Memorandum FY14-POL-03 RE: Prison Rape Elimination Act Investigative Policy
2. Interviews:
  - a. Specialized staff

### Findings (by provision):

**115.22(a).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement requires that all staff members at immediately report any knowledge of an inmate's concern or allegation of sexual abuse or sexual harassment. The auditor was also provided Policy Memorandum FY14-POL-03 RE: Prison Rape Elimination Act Investigative Policy. The memorandum for the Inspector General Manual (IGM) confirms the Bureau's requirement to investigate all allegations of sexual abuse and sexual harassment and the Inspector General's role in that investigation.

The auditor was provided the agency head written interview information. The Bureau's agency head confirmed that all allegations are investigated either by the Office of the Inspector General or the Office of Internal Affairs. Institution investigative staff will investigate cases that clearly are not criminal in nature. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.22(b).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement requires that all staff members at immediately report any knowledge of an inmate's concern or allegation of sexual abuse or sexual harassment.

During the onsite phase of the audit, the auditor interviewed an institution investigator. The investigator confirmed that agency policy requires that all allegations of sexual abuse and sexual harassment be referred for investigation. The auditor reviewed the Bureau of Prisons web site and located the Sexual Abuse Prevention page under the Custody & Care section. The page lists the agency's zero-tolerance information and provides the public an opportunity to submit a notification of concern regarding an inmate at the BOP. The agency's PREA policy is also posted. The information can be found here: [www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](http://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp). Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.22(c).** Investigations that are potentially criminal are performed by outside investigators that are components of the Department of Justice. The policy clearly describes the responsibilities of the agency and the outside investigative agency and how they interact and share information to properly complete the investigation. This information is properly documented and posted to the public website. Based on this analysis, the auditor finds the institution in compliance with this provision.

## 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 institution?  Yes  No
- Have employees received additional training if reassigned from a institution that houses only male inmates to a institution 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 institution does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the institution.*

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  - b. Training curriculum
  - c. Training logs
2. Interviews:
  - a. Random staff

#### Findings (by provision):

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

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

During the onsite phase of the audit, the auditor interviewed 15 random staff members and spoke informally with several staff members. Each person interviewed indicated that they received PREA education prior to beginning work in the secure institution or had received it during initial correctional

training upon hire with the BOP. All officers interviewed verified the ten points of this standard in the BOP training. The auditor was told that they get PREA training as part of their annual training. The auditor reviewed training records for ten randomly selected staff members and verified attendance in the training and written proof of completion of the PREA course. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.31(b).** The BOP training curriculum related to PREA is consistent for all corrections staff. Although FCI Seagoville houses male inmates only, all staff receive the same training for PREA. No additional training would be required for staff if they were transferred to another institution where female inmates are housed, or staff are transferred to FCI Seagoville from an institution where they worked with female inmates. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

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

The auditor reviewed ten randomly selected training records during the onsite phase of the audit. The records show acknowledgement of completion of the PREA training on an annual basis. Records show full completion of the training by staff. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
  - b. Training curriculum
  - c. Training logs
2. Interviews:
  - a. Specialized staff

### Findings (by provision):

**115.32(a).** The auditor was provided the Bureau's training curriculum in the PAQ. The auditor reviewed the curriculum and verified the appearance of the ten required points of the standard. The training material is the same that is provided for staff members.

During the onsite phase of the audit, the auditor interviewed three contractors, but no volunteers were available due to the ongoing pandemic. All three confirmed completion of the orientation program prior to being granted access to the secure institution. The orientation included education on sexual abuse and sexual harassment, how to report incidents of abuse and rules to avoid physical contact with an inmate. They also confirmed a requirement to complete a refresher training annually. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.32(b).** The auditor reviewed the training curriculum, which was included in the PAQ. The curriculum includes each of the required points listed in the standard.

During the onsite phase of the audit, the auditor interviewed three contractors, but no volunteers were available due to the ongoing pandemic. All three confirmed completion of the orientation program prior to being granted access to the secure institution. The orientation included education on sexual abuse and sexual harassment, how to report incidents of abuse and rules to avoid physical contact with an inmate. They also confirmed a requirement to complete a refresher training annually. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

- Have all inmates received such education?  Yes  No
- Do inmates receive education upon transfer to a different institution to the extent that the policies and procedures of the inmate's new institution differ from those of the previous institution?  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 institution does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the institution.*

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  - b. U. S. Department of Justice Federal Bureau of Prisons *Sexually Abusive Behavior Prevention and Intervention*
  - c. Bureau of Prisons *Admission and Orientation Handbook*
  - d. Inmate File Documentation
2. Interviews:
  - a. Specialized staff
  - b. Random staff
  - c. Random inmates
3. Site Review Observations:
  - a. Housing units

#### Findings (by provision):

**115.33(a).** The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement confirms that all inmates receive the *Admission and*

*Orientation Handbook* and *Sexually Abusive Behavior Prevention and Intervention* at their intake screening when they arrive at the institution. The Admission and Orientation (A&O) Handbook describes the key elements of the program and informs inmates of the Bureau's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of sexual abuse.

During the onsite phase of the audit, the auditor toured the Receiving and Discharge (R&D) building and saw the handbooks readily available for new intake inmates. The auditor walked through the intake process and was provided the handbook just as any new intake inmate would be and was shown the section that provided the inmate with the zero-tolerance policy. The auditor also was provided the form to sign that acknowledged receipt of the handbook and the zero-tolerance policy. The auditor saw signs posted in the R&D building advising inmates of the zero-tolerance policy. The signs were posted in two languages. The auditor spoke with the intake officer and the staff member responsible to do the intake screening. Both confirmed that all inmates are required to review the intake paperwork, complete the initial intake screening, and confirm receipt of the zero-tolerance policy at intake.

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

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

The auditor interviewed 21 random inmates during the onsite phase of the audit. All 21 inmates had been housed in the institution for at least 30 days. Each of the inmates confirmed that they had completed the A&O Program after they had arrived at the institution and the sexual abuse education was part of the A&O Program. The auditor also interviewed staff from intake, who confirmed that all inmates are required to participate in the A&O Program and receive face-to-face education regarding PREA as part of the program. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.33(c).** The institution has been audited two previous times and has been found in compliance. The first audit was in 2015. All inmates at FCI Seagoville have been educated on PREA since that time. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.33(d).** During the onsite phase of the audit, the auditor viewed posters in each of the housing units and in several other locations that were provided in English and Spanish. The posters inform inmates of their right to be free from sexual abuse and sexual harassment, free from retaliation for reporting abuse and that the agency would properly respond to incidents of such abuse. All written materials for inmates are provided in two languages, English and Spanish, and available to any inmate who may need it. The auditor was also provided information regarding several accommodations available for inmates that cannot read, are deaf, hard of hearing, or are blind. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.33(e).** In the PAQ, the institution provided the auditor with several completed forms to show inmate attendance and written acknowledgement of the same. The A&O Program includes the comprehensive

zero-tolerance education. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.33(f).** During the site review, the auditor could see many forms of PREA education readily available for inmates. In all housing units there are signs posted in English and Spanish. These signs reflect the BOP's zero tolerance for sexual abuse and harassment and contact information for inmate reporting of sexual abuse allegations. Inmates also have access to computers with the BOP rules and regulations including the zero-tolerance policy. Based on this analysis, the auditor finds the institution in compliance with this provision.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

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

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]

Yes  No  NA

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  - b. Training Curriculum Course Code CSV-0601-BXX
  - c. Training Records
2. Interviews:
  - a. Specialized staff

### Findings (by provision):

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

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

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

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

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

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

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

#### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.35 (b)

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

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.35 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

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

### Findings (by provision):

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

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

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

During the onsite phase of the audit, the auditor interviewed two nurses from health services and two psychologists, who confirmed through our interview that all inmates are transferred to the local hospital to have the forensic examination completed. The auditor was presented with paperwork to show that budgeting for this expense has been completed by FCI Seagoville in the event this becomes necessary. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.35(c).** The auditor was provided training records in the PAQ. Records from the institution show all 24 of the medical, mental health, and contracted medical staff members have completed the specialized medical course through the BOP online system. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.35(d).** The auditor was also provided training records for each of the 24 medical, mental health, and contracted medical staff members to show they had completed the required basic PREA education provided by the BOP. Based on this analysis, the auditor finds the institution in compliance with this provision.

