

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: July 29, 2021

Date of Final Audit Report: October 29, 2021

Auditor Information

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Company Name: PREA Auditors of America, LLC	
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Telephone: 713-818-9098	Date of Facility Visit: June 15-17, 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: https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp			

Agency Chief Executive Officer

Name: M.D. Carvajal	
Email: BOP-RSD-PREACoordinator@BOP.GOV	Telephone: 202-616-2112

Agency-Wide PREA Coordinator

Name: Jill Roth	
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 Medical Center (FMC) – Fort Worth

Physical Address: 3150 Horton Road

City, State, Zip: Fort Worth, TX 76119

Mailing Address (if different from above):
3150 Horton Road

City, State, Zip: Fort Worth, TX 76119

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information:

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

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

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

ACA

NCCHC

CALEA

Other (please name or describe):

N/A

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

Warden/Jail Administrator/Sheriff/Director

Name: J. Segovia

Email: FTW-PREAComplianceMgr-S@bop.gov

Telephone: 817-534-8400

Facility PREA Compliance Manager

Name: J. Segovia

Email: FTW-PREAComplianceMgr-S@bop.gov

Telephone: 817-534-8400

Facility Health Service Administrator

Name: K. Pierce

Email: FTW-PREAComplianceMgr-S@bop.gov

Telephone: 817-534-8400

Facility Characteristics

Designated Facility Capacity:

1251

Current Population of Facility:

1285

Average daily population for the past 12 months:	1351	
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:	19-82	
Average length of stay or time under supervision:	450 Days	
Facility security levels/inmate custody levels:	Administrative	
Number of inmates admitted to facility during the past 12 months:	827	
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> :	787	
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> :	683	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	370	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	44	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	4	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	77	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	14
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	12
<p>Number of single cell housing units:</p>	0
<p>Number of multiple occupancy cell housing units:</p>	12
<p>Number of open bay/dorm housing units:</p>	0
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	52
<p>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)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><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):</p>
Investigations	
Criminal Investigations	
<p>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:</p>	0
<p>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.</p>	<p><input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p><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</p>
Administrative Investigations	
<p>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?</p>	253
<p>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</p>	<p><input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><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</p>

Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) re-certification audit for the Federal Medical Center (FMC) Fort Worth, Federal Bureau of Prisons (BOP) in Fort Worth, Texas was conducted on June 15-17, 2021 to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

The auditor conducted the audit through a third-party entity as a contractor and 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, LLC. and not directly by the auditor herself. The contract described the specific work required according to the DOJ standards and PREA audit handbook to include the pre-audit, onsite audit and post-audit.

The previous PREA audit was conducted by PREA auditor Glynn Maddox on June 19-21, 2018. The previous auditor found 45 standards were met.

Pre-Audit

The auditor received an initial introduction email from the third party entity on April 16, 2021 initiating correspondence between the BOP and the auditor. Prior to the on-site portion of the audit the auditor received the Pre-Audit Questionnaire (PAQ), policies, procedures and supporting documentation through email and a shared folder. The auditor had correspondence via phone and email with the assigned Management Analyst from the External Auditing Branch. The Management Analyst served as the liaison between the facility and the auditor and assisted with pre-audit information and on-site audit logistics. On June 5, 2021 the auditor sent the Management Analyst questions related to the PAQ, policy, procedure and supporting documentation (all documents reviewed are listed under the appropriate PREA standard). Additionally, the auditor provided the Management Analyst with information on the listings that would be needed on the first day of the audit, as well as some of the supplemental documentation that would need to be reviewed on-site. Facility staff ensured the audit announcement was placed throughout the facilities prior to the audit. The auditor received five emailed photos on April 6, 2021 of the PREA audit announcement posted across the facility. The auditor received one letter from an inmate at FMC Fort Worth and no correspondence from staff.

The auditor contacted the Women's Center related to victim advocacy services at FMC Fort Worth. The staff member indicated that they currently have a Memorandum of Understanding (MOU) with the facility and that it was signed in 2014 and had no termination date. She advised their program is the rape crisis program for Tarrant County and they provide hospital accompaniment for sexual assault exams at area hospitals, a 24 hour crisis hotline, case management and advocacy services and clinical counseling services. The staff member confirmed that they have provided services to the facility in the past, however in-person hospital accompaniment was suspended from March 2020 through April 2021. The staff member advised she was unable to adequately communicate if there were any concerns related to the facility's PREA compliance because she has not had routine communication with the facility in a long time. She did state that the only concern she had was related to a letter they received requesting their services in which they replied with a release of information and never heard back from the inmate. The auditor also contacted Just Detention International (JDI), a national anti-sexual violence organization. JDI indicated that they did not have any correspondence with inmates at FMC Fort Worth. The facility indicated that John Peter Smith Hospital provides forensic examinations to sexual abuse victims at FMC Fort Worth. The auditor verified through the hospital's website that they have a Sexual Assault Nurse Examiner (SANE) program that is part of the Tarrant County Sexual Assault Response Team. The

website stated that the program is staffed by registered nurses who have advanced training and instruction in medical forensic examination and in psychological and emotional trauma.

The auditor conducted a web-based search related to FMC Fort Worth. The auditor did not locate any information related to sexual abuse and/or sexual harassment. The agency website had the PREA policy, the annual report, a link to the PREA Resource Center and a method to report allegations. The facility website had the inmate handbook with PREA information as well as the last PREA audit report.

On-Site

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site portion of the audit. Based on the population on the first day of the audit (1285) the PREA auditor handbook indicated that at least 40 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random inmate interviews were chosen at random and varied across gender, race, ethnicity, housing assignments and time in custody. At least two inmates were selected from each of the housing units, with the exception of the quarantine/isolation unit. Inmates selected for the targeted interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Inmate Interview Questionnaire* supplemented by the *Targeted Inmate Questionnaire*. The table following the inmate listings depicts the breakdown of inmate interviews.

1. Complete inmate roster (provided based on actual population on the first day of the on-site portion of the audit)
2. Youthful inmates (if any)
3. Inmates with disabilities (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Inmates who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inmates
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

Category of Inmates	Number of Interviews
Random Inmates	23
Targeted Inmates	22
Total Inmates Interviewed	45 ¹
Targeted Inmate Interview:	
• Youthful Inmates	0
• Inmates with a Disability	3

¹ Only 44 total inmate interviews were completed as one inmate answered questions related to multiple targeted interview questionnaires.