## 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 institution 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 institution?  
 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 institution affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

- Does the institution reassess an inmate's risk level when warranted due to a: Referral?  
 Yes  No
- Does the institution reassess an inmate's risk level when warranted due to a: Request?  
 Yes  No
- Does the institution reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the institution reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  
 Yes  No

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  - b. Psychology Services – Risk of Sexual Victimization
  - c. *BOP Intake Screening Form*
  - d. Screening records
2. Interviews:
  - a. Specialized staff
  - b. Random inmates
3. Site Review Observations:
  - a. Receiving & Discharge
  - b. Unit Team

**Findings (by provision):**

**115.41(a).** The institution supplied PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The BOP program statement requires that all inmates entering an institution are screened as directed by Health Services, Psychology Services, and Unit Management policies.

During the onsite phase of the audit, the auditor met with the intake officer in the Receiving & Discharge (R&D) building. As there were no inmates expected to be transferred to the institution during the audit, the auditor walked through the intake process. Staff processed the auditor as an inmate and performed the initial intake risk screening with the auditor then processed the auditor for intake housing. The auditor then completed the risk screening with additional staff later during the audit. The intake officer confirmed that this process is completed for all inmates that enter the institution. The auditor interviewed 21 random inmates and each inmate stated they completed the screening process upon entry to the institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.41(b).** In the PAQ, the institution reported a total of 964 inmates entering the institution whose length of stay was more than 72 hours over the previous 12 months prior to the audit. They reported that all 964 inmates had the risk screening completed with the 72-hour time period. The auditor reviewed several initial intake screening records that were provided to the auditor in the PAQ. Each of the records was completed on the day of the inmate's intake to the institution.

During the onsite phase of the audit, the auditor interviewed a psychologist and a counselor, each performing a part of the screening for sexual victimization. Both explained that the initial risk screening is performed at the time of intake for all inmates. The auditor interviewed 21 random inmates and each inmate confirmed that they completed the risk screening with intake staff on the day of intake in R&D. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

**115.41(d).** The institution provided a copy of the screening tool to the auditor in the PAQ. The screening tool lists each of the criteria listed in standard 115.41(d). Additionally, the screening tool

provides space for the screener to add comments based on the observations of the screener regarding the inmate's potential for vulnerability. The tool asks the inmate for his or her feeling of safety while incarcerated. The tool also asks if the inmate shows unusual interest or focus on another inmate, is openly discriminatory of lesbian, gay, bisexual, transgender, or intersex, and if the inmate has a current criminal conviction of sexual violence or rape.

During the onsite phase of the audit, the auditor interviewed a psychologist and a counselor, each performing a part of the screening for sexual victimization. They explained that they speak directly with the inmate to complete the screening tool and ask all the questions on the tool. They are encouraged to include comments regarding their observations regarding safety and vulnerability based on the conversation with the inmate. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

The auditor interviewed a psychologist and a counselor, each performing a part of the screening for sexual victimization. They both confirmed that the screening tool includes questions about an inmate's prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

During the onsite phase of the audit, the auditor interviewed a psychologist and a counselor, each performing a part of the screening for sexual victimization. They provided the auditor a full description of the reassessment process and performed a reassessment on the auditor as an example. The auditor had an opportunity to understand the process and experience the type of events that could spur an additional reassessment. The counselor explained that inmates in the unit were reassessed every six months, to be reviewed for housing, program, and work opportunities. The auditor interviewed 21 random inmates, who confirmed the risk screening reassessment with psychology and the unit team. All 21 inmates stated that this was performed twice a year. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

During the onsite phase of the audit, the auditor interviewed a psychologist and a counselor, each performing a part of the screening for sexual victimization. They provided the auditor a full description of the reassessment process and performed a reassessment on the auditor as an example. The auditor had an opportunity to understand the process and experience the type of events that could spur an additional reassessment. Both explained that any inmate could be referred for a reassessment at

any time based upon information learned through different avenues. The auditor interviewed 21 random inmates, who confirmed the risk screening reassessment with psychology and the unit team. All 21 inmates stated that this was performed twice a year. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

During the onsite phase of the audit, the auditor interviewed a psychologist and a counselor, each performing a part of the screening for sexual victimization. They both stated that inmates could not be disciplined for refusing to answer risk screening questions. Although their responses assist the BOP in providing them with potential safety, the BOP would not punish them for not responding. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.41(i).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states that any information related to sexual victimization or abusiveness, including the information entered into the comment section of the Intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment and security and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments.

During the onsite phase of the audit, the auditor interviewed a psychologist and a counselor, each performing a part of the screening for sexual victimization. Both confirmed that risk screening information is on a need-to-know basis and is not available to all staff members. The auditor also interviewed the IPCM who stated that risk screening information is not available to all staff members. It is only available to psychology services staff and to unit team staff. This is used only for housing and programming information and is not allowed to be viewed by others. The auditor was provided written interview responses from the Agency PREA coordinator. In these responses, the coordinator confirmed that risk screening information is confidential and is treated that way within the BOP. During the site review, the auditor asked several random staff members to provide the auditor with this information and no staff could provide the auditor with the information or access in the computer. Based on this analysis, the auditor finds the institution in compliance with this provision.

## 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 institution 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 institution 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 institution 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 institution, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
  
- Unless placement is in a dedicated institution, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
  
- Unless placement is in a dedicated institution, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  - b. Screening records
2. Interviews:
  - a. Specialized staff
  - b. Targeted inmates

### Findings (by provision):

**115.42(a).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states, “Once an inmate has been identified as a victim or perpetrator, or as “at risk” for victimization or perpetration, Unit Management should review

classification options (p. 33).” These options may include transfer to a special treatment program, transfer to a greater or lesser security facility, or changes in housing units, cell assignments, work assignments, and/or education assignments.<sup>1</sup>

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

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

The auditor interviewed two staff members responsible for the risk screening and they confirmed that the risk screening outcomes are utilized to determine housing, job opportunities, programs, and education. They stated that these assignments are decided on an individual basis. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

During the onsite phase of the audit, the auditor interviewed the IPCM, who confirmed that all inmates are reviewed on a case-by-case basis, as well as transgender and intersex inmates. The BOP will always take into account the transgender inmate’s own perceptions regarding his or her own safety and where he or she would feel safest for housing. Consideration for housing is not based strictly on genitalia. The auditor interviewed six transgender inmates during the onsite phase of the audit. Each of the six inmates confirmed for the auditor that they were asked about their safety as part of their risk screening. The inmates also confirm that housing of transgender inmates is not based specifically on their transgender status. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.42(d).** The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. This policy states that assignments for transgender or intersex inmates shall be reassessed at least twice each year to review any threats to the inmates’ safety.

The auditor interviewed the IPCM during the onsite phase of the audit. The IPCM confirmed that transgender inmates are reviewed by the Unit Team and the IPCM every quarter. Additionally, the IPCM meets with the transgender inmates each quarter, as a group, during a round table discussion. She stated that these meetings allow the inmates to bring to light any issues or concerns to provide the institution staff an opportunity to address those concerns and keep the inmates safe. She stated the inmates will share safety issues such as inadequate shower curtains or concerns with available commissary items. These meetings allow administrative staff to act quickly and make swift changes.

The auditor also interviewed a counselor and a psychologist, who are responsible for the risk screening of inmates. Both stated that all inmates are reassessed every six months, including all transgender inmates. Psychology services maintains a watch list of certain inmates to be monitored, including those determined to be at risk of sexual victimization and those who identify as being transgender. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

During the onsite phase of the audit, the auditor interviewed the IPCM, who confirmed that all inmates are reviewed on a case-by-case basis, as well as transgender and intersex inmates. The BOP will always take into account the transgender inmate's own perceptions regarding his or her own safety and where he or she would feel safest for housing. Consideration for housing is not based strictly on genitalia. The auditor interviewed six transgender inmates during the onsite phase of the audit. Each of the six inmates confirmed for the auditor that they were asked about their safety as part of their risk screening. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.42(f).** During the onsite phase of the audit, the auditor interviewed the IPCM who confirmed that transgender inmates were provided the opportunity to shower separately from the other inmates. The auditor interviewed six transgender inmates during the onsite phase of the audit. Each of the six inmates confirmed for the auditor that they are provided the opportunity to shower separately from other inmates. The auditor was able to confirm this during the site visit. In each housing unit, the auditor viewed additional shower curtains installed in showers specifically for the transgender inmate population to provide additional privacy and to avoid the viewing of the inmates' breasts. The auditor interviewed two staff members who were responsible for the risk screening. Both stated that transgender inmates are provided the opportunity to shower separately. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

The auditor was provided written responses to the interview questions from the Agency PREA coordinator. He noted that the BOP does not have a consent decree and inmates are not housed by their LGBTI identification or status. The auditor interviewed the IPCM during the onsite phase of the audit. The IPCM explained that FCI Seagoville does not have specific housing for individuals or groups. The auditor interviewed six transgender inmates during the onsite phase of the audit. Each of the six inmates confirmed they are not housed in housing specifically based on their transgender status. Based on this analysis, the auditor finds the institution in compliance with this provision.