• Inmates who are LEP	3
• Inmates with a Cognitive Disability	1
• Inmates who Identify as Lesbian, Gay or Bisexual	2
• Inmates who Identify as Transgender or Intersex	8
• Inmates in Segregated Housing for High Risk of Victimization	0
• Inmates who Reported Sexual Abuse	3
• Inmates who Reported Sexual Victimization During Screening	2

The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site portion of the audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across gender, race, ethnicity and post assignments. Interviews were conducted with staff from all three shifts. Staff selected for the specialized interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Interview Guide for a Random Sample of Staff* and the *Interview Guide for Specialized Staff*. The table following the staff listings depicts the breakdown of staff interviews.

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
 - Agency contract administrator
 - Intermediate-level or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
 - Line staff who supervise youthful inmates, if any
 - Education staff who work with youthful inmates, if any
 - Program staff who work with youthful inmates, if any
 - Medical staff
 - Mental health staff
 - Non-medical staff involved in cross gender strip or visual searches
 - Administrative (Human Resource) staff
 - SAFE and/or SANE staff
 - Volunteers who have contact with inmates
 - Contractors who have contact with inmates
 - Criminal investigative staff
 - Administrative investigative staff
 - Staff who perform screening for risk of victimization and abusiveness
 - Staff who supervise inmates in segregated housing
 - Staff on the sexual abuse incident review team
 - Designated staff member charged with monitoring retaliation
 - First responders

- Intake staff

Category of Staff	Number of Interviews
Random Staff	15
Specialized Staff	19
Total Staff Interviews	34
Specialized Staff Interviews	
• Agency Contract Administrator	1
• Intermediate or Higher-Level Facility Staff	3
• Line Staff who Supervise Youthful Inmates	0
• Education and Program Staff who Work with Youthful Inmates	0
• Medical and Mental Health Staff	4
• Human Resource Staff	1
• Volunteers and Contractors	2
• Investigative Staff	1
• Staff who Perform Screening for Risk of Victimization	1
• Staff who Supervise Inmates in Segregated Housing	1
• Incident Review Team	1
• Designated Staff Member Charged with Monitoring Retaliation	1
• First Responders	2
• Intake Staff	1

The auditor also conducted interviews with the below leadership staff (not counted in table above):

- Mr. M.D. Carvajal (Agency Head)
- Mr. Juan Segovia (Warden Designee & PREA Compliance Manager “PCM”)
- Ms. Jill Roth (PREA Coordinator “PC”)

The on-site portion of the audit was conducted on June 15, 2021 through June 17, 2021. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interviews as well as documents to review. The auditor conducted

a tour of the facility on June 15, 2021. This included housing units, intake (R&D), Health Services, Psychology Services, Religious Services, education, recreation, laundry, facilities, commissary, food service, safety, warehouse and the garage. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings.

Interviews were conducted on June 15, 2021, June 16, 2021 and June 17, 2021. Day watch staff were interviewed on June 15, 2021. Evening watch staff were interviewed on June 16, 2021 while morning watch staff were interviewed on June 17, 2021. All interviews were conducted in a private setting.

During the audit the auditor requested personnel and training files of staff, volunteers and contractors, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The facility has 370 staff assigned. The auditor reviewed a random sample of eighteen personnel and training records, including five individuals hired within the previous twelve months and three individuals with five year backgrounds. The sample included a variety of job functions and post assignments, including supervisors, line staff and non-custody staff. Most of the files that were reviewed were of those staff the auditor selected for interview. Additionally, personnel and training files for six volunteers, eight contractors and twelve medical and mental health care staff (two were also contractors) were reviewed. Medical and mental health care staff, volunteer and contractor files were selected at random from the listings.

Inmate Files. A total of 42 inmate files were reviewed although some files were only reviewed for a specific area the auditor was reviewing. 22 inmate files were of those that arrived within the previous twelve months, five were disabled inmates, two were LEP inmates, five were transgender inmates and eleven were inmates who reported prior victimization or abusiveness during the risk screening. Most inmate files reviewed were of those selected for random and targeted interviews.

Medical and Mental Health Records. During the past year, there were nine allegations of sexual abuse or sexual harassment. The auditor reviewed the medical and mental health records of the five inmate victims with closed investigations, as well as mental health documents for six inmates who disclosed victimization during the risk screening and five inmates identified by the risk screening of having prior sexual abusiveness.

Grievances. In the past year, the facility had three grievances of sexual abuse. The auditor reviewed the grievance log for the previous twelve months and sample grievances to confirm that no additional sexual abuse grievances were filed.

Hotline Calls. The agency does not have a hotline for inmate reporting. Reporting is done verbally, in writing, through email, anonymously or through a third party.

Incident Reports. The auditor reviewed the incident report log for the previous twelve months. The incident report codes of 114 (sexual assault), 205 (sex offense), 206 (sexual harassment), 221 (unauthorized area with a person of the opposite sex) and 229 (sexual assault) are utilized for PREA related issues.

Investigation Files. During the previous twelve months, there were nine allegations reported at the facility. During the on-site portion of the audit five of the allegations had a closed administrative investigation. The auditor reviewed the five closed investigations to ensure all components were included from the investigating authority. It should be noted that one of the closed administrative investigations did not have a full investigation but did have a finding of unfounded.

	Sexual Abuse		Sexual Harassment	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Substantiated	0	0	0	0
Unsubstantiated	1	0	2	0
Unfounded	1	1	0	0
Ongoing	0	2	2	0
Total Allegations	2	3	4	0

Post-Audit

After the completion of the on-site portion of the audit, the Management Analyst provided the auditor with a few additional audit documents via email. The auditor spoke to the Management Analyst and the PCM about corrective action required under 115.33, 115.35, 115.41, 115.42, 115.51, 115.53, 115.63, 115.67, 115.71, 115.73 and 115.86.

During the on-site portion of the audit, the auditor determined that comprehensive education and risk screening reassessments were not being completed for “jail” inmates. Because of their classification the agency does not require jail inmates to be provided a 28 day program review or institutional admission and orientation. As such, these inmates were not being reassessed for their risk of victimization and abusiveness and were not receiving the Sexually Abusive Behavior Prevention and Intervention Program

On June 28, 2021 the auditor received a memorandum from the PCM (related to 115.33) indicating that all the inmates that were identified to have arrived at FMC Fort Worth prior to 2013 had received comprehensive PREA education on June 22, 2021. The facility forwarded the eleven admission and orientation signature forms confirming that the inmates had received the education. Additionally, training documentation related to the PREA educational requirements for Unit Team staff was provided to the auditor as well. On August 5, 2021 the facility provided documentation for sixteen jail inmates that arrived at FMC Fort Worth between July 2, 2021 and July 6, 2021. All sixteen jail inmates were documented with comprehensive PREA education on July 30, 2021. On August 19, 2021 the facility provided documentation for six jail inmates that arrived at FMC Fort Worth between July 29, 2021 and August 4, 2021. All six were provided comprehensive PREA education on August 8, 2021. On September 16, 2021 the auditor received documentation for eleven jail inmates that arrived between August 6, 2021 and September 11, 2021. All eleven were completed within 30 days, with six completed on September 8, 2021 and five on August 25, 2021. On October 19, 2021 the auditor was provided a memo related to indicating that the PCM has reviewed all documentation for LEP and disabled inmates and has provided the inmates with education in accessible formats. The memo further states that the facility will continue to monitor and ensure all inmates to include LEP and disabled inmates receive PREA education and understand all aspects of PREA. The auditor was provided inmate education documents for the two

disabled inmates and one LE inmate, as identified on-site. The second LEP inmate was released from the agency's custody and was unable to complete the requested form.

On July 1, 2021 the auditor received a process memorandum from the PCM related to 115.41. The memo indicated that all inmates will be reassessed for their risk of victimization and abusiveness at their initial team or their first program review (both of which are within 28 days). During the review Unit Team staff will ask if there are any changes from their initial risk assessment and if they have any PREA concerns. All Unit Team staff were educated on their responsibilities under the process and signed a training sign in sheet. The auditor was provided a copy of the training sign-in sheet as well as twelve examples from June 2021 confirming the inmates were provided a reassessment within the 30 day timeframe. On August 16, 2021 the auditor received documentation for twelve inmates that arrived between June 24, 2021 and July 15, 2021. All twelve had a reassessment completed within 30 days. On August 19, 2021 the auditor was provided 34 reassessments for inmates that arrived between June 24, 2021 and July 30, 2021. All 34 inmates were reassessed within the 30 day timeframe. 27 additional examples were provided on September 13, 2021 of inmates arriving between June 10, 2021 through August 15, 2021. All 27 inmates had received a reassessment within 30 days. In all 73 provided examples, Unit Team staff had a handwritten notification on the activity log or typed notes in the electronic system stating that "PREA risk factors have been reassess". The note further indicated whether there were any new concerns based off the reassessment. Of the 73 examples, 36 were jail inmates, confirming that reassessments are being completed for all inmate populations at the facility (jail/pre-trial and permanent). Based on the process memo and training provided during the interim report period, the twelve examples provided during the interim report period as well as the 73 examples provided during the corrective action period it appears this standard has been corrected and as such is compliant.

On July 6, 2021 the auditor received information from the PCM indicating that current inmates were provided education on the outside reporting under 115.51 and the victim advocacy under 115.53. The facility sent information to the inmate population via TRULINCS. Information was provided about the outside reporting mechanism (Office of the Inspector General) and how to contact the entity. Information was provided about the victim advocacy center, how to contact them, the level of confidentiality and that the victim advocacy number was not a reporting number. In addition to the information via TRULINCS the facility provided information related to town hall meetings that were held in the housing units related to this information. Additionally, current posters and the inmate handbook were updated to include how to contact the victim advocate and the level of confidentiality. Training records for Unit Team staff were also provided to the auditor in which staff were trained on how to contact the victim advocate if an inmate requests a phone call. Based on the updated materials, training and inmate education these standards have been corrected during the interim report period.

On July 7, 2021 the auditor was provided a process memorandum related to housing determinations of transgender and intersex inmates that have not been reviewed by the Transgender Executive Committee (TEC). The memo explains that Psychology Services will assess the inmate and enter appropriate information into the electronic system. After the assessment the PCM and the Transgender Institution Committee (TIC) will review the inmate to determine appropriate housing. The facility provided the auditor with documentation confirming that eight transgender inmates at the facility were reviewed by the TIC on July 7, 2021. All transgender and intersex inmates have their housing reviewed by the TEC upon transfer to another facility after their initial identification. Inmates who identify at the facility and are not transferred were not previously reviewed until transfer. Based on the updated process as well as the current transgender inmate housing determination 115.42 has been corrected during the interim report period.

On July 15, 2021 the auditor was provided a process memorandum related to 115.67. The memo indicated that once an allegation is reported it will be added to a tracking log which will initiate the monitoring for retaliation timeframes. Monitoring will be completed by the PCM during monthly meetings. In addition to the process memo, the PCM provided the initial 30 day monitoring for two sexual abuse allegations. One allegation was reported on June 9, 2021 and had an initial monitoring completed on July

8, 2021 while the second allegation was reported on June 10, 2021 and had an initial monitoring on July 8, 2021 as well. On September 11, 2021 the facility provided the auditor with additional information on the two reported sexual abuse allegations provided during the interim report period. One allegation was reported on June 9, 2021 and involved 30 days of monitoring. The inmate was released on July 27, 2021, therefore the full 90 days was not necessary. The PCM conducted an in-person status check with the inmate on July 8, 2021 and while he did not document it initially, he advised he met with the inmate in-person and had the inmate sign the form to confirm he spoke to him in-person. Additionally, he forwarded the information to the BOP facility the inmate was transferred to and they continued the monitoring and status checks through September 7, 2021. The second allegation was reported on June 10, 2021 and involved monitoring for the full 90 days. The PCM conducted in-person status checks with the inmate on July 8, 2021, August 5, 2021 and September 7, 2021. Again, the PCM did not document the in-person status checks initially, but he advised he met with the inmate in-person and had the inmate sign the form to confirm he spoke to him in-person. The PCM also confirmed that he would be utilizing the updated monitoring or retaliation form for any future monitoring instances, however there have not been any additional sexual abuse allegations reported during the corrective action period.