The institution holds a large number of transgender female inmates. Through interviews with random staff members, random inmates, and targeted inmates, the auditor learned that the BOP chooses to house transgender inmates at this institution due to the security classification and, likely, due to the sexual offender management program that is in place at the institution as well. As there are many other inmates on the compound that require safety, the transgender inmates do well in population and fare well. Each of the interviewed transgender inmates stated clearly that they felt safe and have not been

sexually assaulted while at the institution. The actions described by the IPCM to meet quarterly with the inmates and take swift action to solve problems before safety issues can arise certainly goes above and beyond the requirements of the standard. The auditor heard specifics of a concern with shower curtains that were not high enough to prevent viewing of the taller inmates' breasts. This was brought to the attention of the IPCM and other administrative staff through these round table meetings. New shower curtains were immediately installed that provided the necessary privacy. Additionally, the unit team does rescreening of the transgender inmates each quarter rather than every six months. Based on all of this information, the auditor finds the institution has exceeded 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 institution 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 institution cannot conduct such an assessment immediately, does the institution 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 institution restricts access to programs, privileges, education, or work opportunities, does the institution document: The opportunities that have been limited?  Yes  No
- If the institution restricts access to programs, privileges, education, or work opportunities, does the institution document: The duration of the limitation?  Yes  No
- If the institution restricts access to programs, privileges, education, or work opportunities, does the institution document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

- Does the institution 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 institution clearly document: The basis for the institution'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 institution 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 institution 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 institution does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the institution.*

#### The following evidence was analyzed in making the compliance determination:

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

## Findings (by provision):

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

During the onsite phase of the audit, the auditor interviewed the Warden. The Warden explained that inmates considered to be at high risk for victimization are not housed at FCI Seagoville because the institution is a minimum-security facility. FCI Seagoville has a Special Housing Unit (SHU) that is utilized for disciplinary and administrative confinement housing. The auditor toured the unit during the onsite phase of the audit and noted no inmates held in the SHU for their safety due to their high risk for victimization. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.43(b).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement indicates that when an inmate is placed in special housing involuntarily, access to programs, privileges, education, or work should not be interrupted, to the extent possible. If they are limited, the Chief of Correctional Services ensures that documentation exists reflecting the limitation, duration, and rationale for limitation.

FCI Seagoville has a Special Housing Unit (SHU) that is utilized for disciplinary and administrative confinement housing. The auditor toured the unit during the onsite phase of the audit and noted no inmates held in the SHU for their safety due to their high risk for victimization. There were no inmates in custody in the institution during the onsite phase of the audit that were considered to be at high risk for victimization. Therefore, the auditor was unable to interview any inmates related to this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.43(c).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states inmates assigned to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged such assignment shall not exceed a period of 30 days.

FCI Seagoville has a Special Housing Unit (SHU) that is utilized for disciplinary and administrative confinement housing. The auditor toured the unit during the onsite phase of the audit and noted no inmates held in the SHU for their safety due to their high risk for victimization. There were no inmates in custody in the institution during the onsite phase of the audit that were considered to be at high risk for victimization. Therefore, the auditor was unable to interview any inmates related to this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.43(d).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states when determining an appropriate method of safeguarding the inmate assigned "at risk" for victimization, the Warden ensures all options are considered by completing, signing, and dating form BP-A1002, *Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation*. The Warden should evaluate the least restrictive methods for separation of the alleged victim and alleged perpetrator.

FCI Seagoville has a Special Housing Unit (SHU) that is utilized for disciplinary and administrative confinement housing. The auditor toured the unit during the onsite phase of the audit and noted no inmates held in the SHU for their safety due to their high risk for victimization. There were no inmates in custody in the institution during the onsite phase of the audit that were considered to be at high risk

for victimization. Therefore, the auditor was unable to interview any inmates related to this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.43(e).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states that the inmate's status is reviewed during weekly Special Housing Unit meetings.

FCI Seagoville has a Special Housing Unit (SHU) that is utilized for disciplinary and administrative confinement housing. The auditor toured the unit during the onsite phase of the audit and noted no inmates held in the SHU for their safety due to their high risk for victimization. There were no inmates in custody in the institution during the onsite phase of the audit that were considered to be at high risk for victimization. Therefore, the auditor was unable to interview any inmates related to this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

## REPORTING

### Standard 115.51: Inmate reporting

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

##### 115.51 (a)

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

##### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

##### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
2. Interviews:
  - a. Random staff
  - b. PREA coordinator
  - c. Random inmates
3. Site Review Observations:
  - a. Housing units

#### Findings (by provision):

**115.51(a).** In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement clearly defines that Bureau inmates are encouraged to report allegations to staff at all levels, including local, regional, and Central Office. They are also currently provided with avenues of internal reporting, such as telephonically to a specific department, such as the Special Investigative Services Lieutenant, or by mail to an outside entity.

During the onsite phase of the audit, the auditor visited all of the institution's housing units. In each housing unit, signs were posted that clearly inform inmates of the multiple ways inmates may report incidents of sexual abuse and sexual harassment. The signs are posted in two languages. The auditor interviewed 21 random inmates and all inmates could easily tell the auditor several ways that they could

report abuse, harassment and concerns regarding staff neglect or lack of responsibility. All but two of the 21 inmates identified a staff member as their first avenue to report abuse. The auditor interviewed 15 random staff members. All staff could list at least four different ways that inmates could report abuse. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.51(b).** The Bureau of Prisons posts information throughout the institution on all zero-tolerance signs regarding the outside entity. They provide the telephone number for the Office of Inspector General (OIG) and a mailing address in other written documents where inmates may send written complaints to the OIG.

During the onsite phase of the audit the auditor viewed posted signs throughout the institution with the required information for inmates. The auditor interviewed 21 random inmates and all inmates could easily tell the auditor several ways that they could report abuse, harassment and concerns regarding staff neglect or lack of responsibility. The inmates included the hotline in that list of reporting options. The auditor also interviewed the IPCM who confirmed the outside hotline and mailing address option for the OIG. Based on this analysis, the auditor finds the institution in compliance with this standard.

**115.51(c).** In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement makes it clear that staff must accept verbal, written, anonymous, and third-party reports, and document promptly any verbal reports.

During the onsite phase of the audit, the auditor interviewed 15 random staff members. All staff interviewed were aware of their responsibility to take verbal reports of abuse and immediately contact a supervisor to file that report. Each of the 21 random inmates interviewed were aware that they could report sexual abuse directly to any staff member. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.51(d).** In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement indicates that staff may contact any supervisory staff at their institution, Regional staff, or Central Office staff to report incidents of sexual abuse or sexual harassment. Allegations involving staff members may also be reported to the Office of Internal Affairs or the Office of Inspector General.

The auditor interviewed 15 random staff members during the onsite phase of the audit. All 15 staff members stated that they would be able to report incidents of sexual abuse and sexual harassment privately to a supervisor. Based on this analysis, the auditor finds the institution in compliance with this provision.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

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

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the institution 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 institution does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the institution.

#### The following evidence was analyzed in making the compliance determination:

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

#### Findings (by provision):

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

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

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

**115.52(c).** PS 1330.18 *Administrative Remedy Program* was provided to the auditor in the PAQ. The policy states, "Matters in which specific staff involvement is alleged may not be investigated by either staff alleged to be involved or by staff under their supervision." Allegations of physical abuse by staff shall be referred to the Office of Internal Affairs.

During the site review, the auditor interviewed the Acting Executive Assistant/Camp Administrator, who is responsible for the processing of the administrative remedies. He confirmed that the BOP would not

submit any remedy to the subject of the remedy for review or investigation. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.52(d).** PS 1330.18 *Administrative Remedy Program* was provided to the auditor in the PAQ. The program statement includes time frames of 20 days for response of any administrative remedy, which is within the time frame required under this provision. In the PAQ, FCI Seagoville stated there have been no administrative remedies filed in reference to sexual abuse over the previous 12 months prior to the audit. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

The auditor was unable to verify this process, as there were no administrative remedies received related to sexual abuse over the previous 12 months prior to the audit. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

The auditor was unable to verify this process, as there were no administrative remedies received related to sexual abuse over the previous 12 months prior to the audit. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.52(g).** In the PAQ the institution provided PS 1330.18 *Administrative Remedy Program* which provides the policy related to this provision. The policy states that the maintenance of an effective sexual abuse prevention policy, and general secure and orderly running of an institution, requires that inmates be held responsible for manipulative behavior and false allegations. Allegations of false reports will be considered by staff in accordance with the procedures and standards of the Inmate Discipline Program policy.

The auditor was unable to verify this process, as there were no administrative remedies received related to sexual abuse over the previous 12 months prior to the audit. Based on this analysis, the auditor finds the institution in compliance with this provision.