On July 15, 2021 the facility provided the auditor with a memorandum and training sign-in sheets related to 115.71 and 115.73. The memo indicated that all SIS investigators were trained on how to conduct investigations from beginning to end, how to handle Warden to Warden notifications and notifying inmates of the outcome of investigations. The investigators indicated that they understood that the allegation would be investigated at the facility where the inmate was housed. Additionally, staff were educated that allegations that are initially reported as PREA and are later determined not to be PREA allegations are to be unfounded rather than not a PREA and as such inmates should still be notified of the outcome of the investigation. Based on the investigator training, 115.71 and 115.73 have been corrected with training during the interim report period.

Additionally on July 15, 2021 the auditor was provided a memorandum related to 115.86. The memo indicated that all reviews will be completed during monthly meetings. The one investigation that was not completed was related to a Warden to Warden notification. On September 13, 2021 the auditor received three investigations that were closed during the corrective action period. One investigation was closed on July 2, 2021 and had a corresponding sexual abuse incident review completed on July 30, 2021. The second and third investigations were both closed on August 4, 2021 and both had a sexual abuse incident review completed on August 26, 2021.

On July 19, 2021 the auditor received a corrective process memorandum related to Warden to Warden notifications (115.63). The memo indicated that when an allegation is made that occurred at a facility other than FMC Fort Worth, the information will be forwarded to the PCM who will then contact SIS to complete an interview of the inmate. The notification will then be sent from the Warden or PCM at FMC Fort Worth to the Warden where the alleged incident occurred within two business days. The memo further indicated that a log has been created to track the Warden to Warden notifications. The facility provided one notification that was reported on July 9, 2021. The documentation indicated it was forwarded on July 13, 2021. While the notification was on a Friday, the notification was not sent until the following Tuesday, and as such further documentation is required to determine corrective action. On July 27, 2021 the auditor was provided a second example of the Warden to Warden notification. The inmate disclosed prior sexual victimization during a mental health evaluation on July 27, 2021 and a notification was provided to the facility Warden where the alleged sexual abuse occurred on the same date (July 27, 2021). On September 13, 2021 the auditor was provided three additional examples to confirm that the Warden to Warden notification process was corrected. One inmate reported two instances of sexual abuse at two different local jails. The allegations were reported on July 10, 2021 during intake. One local jail was notified on July 10, 2021 while the other was notified on July 11, 2021. The facility also provided documentation of an allegation that was reported on July 13, 2021 at FMC Fort Worth and was provided to the Warden at the facility where it occurred on the same day (July 13, 2021).

During documentation review on-site the auditor determined that contracted medical and mental health staff did not complete the required training under standard 115.35. A review of twelve medical and mental health staff training records indicated that seven had received the specialized training and the five that did not receive the training were contracted medical and mental health staff members. On August 19, 2021 the auditor was provided two training records for contracted medical and mental health care staff, confirming they completed the specialized medical and mental health care training. The PCM indicated that the other three contracted medical staff no longer worked at the facility. The auditor then requested documentation of all the contracted medical and mental health care staff as well as documentation confirming the date they received the specialized medical and mental health training. On October 15, 2021 the facility provided the auditor with a list of all contracted medical and mental health care staff. The list included the dates the staff received the specialized medical and mental health training. The auditor was provided signed acknowledgment forms for a sample of 20 of the staff on the list to confirm receipt of the training.

It should be noted that immediately prior to the audit the facility had an administration change, including the PCM. The newly appointed PCM immediately noted deficiencies and initiated corrective action prior to the audit. The auditor confirmed through documentation review and interviews that the new PCM takes sexual abuse and sexual harassment seriously and is committed to ensuring compliance with PREA standards. During the corrective action period the PCM was promoted to Warden and has continued to implement policies and procedures to prevent, detect and respond to sexual abuse and sexual harassment.

Facility Characteristics

FMC Fort Worth is a Federal Prison under the authority of the Federal Bureau of Prisons, located at 3150 Horton Road in Fort Worth, Texas. FMC Fort Worth houses administrative custody inmates. The facility is located in Tarrant County, approximately 30 miles west of Dallas, Texas. FMC Fort Worth opened in 1971 and contains approximately 180 acres. The total capacity for the facility is 1251. The average daily population over the previous twelve months was 1341. On the first day of the audit the population at the facility was 1285. The facility houses adult male inmates with an age range of 19-82. The average length of time under supervision for inmates at the facility is 450 days.

The facility employs 370 staff. Custody staff make up three shifts; day watch works from 6:00am-2:00pm, evening watch works from 2:00pm-10:00pm and morning watch works from 10:00pm-6:00am. Each shift has a Lieutenant, senior officers, correctional officers and senior officer specialists. At least one custody staff member is assigned to each housing unit along with a case manager and/or counselor. Additional staff are assigned to other areas to include recreation, intake, food service, visitation, education, vocation, etc. Additionally, medical and mental health care staff and administrative staff have their own varied scheduled work hours, ranging from 6:00am to 10:00pm. The facility employs 77 contractors and has zero current active volunteers that provide services to inmates. It should be noted that prior to COVID-19 the facility had 86 approved contractors.

The facility comprises fourteen buildings, two of which are outside the secure perimeter. The facility is equipped with reflective mirrors and video monitoring to alleviate blind spots and assist with monitoring. PREA posters, including reporting information was observed throughout the facility. The below describes the basics of the facility.

Administration – This area contains numerous offices, including the Warden’s office, business office, human resources and investigations.

Commissary/Clothing Storage – The space has a clothing area with storage, a waiting area with purchase windows, a warehouse with stored goods and space that is store style with shelves of goods. Both restrooms have a solid door for privacy.

Education – The space contains the library, law library, classrooms, a resource center and offices. The inmate restroom has a solid door for privacy.

Facilities – This area encompasses numerous enclosed work spaces (welding, plumbing, wood working, etc.), a tool room, a powerhouse and a break room. The one inmate restroom has a solid door, the second is behind an enclave and the third has saloon style doors for privacy.

Food Services – There are two dining areas with serving lines and drink stations. The kitchen contains coolers, freezers, a baking area, a food preparation area, a dish area, ovens, kettles, grills, dry storage and an office. The inmate restroom has walls and a door with a security window for privacy.

Health Services – This space includes medical and dental. Dental has chairs and work stations. Medical contains exam rooms, an x-ray room, a laboratory, a pharmacy, a specialty care clinic and medical records. The medical area has a waiting room with chairs. Exam rooms have solid doors that allow for confidentiality and privacy. Medical records are mostly electronic but the few paper records are behind a locked door. The inmate restroom has a solid door for privacy.

Intake (R&D) – Includes staff offices and holding cells. Strip searches are completed in the holding cells with a privacy screen. The holding cells have half wall barriers that obstruct the toilets. A medical screening room is also in the area and has a solid door with a security window that affords confidentiality.

Laundry – There is an area for clothing storage as well as space with washers, dryers and folding tables. The inmate restroom has a curtain for privacy.

Physical Therapy – Includes a large open room with space and equipment for physical therapy.

Psychology Services – Comprises staff offices and group rooms. All offices have solid doors for confidentiality. The inmate restroom has a solid door for privacy.

Recreation – Both indoor and outdoor. The outdoors area has a basketball court, handball court, weight area, baseball diamond and soccer field. The indoor recreation area contains a cardio area, a tv area, hobby craft and an activity area with tables. The inmate restroom has a curtain for privacy.

Religious Services – There are two main sanctuaries with chairs, classrooms, a group room, a library and a tv room. The inmate restroom has saloon style doors for privacy.

Safety – Contains work areas, a back dock, a small laundry area and a pesticide storage space. The inmate restroom has a solid door for privacy.

Visitation – Is an open area with chairs. The search area is behind a solid door. The inmate restroom has a solid door for privacy.

The jail (A unit) is two floor mezzanine style with its own library, law library, medical room and outdoor recreation. Cells have either two or four beds, desks, stools, a toilet and a sink. Cell doors are solid with a security window. The first floor has a dayroom with televisions, tables and phones. Showers have curtains for privacy. The separate outdoor recreation area has a basketball court, benches and a grassy space.

Dallas unit consists of two floors. The first floor has cells that are either single or double bunked with a locker, table and chair. The restrooms on the first floor have sinks, toilets, urinals and showers. Showers and toilets have curtains for privacy. The second floor has cells with occupancy ranging from two to ten men. The cells have beds and lockers. One cell contains a toilet and shower. The shower has a curtain and the toilet is positioned in the rear of the cell and affords privacy. The communal restroom has toilets, sinks, urinals and showers. Showers and toilets have curtains for privacy. Some of the cells have jack and jill style restrooms with a solid door for privacy.

Fort Worth unit consist of two floors with the same layout. Both floors have a community room with tables, chairs, computers and televisions. Cells are double bunked with lockers and chairs. The restroom is communal style with public style fully enclosed toilets and showers with curtains. There is a space for an open bay style room, but it not currently utilized as a living area.

San Antonio, Houston and Austin are located in the same building. San Antonio and Houston are one floor each while Austin includes two floors. Each unit has a dayroom with tables, chairs and televisions. Each unit has two, three or four man cells with beds, lockers and a chair as well as an open bay range with numerous bunk beds, lockers and chairs. The showers are separate and have curtains for privacy. The toilets, urinals and sinks are separate from the showers and the toilets are enclosed with doors for privacy.

Lubbock unit consists of one floor with two areas separated by a security door. The unit has an atrium with tables, stools, computers and televisions. An additional dayroom with chairs is also located in the unit as well as a laundry room. The cells are hospital style with two beds, lockers, chairs, a sink and a toilet. The toilet is positioned in the rear of the cell with a wall for privacy. Showers have a door as well as a curtain for privacy. There are also two suicide observation cells in this unit that contain a bed, toilet, sink and shower. The doors are open bar stock, but a mobile privacy barrier is available if needed.

The SHU has two floors, each floor has a multipurpose/visitation room. All cells are double bunked with a desk, stool, toilet and sink. Cell doors are solid with a security window. Showers are individual with curtains over open bar stock. The SHU has its own outdoor recreation enclosures.

Unit	Capacity	Style	Inmate Population
Jail	114	Double Occupancy	Pre-Trial
Dallas – 1	91	Double Occupancy	General Population
Dallas – 2	118	Double Occupancy	General Population
Fort Worth – 1	50	Double Occupancy	Mental Health
Fort Worth – 2	74	Double Occupancy	Residential Drug Treatment Program
San Antonio	250	Double Occupancy	General Population
Houston	313	Double Occupancy	Work Cadre
Austin – 1	235	Double Occupancy	General Population
Austin – 2	94	Double Occupancy	General Population
Lubbock – 1	44	Double Occupancy	Hospital
Lubbock – 2	22	Double Occupancy	Hospital
SHU – 1	50	Double Occupancy	Segregated Housing Unit
SHU – 2	52	Double Occupancy	Segregated Housing Unit

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: NA

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: NA

PREVENTION PLANNING

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Documents:

1. Pre-Audit Questionnaire
2. P5324.12

3. P3420.11
4. P5270.09
5. FTW 5324.12(C)
6. Inmate Admissions and Orientation Handbook
7. Sexually Abusive Behavior Prevention and Intervention Program
8. Organizational Charts

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The agency has a comprehensive PREA Policy: P5324.12 as well numerous other policies and procedures that supplement the PREA Plan. These include P3420.11, P5270.09, FTW 5324.12(C), the inmate admission and orientation handbook and the Sexually Abusive Behavior Prevention and Intervention Program. The agency has a zero-tolerance policy towards all forms of sexual abuse and sexual harassment which is outlined on page 2 of P5324.12 and in the inmate handbook. The policies outline the strategies on preventing, detecting and responding to such conduct and include definitions of prohibited behavior. Agency policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates (P3420.11 and P5270.09, page 45), incident reviews and data collection. This policy is consistent with the PREA standards and outlines the agency's approach to sexual safety.

115.11 (b): The agency's organizational chart reflects that the PC position (referred to as the National PREA Coordinator) is an upper-level position and is agency-wide. The PC is a Psychologist under the Psychology Services Branch. The PC reports to the Assistant Director, Reentry Services Division. The PC provides guidance through six regional PREA Coordinators and 122 Compliance Managers. The PC was interviewed and she reported that her position is full time and that she has enough time to manage all of her PREA related responsibilities.

115.11 (c): The facility has designated an Associate Warden as the staff member responsible for ensuring PREA compliance. The PAQ indicated that the PCM has sufficient authority and time to coordinate the facility's PREA efforts. The facility's organizational chart confirms that the Associate Warden is responsible for PREA compliance and that he reports directly to the Warden. The interview with the PREA Compliance Manager indicated he has sufficient time to coordinate the facility's PREA compliance.

Based on a review of the PAQ, P5324.12, P3420.11, P5270.09, FTW 5324.12(C), the inmate handbook, the Sexually Abusive Behavior and Intervention Program, organizational charts and interviews with the PC and the PCM this standard appears to be compliant.