## **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 institution 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 institution provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the institution enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.53 (b)

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

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  - b. Memorandum of Understanding – FCI SEAGOVILLE, SEAGOVILLE, TEXAS and DALLAS COUNTY HOSPITAL DISTRICT d/b/a PARKLAND HEALTH & HOSPITAL SYSTEM, on behalf of its PARKLAND RAPE CRISIS CENTER
2. Interviews:

- a. Specialized staff
  - b. Random inmates
  - c. Targeted inmates
3. Site Review Observations:
- a. Housing units

**Findings (by provision):**

**115.53(a).** The institution provided information from PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The policy states “The Institution PREA Compliance Manager, with the assistance of Psychology Services staff, seeks to establish an agreement with community service providers who are able to provide confidential emotional support services as it relates to sexual abuse (p. 36).” The policy goes on to say that staff take reasonable action to ensure that information on available resources is provided to all inmates so that they have access to the Bureau’s efforts in preventing, detecting, and responding to sexual abuse and sexual harassment. The institution provided the auditor with a copy of the Memorandum of Understanding – FCI SEAGOVILLE, SEAGOVILLE, TEXAS and DALLAS COUNTY HOSPITAL DISTRICT d/b/a PARKLAND HEALTH & HOSPITAL SYSTEM, on behalf of its PARKLAND RAPE CRISIS CENTER in the PAQ. The agreement allows for the Center (RCC) to provide these emotional support services for inmates at FCI Seagoville.

During the onsite phase of the audit, the auditor interviewed 21 random inmates. All but two of the 21 inmates were able to explain to the auditor what the emotional support services were and how to obtain those services. They knew that it was posted on the bulletin boards in the housing unit. The information was also in the *Sexually Abusive Behavior Prevention and Intervention Handbook*. The other two inmates had heard of other support services but could not describe them completely for the auditor. The auditor also interviewed four inmates who had reported sexual abuse at the institution. They were provided the opportunity to contact the RCC and chose not to, stating that services were not needed. The auditor interviewed a representative at the RCC by telephone, who confirmed the validity of the information in the MOU. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

The auditor interviewed 21 random inmates during the onsite audit. The inmates understood that communications with outside emotional support services would be confidential only to the extent possible, due to security. Mail to the RCC was not considered legal mail, but inmates were allowed to speak with outside counselors in as private a way as possible. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.53(c).** In the PAQ, the institution also provided the auditor a copy of the Memorandum of Understanding – FCI SEAGOVILLE, SEAGOVILLE, TEXAS and DALLAS COUNTY HOSPITAL DISTRICT d/b/a PARKLAND HEALTH & HOSPITAL SYSTEM, on behalf of its PARKLAND RAPE CRISIS CENTER. This MOU clearly identifies that the RCC will provide emotional support services for those inmates that may need it. It provides the opportunity for inmates to either write to or call advocates at the RTC and receive a written response or talk directly with an advocate. The MOU was originally signed in July 2018 and outlines limits to confidentiality. Based on this analysis, the auditor finds the institution in compliance with 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 institution does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the institution.*

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
  - b. Bureau of Prisons website

#### Findings (by provision):

**115.54(a).** The auditor reviewed the Bureau of Prisons web page and located the Sexual Abuse Prevention page under the Custody & Care page. The page list the agency’s zero-tolerance information and provides the public an opportunity to submit a notification of concern regarding an inmate at the BOP. The agency’s PREA policy is also posted. The information can be found here: [www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](http://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp). Based on this analysis, the auditor finds the institution in compliance with this provision.

## 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 institution, 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 institution report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the institution'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 institution does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the institution.

### The following evidence was analyzed in making the compliance determination:

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

### Findings (by provision):

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

During the onsite phase of the audit, the auditor interviewed 15 random staff members. Every person interviewed clearly stated that they were required to immediately report all allegations of sexual assault or sexual harassment. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

Random staff interviewed clearly understood the requirement to maintain confidentiality of sexual assault and sexual harassment cases. Each of the 15 random staff members interviewed reported that they were only allowed to discuss these cases with persons who needed to know the information for official business. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.61(c).** During the onsite phase of the audit, the auditor interviewed two nurses in health services, two psychologists, and three contractors that are posted in health services. All seven confirmed the requirement to immediately report incidents of sexual abuse of inmates. Staff did confirm that they would inform the inmate of their duty to report and limits to the confidentiality of information learned from the inmate. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

FCI Seagoville does not house inmates under the age of 18, so this provision does not apply to this institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.61(e).** In the PAQ, PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states that staff must report and respond to all allegations of sexually abusive behavior, regardless of the source of the report. The IPCM is required to refer the incident for investigation to the appropriate office and review the incident for any further response.

The auditor interviewed the Warden who confirmed that the institution investigates all allegations of sexual abuse and sexual harassment, regardless of the how the allegation is received. All allegations are forwarded to the investigators for review and investigation. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

### The following evidence was analyzed in making the compliance determination:

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

### Findings (by provision):

**115.62(a).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement states in all cases, the Operations Lieutenant is notified immediately and immediately safeguards the inmate. Efforts will include monitoring the situation, changing housing assignments, changing work assignment, or placing the alleged victim and perpetrator in Special Housing, depending on the severity of the alleged abusive behavior.

The auditor was provided written interview responses from the agency head. The agency head repeated the information from the Program Statement and stated that immediate action would be taken. If the possible threat was from a staff member, options include a change in the staff member's work assignment or removal from the facility while the investigation is conducted. The auditor interviewed the Warden during the onsite audit. The Warden also stated that immediate action would be taken to safeguard the inmate. He would immediately assess the severity of the situation and would consider a transfer of the inmate to another institution, if necessary, to keep the inmate safe from harm. The auditor interviewed 15 random staff members. All stated that facility staff always react immediately if they see someone in imminent danger. Based on this analysis, the auditor finds the institution in compliance with this provision.

## 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 institution, does the head of the institution that received the allegation notify the head of the institution 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 institution 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 institution does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the institution.*

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  - b. Investigations files
2. Interviews:
  - a. Agency head
  - b. Specialized staff

### Findings (by provision):

**115.63(a).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states in cases where there is an allegation that sexually abusive behavior occurred at another Bureau facility, the Warden of the victim's current facility reports the allegation to the Warden of the identified institution. In cases alleging sexual abuse by staff at another institution, the Warden of the inmate's current facility refers the matter directly to the Office of Internal Affairs. For non-Bureau facilities, the Warden will contact the appropriate office of the facility. The auditor was provided documentation of seven such notifications to other BOP institutions and County institutions by the FCI Seagoville Warden after transferred inmate reported sexual abuse at other institutions. The written notification was completed on the same day the inmate reported the information to Seagoville staff. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.63(b).** In the PAQ, the auditor was provided documentation of seven such notifications to other BOP institutions and County institutions by the FCI Seagoville Warden after transferred inmate reported sexual abuse at other institutions. The written notification was completed on the same day the inmate

reported the information to Seagoville staff. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.63(c).** In the PAQ, the auditor was provided documentation of seven such notifications to other BOP institutions and County institutions by the FCI Seagoville Warden after transferred inmate reported sexual abuse at other institutions. The written notification was completed on the same day the inmate reported the information to Seagoville staff. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.63(d).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*, provided to the auditor in the PAQ, states that the facility head or agency office shall ensure that the allegation is investigated.

The auditor was provided written interview responses from the agency head. The agency head stated that if the Warden receives the allegation, the Warden is to determine if the allegation can be investigated locally or if it should be referred to the Office of Internal Affairs. Each institution tracks referrals made to them by other facilities or agencies. The auditor interviewed the Warden during the onsite phase of the audit and asked about these investigations. The Warden confirmed that all allegations are investigated regardless of how they are obtained, which would include from other institutions or agencies. The Warden understood the responsibility to take such referrals from other agencies and institutions seriously and investigate them just as they would if the inmate were still in custody at FCI Seagoville. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

### The following evidence was analyzed in making the compliance determination:

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

### Findings (by provision):

**115.64(a).** The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The policy states the staff first responder must preserve the crime scene. SIS staff are responsible for collecting information and evidence. The investigation, in coordination with the agency to which the case may be referred, must follow the guidance given in agency policies and practices concerning evidence gathering and processing procedures.