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Contracts for Confinement of Inmates

Interviews:

1. Interview with the Agency's Contract Administrator

Findings (By Provision):

115.12 (a): The agency currently has six contracts with private contract facilities and 150 contracts with Residential Reentry Centers (RRC). A review of the three private contract facilities contracts confirmed that the following language was initially included or added to each: "The contractor shall comply with the Prison Rape Elimination Act of 2003 and the National Standards to Prevent, Detect, and Respond to Prison Rape as contained in 28CFR Part 115". Additionally, a review of three RRC contracts confirmed the following language was present: "Prison Rape Elimination Act of 2003 (PREA), seeks to eliminate sexual assault and sexual misconduct of offenders in correctional facilities to include all community-based facilities. Administration must maintain a zero-tolerance for sexual abuse, specifically policy that addresses PREA compliance will be maintained by contractor. Facility must be in full compliance with PREA standards that apply to Community Confinement Facilities". The interview with the Agency Contract Administrator confirmed that all new and renewed contracts require PREA compliance. The interview indicated that the contractor's policies and procedures are reviewed by the BOP and that the contractor is required to notify the BOP of any PREA allegations and forward a copy of the allegation, the investigation and the findings to the oversight staff. Additionally, at least once a year the BOP's Quality

Assurance Program conducts a review of each of the contractor's PREA allegations to determine compliance.

115.12 (b): The agency currently has six contracts with private contract facilities and 150 contracts with Residential Reentry Centers (RRC). A review of the three private contract facilities contracts confirmed that the following language was initially included or added to each: "The contractor shall comply with the Prison Rape Elimination Act of 2003 and the National Standards to Prevent, Detect, and Respond to Prison Rape as contained in 28CFR Part 115". Additionally, a review of three RRC contracts confirmed the following language was present: "Prison Rape Elimination Act of 2003 (PREA), seeks to eliminate sexual assault and sexual misconduct of offenders in correctional facilities to include all community-based facilities. Administration must maintain a zero-tolerance for sexual abuse, specifically policy that addresses PREA compliance will be maintained by contractor. Facility must be in full compliance with PREA standards that apply to Community Confinement Facilities". The interview with the Agency Contract Administrator confirmed that all new and renewed contracts require PREA compliance. The interview indicated that the contractor's policies and procedures are reviewed by the BOP and that the contractor is required to notify the BOP of any PREA allegations and forward a copy of the allegation, the investigation and the findings to the oversight staff. Additionally, at least once a year the BOP's Quality Assurance Program conducts a review of each of the contractor's PREA allegations to determine compliance.

Based on the review of the PAQ, the language within the six sample agency contracts and information from the interview with the Agency Contract Administrator, this standard appears to be compliant.

Standard 115.13: Supervision and monitoring

115.13 (a)

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

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

115.13 (b)

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

115.13 (c)

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

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P3000.03
3. P5324.12
4. Staffing Plan
5. Annual Staffing Plan Reviews
6. Documentation of Unannounced Rounds

Interviews:

1. Interview with the Warden Designee
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials

Findings (By Provision):

115.13 (a): P3000.03 addresses the agency's staffing plan development. Specifically, on pages 9-10 the policy indicates that the Workforce Utilization Committee will formulate a staffing plan based on the number of allocated positions, historical turnover and anticipated vacancies. Additionally, the policy indicates that the committee will review departmental rosters, review findings of program, operational and other management reviews and recommend actions designed to increase effective use of resources. The policy also indicates on page 11 that the vacancy rate will not exceed ten percent during any eighteen-month period. The staffing plan takes into consideration generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the current staffing is based off of 1341 inmates. The facility employs 370 staff. Custody staff make up three shifts; day watch works from 6:00am-2:00pm, evening watch works from 2:00pm-10:00pm and morning watch works from 10:00pm-6:00am. Each shift has a Lieutenant, senior officers, correctional

officers and senior officer specialists. At least one custody staff member is assigned to each housing unit along with a case manager and/or counselor. Additional staff are assigned to other areas to include recreation, intake, food service, visitation, education, vocation, etc. Additionally, medical and mental health care staff and administrative staff have their own varied scheduled work hours, ranging from 6:00am to 10:00pm. During the tour the auditor observed at least one custody staff member in each housing unit as well as non-custody staff. Staff were observed throughout the facility while the auditor observed cameras located throughout the housing, work and program areas. Interviews with the Warden Designee/PCM confirmed that the facility has a staffing plan that provides adequate staffing levels to protect inmates from sexual abuse and that they comply with the plan on a regular basis. He stated that the plan is adequate based on the physical plant, the number of staff on each shift and the specific staff assigned to each shift. The plan includes video monitoring technology and is documented in the Business Office. The Warden Designee/PCM indicated that the facility is accredited and follows American Correctional Association guidelines. He stated the plan considers any findings of inadequacy or lawsuits and that they also look at other institutional findings to determine if they apply to FMC Fort Worth. He further stated that the facility has buildings with floors and staff are placed on each of the floors. More staff are placed in buildings that are older or inmates with specific populations are placed in these buildings. The plan considers the type of population and as such has additional staff for medical transports. The Warden Designee/PCM also stated that the plan has more staff during times when programming occurs and that supervisors are on each shift, with the Institutional Duty Officer making rounds weekly as well. He indicated that the facility checks for compliance with the staffing plan through making rounds and through a review of the daily roster an annual staffing plan.

115.13 (b): The facility indicated in the PAQ that there are never deviations from the staffing plan. The interview with the Warden Designee indicated that deviations would not occur as they fill 100% of their custody staff posts.

115.13 (c): The PAQ indicated that at least once a year the facility in collaboration with the PC, reviews the staffing plan to see where adjustments are needed. The staffing plan was most recently reviewed on January 14, 2021. The staffing plan is reviewed quarterly by the Salary/Workforce Utilization Committee. The Committee comprises the Warden, the Associate Warden of Operations, the Associate Warden of Programs (who serves as the PCM), a Captain, the Business Administrator, the Human Resource Manager, the Budget Analyst and the Executive Assistant. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. A review of additional reviews indicated others were completed on September 30, 2020, June 23, 2020, March 24, 2020 and October 29, 2019. The PC confirmed that she is consulted annually with regard to a review of the staffing plans for institutions. She indicated that the Human Resource Management Division and the Administration Division allocates overall staffing resources.