During the onsite audit, the auditor interviewed one staff member who was a first responder to an incident of sexual abuse. The staff member related to the auditor the proper steps to take as a first responder to an incident. He discussed the importance of safeguarding the potential evidence, as well as separating the potential abuser from the potential victim. This protects the victim, protects evidence, and preserves the opportunity to properly interview both inmates. The auditor also interviewed four inmates who had reported an incident of sexual abuse. The inmates described the steps that staff had taken when they had reported the abuse. By the inmate's statements, staff had acted appropriately to preserve evidence and to protect the victim. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

During the onsite phase of the audit, the auditor interviewed 15 random staff members and all staff knew the first response steps to ensure safety for inmates and proper investigations. The auditor was told that all institution staff members are correctional workers first and would act immediately as first responders and would not require a notification to another staff member. The auditor interviewed one staff member who was a first responder, and the auditor was told the same thing. Based on this analysis, the auditor finds the institution in compliance with this provision.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

- Has the institution developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and institution 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 institution does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the institution.*

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  - b. Guide for First Responders Poster
2. Interviews:
  - a. Targeted staff

#### Findings (by provision):

**115.65(a).** The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement contains the coordinated response plan for the Bureau. The Plan is detailed and lists the specific responsibilities for the first responder, the Operations Lieutenant, SIS, Chief of Correctional Services, the IPCM, health services, psychology services, and the Warden. According to the policy, first responders would immediately report incidents to the Operations Lieutenant, who would ensure that victims are safeguarded and refer the victim to Health Services for a physical assessment and documentation of any injuries. The Operations Lieutenant will promptly refer all inmates reported or suspected of being the victim of sexually abusive behavior to Psychology Services for assessment of vulnerability and treatment needs. In addition, the Operations Lieutenant will ensure that SIS, the Chief of Correctional Services, the IPCM, and the Warden are notified. The IPCM will review the relevant factors and make a determination whether or not to proceed with full activation of the Response Protocol. The Response Protocol will include full evidence collection and preservation, including transfer for the forensic examination, crisis intervention and assessment of treatment needs, further medical examination, prophylactic medication, and the formal investigation. The auditor reviewed the Guide for First Responders Poster and located the steps noted in the PS.

During the onsite phase of the audit, the auditor saw the Guide to First Responders Poster in several non-inmate areas throughout the institution for staff to review when necessary. The auditor interviewed the Warden during the onsite phase of the audit and discussed the coordinated response plan. The Warden confirmed that staff can follow the plan to ensure that they complete the investigative steps properly and investigate and safeguard the victim each time. This ensures that all victims are treated properly, and evidence is properly preserved to ensure criminal prosecution.

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

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  - b. Master Agreement – Federal Bureau of Prisons and Council of Prison Locals
2. Interviews:
  - a. Agency head

### Findings (by provision):

**115.66(a).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states the collective bargaining process in the Bureau will be completed pursuant to Title 5 of the United States Code and all other applicable laws, rules, and regulations, including third party appeals. The BOP included a copy of the Master Agreement between the Federal Bureau of Prisons and the Council of Prison Locals. On page 69 of the agreement, under Article 30 – Disciplinary and Adverse Actions section, the agreement states, “The Employer may elect to reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter, in accordance with applicable law, rules, and regulations.”

The auditor was provided with written responses of the agency head's interview questions. The agency head confirmed that the Master Agreement includes the language allowing the BOP to reassign an employee from an institution when an allegation adversely affects the Agency's confidence in the employee or the security of the institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.66(b).** The auditor is not required to audit this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  - b. Sexual abuse investigation files
2. Interviews:
  - a. Targeted inmates
  - b. Agency head
  - c. Specialized staff

#### Findings (by provision):

**115.67(a).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement indicates that the IPCM monitors staff and 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.

During the onsite phase of the audit, the auditor interviewed the IPCM, who confirmed that one of her assigned duties as the PREA compliance manager is to monitor inmates for potential retaliation. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.67(b).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement indicates that the IPCM monitors staff and 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.

The auditor was provided written responses to the interview questions from the Agency Head. The Agency Head stated that the IPCM monitors inmates and staff to ensure there is no retaliation for alleging or reporting sexually abusive behavior. For inmates, this monitoring includes housing and cell assignments, work assignments, programming changes, and disciplinary action. For staff, the monitoring includes reassignment of work, posts, performance evaluations, and shift changes. The auditor interviewed the Warden during the onsite phase of the audit. The Warden stated that the institution could utilize several measures to protect inmates and staff from retaliation. Those measures would include housing changes, transfer of the alleged abuser, emotional support for the victim, job reassignment, shift change for the staff member, or reassignment for the staff member. The auditor interviewed the IPCM, who is responsible to monitor retaliation. She repeated the same list as the Warden. There were no inmates held in segregation due to their high risk for victimization for the auditor to interview for this provision. The auditor interviewed four inmates who had reported sexual abuse. The inmates had been monitored for retaliation following their report of sexual abuse. Each inmate did meet with the IPCM to discuss potential retaliation, and each reported no concerns or problems with other inmates or staff. The auditor reviewed five sexual abuse investigation files from the previous 12 months. All five files had a retaliation monitoring form included in the file. There was no indication of reported retaliation by any of the five inmates in the records. Documentation included proper periodic checks with the inmates. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.67(c).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement indicates that the IPCM monitors staff and 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.

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

**115.67(d).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement indicates that the IPCM monitors staff and 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.

During the onsite phase of the audit, the auditor interviewed the IPCM, who is responsible to monitor for retaliation. The IPCM stated that she monitors for retaliation for 90 days, with periodic reviews with the inmate or staff member. She checks in every 30 days and documents those reviews on the monitoring form. If there are indications of a concern, she will check in more frequently. The auditor reviewed five sexual abuse investigation files from the previous 12 months. All five files had a retaliation monitoring form included in the file. There was no indication of reported retaliation by any of the five inmates in the records. Documentation included proper periodic checks with the inmates. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.67(e).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement indicates that the IPCM monitors staff and inmates who have reported sexual abuse allegations to protect them from retaliation for 90 days. The program statement also includes a provision to take appropriate measures to protect other individuals that cooperate with an investigation.

The auditor was provided written responses to the interview questions from the Agency Head. The Agency Head stated that if an inmate or staff member who cooperated with an investigation expresses a fear of retaliation, that individual will be monitored in the same manner as the individual who reported the allegation and will be protected against such retaliation. This protection can take the form of changing work supervisors, or other actions that prevent retaliation. During the onsite phase of the audit, the auditor interviewed the Warden. The Warden stated that the institution would take the same steps to protect any individual from retaliation, regardless of the role they play in the investigation of a sexual abuse investigation. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.67(f).** The auditor is not required to audit this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

### The following evidence was analyzed in making the compliance determination:

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

### Findings (by provision):

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

During the onsite review, the auditor interviewed the Warden and confirmed there were no inmates held in the Special Housing Unit (SHU) due to the high risk of victimization or following their report of sexual victimization. The auditor interviewed two staff members who work in segregated housing. Both staff members confirmed that there were no inmates held in segregated housing due to their high risk for victimization or following their report of sexual victimization. The auditor interviewed four inmates who had reported sexual abuse and they stated that they were not placed in segregation at any point during the investigation or following the completion of the investigation. Based on this analysis, the auditor finds the institution in compliance with 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/institution 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/institution 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 institution 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 institution does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the institution.*

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  - b. Investigation files
2. Investigations:
  - a. Specialized staff

### **Findings (by provision):**

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

During the onsite phase of the audit, the auditor interviewed an SIS investigator. He explained that SIS is immediately notified that a sexual abuse allegation has been made and he is required to respond immediately to begin the investigation process. For anonymously reported allegations, the process is the same, but the start is a little slower, as some of the details may be a little less without knowledge of the reporting party. If an allegation is made through a third party, they must review the allegation with the alleged victim before they can begin the investigation to provide the victim an opportunity to approve or decline the investigation. Otherwise, the investigative process is the same. The auditor reviewed five sexual abuse investigation files from the previous 12 months during the onsite phase of the audit. All five investigations were investigated immediately after receipt of the initial report. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

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

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

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

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

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

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

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

The auditor interviewed an SIS investigator during the onsite phase of the audit. The investigator discussed investigative reviews of agency staff members. One major part of all such investigations includes a review to determine if there were any violations of policy and violations of law. He confirmed that he is required to write a report at the completion of all investigations. The report will include the allegation, evidence collected and reviewed, summary of interviews and the reasoning behind his final determination. He stated that all substantiated allegations would be referred for criminal prosecution. The auditor reviewed five sexual abuse investigations from the previous 12 months. All five records included a complete final report with all required elements from the standard. There was one substantiated allegation of sexual misconduct, which has been referred for criminal investigation, but as the date of the incident was recent to the date of the audit, the outcome of the referral was not available at the time of this report. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

An SIS investigator was interviewed by the auditor during the onsite audit. He confirmed that he is required to write a report at the completion of all investigations. The report will include the allegation, evidence collected and reviewed, summary of interviews and the reasoning behind his final

determination. Each of the five investigation files reviewed by the auditor contained a final report and evaluation of evidence, interviews, and final determination. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.71(h).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was included in the PAQ. The policy includes a provision that all sexual assault and sexual abuse cases that are found to be substantiated are to be referred for prosecution.