115.13 (d): P5324.12, page 16, indicates that the Institution Duty Officer (IDO) is required to make weekly unannounced rounds on all shifts to identify and deter sexual abuse and sexual harassment. These rounds are required to be documented and forwarded to the PCM for retention. A review of the ten PAQ supplemental documentation IDO rounds indicated that announced rounds are being conducted weekly by the IDO in all locations at the facility. Additionally, P5324.12 prohibits staff from alerting other staff members that the supervisory rounds are occurring, unless such announcement is related to legitimate operational functions of the facility. A review of ten IDO unannounced rounds indicated that rounds are being made between the hours of 3:00am and 6:00pm each week. Additionally, the auditor confirmed that the Operations Lieutenant on each shift makes daily unannounced rounds. A review of a sample of Operations Lieutenant rounds confirmed that they visit each housing unit on each shift. The interviews with the intermediate-level or higher-level staff confirm that they make unannounced rounds and that the

rounds are documented in TRUSCOPE. All three staff stated that they ensure staff do not notify one another about the rounds by bouncing around the facility and switching up the locations and times. One staff member stated that he does not go to the buildings in a specific pattern, but rather starts rounds, stops rounds and goes to different locations at different hours.

Based on a review of the PAQ, P3000.03, P5324.12, the staffing plan, annual staffing plan reviews, documentation of unannounced rounds, observations made during the tour and interviews with intermediate-level or higher-level staff, this standard appears to be compliant.

Standard 115.14: Youthful inmates

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire

Interviews:

1. Interview with the Warden Designee
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.14 (a): The PAQ indicated that no youthful inmates are housed at FMC Fort Worth. A review of the daily population report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. The Warden Designee/PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

115.14 (b): The PAQ indicated that no youthful inmates are housed at FMC Fort Worth. A review of the daily population report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. The Warden Designee/PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

115.14 (c): The PAQ indicated that no youthful inmates are housed at FMC Fort Worth. A review of the daily population report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. The Warden Designee/PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

Based on a review of the PAQ, daily population reports, observations made during the tour and information from the interviews with the Warden Designee and PCM, this standard appears to be not applicable and as such, compliant.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. P5521.06
3. P5324.12
4. Memorandums Related to Searches
5. Sexually Abusive Behavior Prevention and Intervention Program Annual Training Curriculum
6. Staff Training Records

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with Transgender/Intersex Inmates

Site Review Observations:

1. Observations of Privacy Barriers

Findings (By Provision):

115.15 (a): P5521.06, page 4 and 5, discuss visual searches and body cavity searches. Page 4 indicates that visual searches are to be conducted by staff of the same sex as the inmate, except where circumstances as such that a delay would mean the loss of contraband. In such a case, this exception would be documented in the inmate's central file. Page 5 indicates that body cavity searches are only conducted by qualified health personnel upon the approval of the Warden or Acting Warden and such searches are documented in the inmate's central file. The PAQ indicated that the facility does not conduct cross gender strip or cross gender visual body cavity searches of inmates and that no searches of this kind were conducted at the facility over the past twelve months.

115.15 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Additionally, the PAQ indicated that the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with the provision. P5521.06, page 3, states that cross-gender pat-down searches of female inmates are not permitted, absent exigent circumstances. As a result, male staff are not permitted to pat-search female inmates, unless exigent circumstances exist. FMC Fort Worth houses adult cisgender male inmates only. Transgender inmates can request through the Warden to be searched by their staff preference.

115.15 (c): P5521.06, page 4 and 5, discuss visual searches and body cavity searches. Page 4 indicates that visual searches are to be conducted by staff of the same sex as the inmate, except where circumstances as such that a delay would mean the loss of contraband. In such a case, this exception would be documented on the inmate's central file. Page 5 indicates that body cavity searches are only conducted by qualified health personnel upon the approval of the Warden or Acting Warden and such searches are documented in the inmate's central file. The PAQ indicated that no cross-gender searches have been conducted in the previous twelve months. The Acting Warden provided an assurance memo indicating there have been no exigent circumstances that required deviation from the standard.

115.15 (d): P5324.12, page 17 states that the facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttock, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, it states that such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. Page 18 states the four ways inmates are notified of the presence of opposite gender staff, including through a posted notice on the bulletin board, through an announcement at the beginning of primary shifts, notices of the hours of work for female staff with offices in the housing units and by notifying inmates during intake of the requirement to remain clothes and the presence of opposite gender staff generally. The PAQ indicated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions and change clothing without non-medical 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. Interviews with fifteen random staff indicated that all fifteen stated that inmates have privacy when showering, using the restroom and changing clothes. Additionally, all fifteen stated that opposite gender staff announce their presence when entering an inmate housing unit. All 44 of the inmates interviewed indicated they had never been naked in front of a staff member of the opposite gender and 21 of the 44 stated that staff of the opposite gender announce when they enter inmate housing units. It should be noted that seven staff mentioned the canned daily announcement that goes out over the loudspeaker. During the tour, the PCM as well as housing unit staff made the opposite gender announcement being upon entry into the housing units. The auditor observed that all housing units offered privacy in the showers and restroom area. All showers were single person showers with curtains and communal restrooms had toilets that were either fully enclosed or had curtains for privacy. Privacy was provided in cell at the jail and SHU through doors with security windows. The jack and jill style rooms provided privacy in the restroom via solid doors. Privacy was provided in the medical unit (Lubbock) through solid doors, curtains, mobile privacy barriers and an enclave in the cells for the toilet.

115.15 (e): P5324.12, page 19 states that the facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversation with the inmate, by reviewing medical records, or, if necessary, by learning information as part of a broader medical examination conducted in private by a medical practitioner. The PAQ indicated that there had been no searches of this nature within the past twelve months. Interviews with fifteen random staff indicated that twelve were aware of an agency policy that prohibits strip searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. Interviews with seven transgender inmates confirmed that none had ever been searched for the sole purpose of determining their genital status.

115.15 (f): The Sexually Abusive Behavior Prevention and Intervention Program Annual Training Curriculum indicated that staff are trained on conducting cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner on the first day of the annual training. A review of the training curriculum confirms that the training covers cross gender pat-searches and searches of transgender and intersex inmates. The PAQ indicated that 100% of staff had received this training. Interviews with fifteen random staff indicated that eleven of the fourteen had received training on how to conduct a cross-gender pat search and a search of a transgender or intersex inmate. A review of eighteen staff training records indicated that all eighteen had received the search training.