An SIS investigator was interviewed by the auditor during the onsite phase of the audit. He confirmed that all substantiated allegations of sexual abuse would be referred for potential prosecution. The investigator stated that there was one substantiated case of sexual abuse during the previous year, which has been referred for criminal investigation, but as the date of the incident was recent to the date of the audit, the outcome of the referral was not available at the time of this report. The auditor reviewed five sexual abuse investigations from the previous 12 months. There was one substantiated allegation of sexual abuse referred for criminal prosecution. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.71(i).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was included in the PAQ for the auditor's review. The program statement confirmed the requirement to maintain the sexual abuse records for the time period required in this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.71(j).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was included in the PAQ. The program statement requires agency investigators to complete sexual abuse investigations even if the alleged abuser or victim is no longer housed within the institution or under the employ of the BOP.

The auditor interviewed an SIS investigator during the onsite phase of the audit. The investigator stated that all sexual abuse investigations must be completed whether or not the abuser or victim are still incarcerated or employed by the BOP. Sexual abuse allegations are a serious matter and must be investigated no matter what. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.71(k).** The auditor is not required to audit this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.71(l).** Investigations that are potentially criminal are performed by outside investigators that are components of the Department of Justice. The agency does not employ outside agencies to perform their criminal or administrative investigations, other than the Office of Investigator General. The auditor received written interview responses from the National PREA Coordinator. The PREA Coordinator stated that the majority of the sexual abuse investigations are conducted internally. If the Office of Investigator General is conducting the investigation, they provide updates to the institution. At the conclusion of their investigation, they inform the Office of Internal Affairs of the outcome. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

### The following evidence was analyzed in making the compliance determination:

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

### Findings (by provision):

**115.72(a).** The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The policy states the Bureau applies this section in accordance with its disciplinary/adverse action process and collective bargaining agreement, and applicable laws, rules, and regulations.

The auditor interviewed an SIS investigator during the onsite phase of the audit. The investigator stated that the preponderance of evidence is the standard utilized for all sexual abuse and sexual harassment investigations in the institution. The auditor reviewed five investigation files from the previous 12 months and determined that the institution uses this standard for all investigations. Based on this analysis, the auditor finds the institution in compliance with this provision.

## 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 institution, 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 institution, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/institution 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 institution?  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 institution?  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 institution?  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 institution?  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 institution?  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 institution does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the institution.*

### The following evidence was analyzed in making the compliance determination:

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

### Findings (by provision):

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

During the onsite phase of the audit, the auditor interviewed several staff members in reference to this standard. The auditor interviewed the Warden, who stated that the inmate is always notified of the outcome of the investigation. The auditor also interviewed an SIS investigator. The investigator explained that after the investigation is completed, the investigation report is submitted, and the Special Investigative Lieutenant will issue the written notification to the inmate. The auditor reviewed the institution's five investigation files from the previous 12 months and was able to easily locate the written notification of the investigative findings to the inmate. The auditor was able to interview four inmates who had filed an allegation of sexual abuse. They stated that they received notification of the outcome of the investigation, which the auditor located in the investigation file. Based on this analysis, the auditor finds the institution is in compliance with this provision.

**115.73(b).** This provision does not apply, as the agency performs their own investigations of sexual abuse and sexual harassment allegations. Based on this analysis, the auditor finds the institution is in compliance with this provision.

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

During the onsite phase of the audit, the auditor interviewed four inmates who had filed an allegation of sexual abuse. The inmates confirmed they had been properly provided written notification of the outcome of the investigation. They did not receive any additional notifications as required under this provision, as the allegation was not against a staff member. The auditor was unable to review any additional information regarding this provision, as there have been no substantiated allegations against a staff member. There were no notations in any of the investigation files regarding separation of an inmate from an alleged staff member abuser, as it was not required. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.73(d).** The auditor was provided information from PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ for this provision. The policy clearly outlines the required notifications to an inmate related to the inmate alleged to have committed sexual abuse against the inmate. The notifications in the policy meet the requirements of the standard.

During the onsite phase of the audit, the auditor interviewed four inmates who had filed an allegation of sexual abuse. The inmates confirmed they had been properly provided written notification of the outcome of the investigation, but charges were not filed in his case. The auditor was unable to review any additional information regarding this provision, as charges were not filed in any of the five investigations during the previous 12 months. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.73(e).** In the PAQ, the auditor was provided a copy of PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy requires that all notifications to inmates in this standard be documented in the investigation file.

During the onsite phase of the audit, the auditor reviewed five investigation files from the previous 12 months. All such notifications were easily found in the investigation file. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.73(f).** The auditor is not required to audit this provision. Based on this analysis, the auditor finds the institution in compliance with 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 institution does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the institution.*

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  - b. PS 3420.11 *Standards of Employee Conduct*
  - c. Investigation files
2. Interviews:
  - a. None

## Findings (by provision):

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

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

During the onsite phase of the audit, the auditor reviewed the five investigation files for the previous 12 months. There were no substantiated allegations against a staff member. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

During the onsite phase of the audit, the auditor reviewed the five investigation files for the previous 12 months. There were no substantiated allegations against a staff member. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

During the onsite phase of the audit, the auditor reviewed the five investigation files for the previous 12 months. There were no substantiated allegations against a staff member. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  - b. PS 3420.11 *Standards of Employee Conduct*
  - c. Investigation files
2. Interviews:
  - a. Specialized staff

### Findings (by provision):

**115.77(a).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that volunteers and contractors would be prohibited from contact with inmates, but generally this would apply in cases where there is possible criminal prosecution. In PS 3420.11 *Standards of Employee Conduct*, under Personal Conduct, staff, volunteers, and contractors are prohibited from engaging in sexual behavior with an inmate and will be subject to administrative action up to and including removal for such behavior.

During the onsite phase of the audit, the auditor reviewed the five investigation files for the previous 12 months. There were no substantiated allegations against a volunteer or contractor. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.77(b).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy generally applies in cases where administrative investigation/actions would be appropriate.

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

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

#### 115.78 (e)

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

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an

incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

### 115.78 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  - b. Investigation files
  - c. Bureau of Prisons Admission & Orientation Handbook
2. Interviews:
  - a. Specialized staff

### Findings (by provision):

**115.78(a).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This policy outlines disciplinary action for inmates found guilty of sexual abuse or sexual harassment through a formal disciplinary process. The policy states that any inmate who is found criminally guilty of sexual abuse of another inmate or with an administrative finding of guilt, is subject to discipline through the formal disciplinary process.

During the onsite phase of the audit, the auditor reviewed five sexual abuse investigation files from the previous 12 months prior to the audit. There was one investigation that led to administrative disciplinary sanctions for an inmate. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.78(b).** In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This policy requires that sanctions for inmates be proportionate with the

nature and circumstance of the abuses committed, the inmate's disciplinary history, and the sanctions imposed for the comparable offenses by other inmates with similar histories.

During the onsite phase of the audit, the auditor interviewed the Warden, who confirmed that disciplinary actions for inmates were commensurate with the abuse committed. He stated that it would likely cause the inmate to be transferred from FCI Seagoville due to the classification as minimum and low security unless the offense was only sexual harassment. The auditor reviewed five sexual abuse investigation files from the previous 12 months prior to the audit. There was one investigation that led to administrative disciplinary sanctions for an inmate that appeared to be sensible based on the charges filed against the inmate. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

The auditor interviewed the Warden during the onsite phase of the audit. The Warden stated that they would always look at the inmate's history before issuing discipline and consider mental illness or disabilities when applying any discipline. There was one inmate who had received discipline following an administrative investigation. There was no indication of mental illness in the medical records. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

During the onsite phase of the audit, the auditor interviewed two nurses from health services and two psychologists. All four confirmed that therapy and counseling could be utilized as an alternative to discipline for sexual abuse offenders. This therapy program is provided at FCI Seagoville as part of the sexual offender management program. There have been no sexual abuse cases where this therapy was utilized during the previous 12 months. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

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

**115.78(f).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The program statement prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The BOP states that the maintenance of an effective sexual abuse prevention policy, and general secure and orderly running of an institution, requires that inmates be held responsible for manipulative behavior and intentionally making false allegations.

The auditor reviewed five sexual abuse investigation files from the previous 12 months during the onsite phase of the audit. The auditor did not find any incidents of inmate discipline due to the finding

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

**115.78(g).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement prohibits all sexual activity between inmates. Any sexual activity is subject to discipline.

The auditor reviewed the Bureau of Prisons Admissions & Orientation Handbook. In the Handbook, the auditor found inmate rules, that include a prohibition on sexual contact. Based on this analysis, the auditor finds the institution in compliance with 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 institution 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 institution 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 institution does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the institution.*

#### The following evidence was analyzed in making the compliance determination:

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

#### Findings (by provision):

**115.81(a).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement states that all inmates who have disclosed prior sexual victimization during the risk screening are offered a follow-up meeting within 14 days with a medical or mental health practitioner. The follow-up meetings under this section are conducted by Psychology Services.

During the onsite phase of the audit, the auditor interviewed a counselor and a psychologist who perform the risk screening. They both confirmed that all inmates are asked about prior sexual victimization on the risk screening. Any inmate who indicates they were a prior sexual abuse victim are provided the opportunity to meet with medical or mental health. That meeting typically happens within two days of their admission to the institution. The auditor interviewed five inmates who reported prior sexual victimization on the risk screening. Each of the five inmates confirmed to the auditor that they were seen by medical and the psychologist on their second or third day at FCI Seagoville. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.81(b).** In PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*, provided to the auditor in the PAQ, the institution addresses this standard. The policy states that inmates considered high risk for sexual reoffending may be referred to specialty treatment or management programs, referred to individual or group counseling, or managed through standard correctional techniques. FCI Seagoville indicated in the PAQ there were no inmates screened that indicated they had previously perpetrated sexual abuse. The auditor understood that due to the security classification of FCI Seagoville, inmates that were considered to be at risk to perpetrate sexual abuse in custody would not be housed at that institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.81(c).** FCI Seagoville is a Federal prison, and this provision does not apply. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.81(d).** FCI Seagoville is a Federal prison, and this provision does not apply. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.81(e).** The institution provided the auditor PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement requires that medical and mental health staff obtain informed consent from inmates prior to reporting information about prior sexual victimization.

During the onsite phase of the audit, the auditor interviewed two nurses from health services and two psychologists. They all indicated that informed consent must be obtained from all inmates prior to reporting sexual abuse allegations if the abuse occurred outside the institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

#### The following evidence was analyzed in making the compliance determination:

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

#### Findings (by provision):

**115.82(a).** In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that inmate victims are to be seen by medical staff, who are responsible for examinations, documentation, and treatment of inmate injuries arising from sexually abusive behaviors, including testing when appropriate for pregnancy and sexually transmissible infections, including HIV. When an inmate self-reports or is referred to Health Services, medical staff notify Psychology Services prior to conducting an injury assessment. Health Services staff perform the injury assessment without comprising forensic evidence.

During the onsite phase of the audit, the auditor interviewed two nurses from health services and two psychologists. All four discussed the steps taken upon notification that an inmate has reported sexual abuse. The inmate would be taken to Health Services and would receive an injury assessment. Care would be taken to preserve forensic evidence, but emergent medical care will be provided. The psychologists stated that Psychology Services would be notified, and crisis intervention services would

be provided as soon as possible after the incident. The auditor interviewed four inmates who had reported sexual abuse and they stated that they were taken immediately to Health Services and were provided a full health examination. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.82(b).** The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement defines that the Operations Lieutenant is to take preliminary steps to safeguard the inmate victim and notify appropriate medical and mental health practitioners.

During the onsite phase of the audit, the auditor interviewed two nurses from health services and two psychologists. The institution does not have medical staff on duty 24 hours a day who can readily respond to incidents of sexual abuse. Staff on duty after six o'clock in the evening and before six o'clock in the morning would have to send the victim to the hospital if injuries are severe. After regular hours, Psychology Services would receive notification by electronic mail to see the victim as soon as possible. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.82(c).** In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that inmate victims are to be seen by medical staff, who are responsible for examinations, documentation, and treatment of inmate injuries arising from sexually abusive behaviors, including testing when appropriate for pregnancy and sexually transmissible infections, including HIV. When an inmate self-reports or is referred to Health Services, medical staff notify Psychology Services prior to conducting an injury assessment. Health Services staff perform the injury assessment without comprising forensic evidence.

During the onsite phase of the audit, the auditor interviewed two nurses from health services and two psychologists. It was explained that all inmate victims would be provided information and access to care for sexually transmitted infections, including HIV, and pregnancy. If the victim had a forensic examination, the SANE nurse would complete the examination and provide follow-up information to the institution for the inmate's medication and testing. The auditor interviewed four inmates who had reported sexual abuse during the onsite phase of the audit. The inmates explained that there was no need for such testing, as there was no physical contact this severe to require it. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.82(d).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided to the auditor. The program statement indicates that Bureau policies concerning inmate co-pays for medical treatment shall not be applied to victims of sexual abuse. Based on this analysis, the auditor finds the institution in compliance with this provision.

## **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 institution 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 institution?  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 institution 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 institution.)  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 institution.)  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 institution 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 institution 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 institution does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the institution.

### The following evidence was analyzed in making the compliance determination:

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

### Findings (by provision):

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

During the onsite phase of the audit, the auditor confirmed through interviews with two nurses from health services and two psychologists that inmates who report victimization are provided services, treatment, and counseling by medical and mental health staff. The auditor also interviewed four inmates who reported an incident of sexual abuse. They confirmed they were provided a full health examination and were then seen by Psychology Services and have spoken with someone several times. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

The auditor interviewed two nurses from health services and two psychologists during the onsite phase of the audit. All four described some of the services available, such as testing for HIV and sexually transmitted infections. They also told the auditor that any treatment plan would go with the victim upon the victim's release from the institution. The auditor interviewed four inmates who reported an incident of sexual abuse. They told the auditor they were provided the opportunity for services at Health Services but declined, as they were not harmed and did not require those services. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.83(c).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that victims will be provided with medical and mental health services consistent with the community level of care.

The auditor interviewed two nurses from health services and two psychologists during the onsite phase of the audit. They were clear that all services provided at Health Services and Psychology Services were consistent with the community level of care. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.83(d).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. This policy states that female victims of sexual abuse while incarcerated are offered pregnancy tests.

FCI Seagoville houses male inmates only and this provision does not apply to this institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.83(e).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided for review by the auditor. The program statement indicates that Bureau providers deliver comprehensive prenatal counseling and care for pregnant female offenders.

FCI Seagoville houses male inmates only and this provision does not apply to this institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.83(f).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided for review by the auditor. The program statement indicates that all inmate victims would be offered tests for sexually transmitted infections.

The auditor interviewed four inmates who had reported an incident of sexual abuse. They stated that they were not abused in a manner that would require such testing. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.83(g).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided to the auditor. The program statement indicates that Bureau policies concerning inmate co-pays for medical treatment shall not be applied to victims of sexual abuse.

The auditor interviewed four inmates who had reported an incident of sexual abuse. They stated that they were not financially responsible for any medical or mental health services. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.83(h).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided to the auditor. The program statement language is clear that inmate-on-inmate abusers will be offered treatment when deemed appropriate.

The auditor interviewed two psychologists during the onsite phase of the audit. Both psychologists discussed with the auditor the sexual offender management program (SOMP) that operates at FCI Seagoville. Due to the program, the BOP specifically houses sexual offenders at this institution, and most or all of them would be enrolled in this highly successful program. Based on this analysis, the auditor finds the institution in compliance with this provision.

## 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 institution 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 institution?  Yes  No
- Does the review team: Examine the area in the institution 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 institution head and PREA compliance manager?  Yes  No

#### 115.86 (e)

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

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  - b. Investigation files
2. Interviews:
  - a. Specialized staff
  - b. Incident review team

#### Findings (by provision):

**115.86(a).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. In this section, the policy states in cases of substantiated or unsubstantiated allegations, Institution Executive Staff review the incident to assess the facility's response to the allegations. All factors noted in this Standard are considered. The IPCM documents the review in a report, including recommendations for improvements, if any. If the unsubstantiated allegation involved a staff member, the report under this section must not include the staff member's personally identifiable information. The report is submitted to the Warden, who ensures implementation of the recommendations or documents the reason for not following them. Consideration for staff affected by the incident is necessary. Efforts to mitigate potential stress associated with these events should be offered to affected staff.

During the onsite phase of the audit, the auditor reviewed five sexual abuse investigation files from the previous 12 months. All five of the files contained the written incident review report. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.86(b).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement requires the incident review to be completed within 30 days of the conclusion of the investigation.

During the onsite phase of the audit, the auditor reviewed five sexual abuse investigation files from the previous 12 months. All five of the files contained the written incident review report, which was completed within 30 days of the written report of the investigation. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.86(c).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This policy states the review team also may include input from the local Union President. The Union representative will be provided time to review the draft report and submit recommendations, which will be included in the review team's final report and recommendations as an addendum. Adoption of the Union's recommendations in the final report is at the discretion of the review team.

During the onsite phase of the audit, the auditor interviewed the Warden. The Warden explained that the IPCM leads the sexual abuse incident abuse review team and holds the review meetings with upper-level officials to review the incident and the details. The auditor reviewed five sexual abuse investigation files from the previous 12 months. All five of the files contained the written incident review report. The reports outlined the review team members and showed input from other staff members who would have information about the incident. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.86(d).** In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement properly lists each of the required elements of this provision, as well as requiring the preparation of a report to be submitted to the institution's Warden.

During the onsite phase of the audit, the auditor interviewed the Warden. The Warden stated that each incident review includes a consideration of each of the elements in this standard's provision. The team discusses the facts of the allegation and the findings from the investigation to determine if any of the factors in this provision may have had an impact on the incident. The team then prepares a report that is submitted to the Warden. The auditor also interviewed the IPCM who stated that she leads the incident review meetings and ensures that the team reviews each of the items in this provision. The auditor interviewed a member of the incident review team. That staff member confirmed the same information, that the team reviews each incident for each of the elements in this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.86(e).** The auditor was not provided any documentation to show compliance with this provision. The auditor discussed compliance with the Warden. The Warden stated that best efforts are made to implement recommendations from the incident review reports. Failure to do so may lead to additional abuse incidents. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  - b. Annual Reports (2013 through 2020)

#### Findings (by provision):

**115.87(a).** The institution provided the auditor with PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement requires that the Bureau tracks information concerning sexual abuse using several methods. The SIS maintains secure investigative files and data, including victims and perpetrators of sexually abusive behavior, factual descriptions of the events, formal and informal actions taken, collateral reports, memoranda, video, medical forms, and any other evidentiary materials pertaining to the allegation. The Office of Internal Affairs reports cumulated data on the inmate victims of staff sexually abusive behavior to all Chief Executive Officers and the Psychology Services Administrator at the end of each quarter and at the end of each fiscal year. The Information, Policy and Public Affairs Division collects and reports on the data used in the Bureau of Justice Statistics Survey of Sexual Violence. The Chief of Correctional Services in each institution is

responsible for accurate inmate codes from the computer system related to sexually abusive behavior. Access to this information is limited to those staff who are involved in managing and treating the inmate victim or inmate perpetrator or investigating the incident.

The auditor was provided copies of the BOP Annual PREA Report for years 2013 through 2018. Each of the reports includes data that is listed in categories that meet the definitions listed on the Survey of Sexual Violence conducted by the Department of Justice (DOJ). The auditor also reviewed the BOP Annual PREA Report for 2019 and BOP Annual PREA Report for 2020 on the BOP website. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.87(b).** This provision is included in PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The National PREA Coordinator, with the assistance of the Regional PREA Coordinators, aggregates, and reviews data from all sources annually. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.87(c).** This provision is included in PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The Information, Policy, and Public Affairs Division collects and reports on the data used in the Bureau of Justice Statistics Survey of Sexual Violence. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.87(d).** This provision is included in PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy requires that the agency collect data from all available incident reports and documents, investigation files and sexual abuse incident reviews. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.87(e).** This provision is included in PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The Bureau collects this data from each of the contracted institutions that housed BOP inmates.

The auditor was provided copies of the BOP Annual PREA Report for years 2013 through 2018. The auditor also reviewed the BOP Annual PREA Report for 2019 and BOP Annual PREA Report for 2020 on the BOP website. The auditor reviewed the provided annual reports and each report includes all of the required elements for this Standard. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.87(f).** The agency completes the Survey of Sexual Violence (SSV) when the request is received from the Department of Justice. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  - b. Annual Reports (2013 through 2020)
2. Interviews:

a. Specialized staff

**Findings (by provision):**

**115.88(a).** The auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. Under this section, the program statement indicates that the National PREA Coordinator reviews data compiled by the Regional PREA Coordinators, the Information, Policy, and Public Affairs Division and the Office of Internal Affairs, and issues a report to the Director on an annual basis, meeting the requirements of this section.

The auditor was provided written responses to the Agency Head's interview questions. The Agency Head stated that if the incident-based sexual abuse data shows patterns, such as the LGBTI inmates being targeted or a significant number of assaults occurring in a particular area of an institution, then our policies, procedures, or training may be modified. For example, we noted that almost 38% of "Substantiated" cases in calendar year 2018 involved inmate witnesses. This resulted in continued emphasis during inmate education of the zero-tolerance policy and reporting incidences of sexually abusive behavior to staff when they are observed. Additionally, 45% of perpetrators in "Substantiated" cases admitted to all or some part of the sexually abusive behavior. This was notable and was attributed to both inmate witnesses providing details to investigators and also investigators receiving training in conducting thorough investigations for evidence that could not be disputed.

The auditor also reviewed written responses from the National PREA Coordinator. The PREA Coordinator stated that the annual data is aggregated is reviewed and compiled into a report and issued to the Director annually. The agency complies with the Freedom of Information Act, but investigative, psychological, and medical data are securely maintained. The annual report does not contain identifying information. Corrective action is taken on an ongoing basis.

The auditor interviewed the IPCM during the onsite phase of the audit. The IPCM explained that aggregated data from FCI Seagoville is included in the Agency annual report. This would be reviewed internally, and any necessary corrective actions would be taken to ensure the safety of the inmates and staff at the institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.88(b).** The auditor reviewed copies of the agency's annual reports for years 2013 through 2018, as well as the 2019 and 2020 reports, which were located at the BOP website. The reports clearly include a comparison of the current year's sexual abuse incident data and corrective actions with those from prior years. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.88(c).** The auditor reviewed copies of the agency's annual reports for years 2013 through 2018, as well as the 2019 and 2020 reports, which were located at the BOP website. The reports are signed by the agency Director. The auditor reviewed the agency's website and found the agency's annual report posted on the page dedicated to the Prison Rape Elimination Act.

The auditor was provided written interview responses by the Agency Head. The Agency Head stated that the annual report for the prior calendar year is reviewed by me prior to being placed on our public website. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.88(d).** The auditor reviewed copies of the agency's annual reports for years 2013 through 2018, as well as the 2019 and 2020 reports, which were located at the BOP website. The reports do not contain any personally identifiable information that would require redaction.

The auditor was provided written interview responses from the National PREA Coordinator. The PREA Coordinator stated that the Bureau complies with the Freedom of Information Act. No information that identifies victims or perpetrators is included in the report, nor is any information that could potentially threaten the security of an institution. If information needs to be redacted, the nature of the redacted material would be indicated. Based on this analysis, the auditor finds the institution in compliance with this provision.

## 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 institution*

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

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
  - b. Annual Reports (2013 through 2020)
2. Interviews:
  - a. PREA coordinator

**Findings (by provision):**

**115.89(a).** The institution includes language regarding the retention of sexual abuse data in PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement mandates secure retention of the agency’s sexual abuse aggregated data.

The auditor was provided written interview responses from the National PREA Coordinator. The PREA Coordinator stated that the agency complies with the Freedom of Information Act and all other applicable laws, rules, and regulations. Investigative, psychological, and medical data are securely maintained. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.89(b).** PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* requires the agency to make the aggregated sexual abuse data available to the public through its website.

The auditor reviewed the agency’s website and found the agency’s annual report posted on the page dedicated to the Prison Rape Elimination Act. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.89(c).** The auditor reviewed annual reports for 2013 through 2018, as well as the 2019 and 2020 reports, which were located at the BOP website, and did not identify any information that personally identified any victim or perpetrator. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.89(d).** The institution includes language regarding the retention of sexual abuse data in PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy mandates secure retention of the agency’s sexual abuse aggregated data for at least 10 years after the date of initial collection. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

### The following evidence was analyzed in making the compliance determination:

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

### Findings (by provision):

**115.401(a).** This was the third audit completed by the Federal Correctional Institution Seagoville. The auditor confirmed this information with the Management Analyst and through the Bureau website. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

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

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

**115.401(m).** During the onsite phase of the audit, the auditor requested to interview a total of 44 inmates. The institution provided a private room for the auditor to meet with each inmate for the interview, without interruption. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

## Standard 115.403: Audit contents and findings

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

## 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single institution agencies, the auditor shall ensure that the institution's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single institution 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 institution does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the institution.*

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Agency website
2. Interviews:
  - a. PREA coordinator

### Findings (by provision):

**115.403(f).** This was the third audit completed by the Federal Correctional Institution Seagoville. The Bureau has posted the second audit report on the institution's website for public review per the requirements of this Standard. Based on this analysis, the auditor finds the institution in compliance with this provision.

# AUDITOR CERTIFICATION

I certify that:

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

## Auditor Instructions:

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

James Kenney

September 7, 2021

**Auditor Signature**

**Date**

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

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