Based on a review of the PAQ, P5521.06, P5324.12, the memo related to searches, the Sexually Abusive Behavior Prevention and Intervention Program curriculum, a random sample of staff training records, observations made during the tour to include curtains, fully enclosed toilets, solid doors, mobile privacy barriers, enclaves, doors with security windows and the PCM and housing unit staff's opposite gender announcement as well as information from interviews with random staff, random inmates and transgender inmates indicate this standard appears to be compliant.

Recommendation

While the facility complies with this standard based on the overall evidence, the auditor strongly recommends that the facility re-educate staff and on the requirement of the opposite gender announcement. The announcement must be made anytime the status quo changes. While inmates may believe that it is required every time and this may be why approximately half indicated it was not made, staff should be advised of the requirement under this standard to ensure the announcement is consistently made when the status quo changes.

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. LanguageLine Solutions Contract
4. Staff American Sign Language (ASL) Memorandum
5. Memorandum from the Acting Warden
6. PREA Posters

7. Inmate Admission and Orientation Handbook

Interviews:

1. Interview with the Agency Head
2. Interview with Inmates with Disabilities
3. Interview with LEP Inmates
4. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posters in English and Spanish

Findings (By Provision):

115.16 (a): P5324.12, page 19 establishes guidelines to providing disabled inmates an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. It states that the PCM is responsible for reaching out to local disabilities assistance offices to ensure the facility is providing effective communication accommodations when needed. The memo from the Acting Warden stated that FMC Fort Worth presents information both verbally and written to inmates and that the institution has a contract with LanguageLine Solutions to ensure effective communication to provide 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. A review of PREA posters, and inmate distributed information confirmed that information is provided in large font and bright colors. The interview with the Agency Head indicated that inmates receive PREA information in a format that they can understand. Interviews with the four disabled inmates indicated that all four had received information in a format that they could understand. During the tour, the PREA signage was observed to be in large text and in bright colors.

115.16 (b): P5324.12, page 20 establishes the procedure to ensure meaningful access to all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient (LEP). It states that the PCM is responsible for reaching out to available interpretation services to ensure the facility is providing effective communication accommodations. The memo from the Acting Warden stated that FMC Fort Worth presents information both verbally and written to inmates and that the institution has a contract with LanguageLine Solutions to ensure effective communication to provide 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. The facility has numerous staff that are bilingual and assist in translation when needed. The agency has a contract (#GS-10F-0460N) with LanguageLine Solutions to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. A review of PREA posters, the inmate handbook and inmate distributed information confirmed that information is available in both English and Spanish. The interview with the Agency Head indicated that inmates received PREA information in a format that they can understand. Interviews with three LEP inmates indicated that all three had PREA information in a format that they could understand. One inmate indicated he was not provided formal education but that the documents and posted information is in Spanish and he understood it. During the LEP interviews the auditor utilized staff to translate. During the tour, it was observed that PREA signage was posted throughout the facility in English and Spanish.

115.16 (c): P5324.12, page 20 prohibits the use of inmate interpreters, readers or any other type of inmate assistants for allegations of sexual abuse and sexual harassment, except in limited circumstances where an extended delay could compromise the inmate's safety. The PAQ indicated that there were no instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with fifteen staff indicated that eleven were aware of a policy that prohibits utilizing inmate interpreters,

translators and assistants. None of the fifteen staff indicated they were aware of anytime an inmate was utilized to provide assistance for sexual abuse allegations. Interviews with three LEP inmates and four disabled inmates confirmed that none had another inmate utilized as a translator, interpreter or reader.

Based on a review of the PAQ, P5324.12, the LanguageLine Solutions contract, the memo from the Acting Warden, PREA posters, the inmate handbook, observations made during the tour to include the PREA signage as well as interviews with the Agency Head, random staff, inmates with disabilities and LEP inmates indicates that this standard appears to be compliant.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P3000.03
3. Standard Form 85P – Questionnaire for Public Trust Positions
4. BOP Recruiting Flyer
5. National Background Investigations Bureau (NBIB)
6. General Employment Considerations for Staff
7. Memorandum for Human Resource Manager
8. Mass Initiation of Staff Re-Investigations Email
9. Eligibility Questions
10. Personnel Files of Staff
11. Contractor Background Files
12. Volunteer Background Files

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): P3000.03, page 28, indicates that a statement indicating eligible external applicants must meet all application criteria and conditions of employment. The PAQ indicated that the agency will not hire or promote anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. A review of the eligibility questions on the USAJobs Application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files for five staff who were hired in the previous twelve months indicated that all five had completed an application and as such were required to answer the eligibility questions. Additionally, all staff had a background completed which included their criminal history, credit history and other record inquiries. All contractors also have a completed background check and as such the four contractors reviewed all had a background check completed prior to enlisting their services.

115.17 (b): The General Employment Considerations for Staff indicates on page 2 that the applicant's character or past conduct might impose a statutory bar to employment or impede employment by adversely impacting on the Bureau's efficiency by jeopardizing the ability to accomplish its mission successfully. The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an inmate. Human Resource staff confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors. She stated that they ask questions during the application process about sexual harassment.

115.17 (c): Standard Form 85P and the BOP Recruitment Flyer, indicates that employment is subject to satisfactory completion of a background investigation, which also includes law enforcement and criminal records checks, credit checks, inquiries with previous employers and personal references. The PAQ indicated that 100% (44) of those hired in the past twelve months that may have contact with inmates had received a criminal background check and prior institutional employers were contacted. A review of five personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background check completed and all prior institutional employers contacted, when appropriate. Human Resource staff confirmed that a criminal background investigation is completed for all applicants and contractors.

115.17 (d): P3000.03, pages 42 and 44, indicates that the agency performs criminal background checks before enlisting the services of any contractor who may have contact with inmates via a check of the National Crime Information Center (NCIC). The PAQ indicated that there have been four contracts at the facility within the past twelve months. A review of four contractor personnel files indicated that a criminal background check had been conducted on all four. Human Resource staff confirmed that a criminal background investigation is completed for all applicants and contractors.

115.17 (e): The PAQ indicated that the agency requires either criminal background checks to be conducted at least every five years for current employees and contractors or have a system in place for otherwise capturing such information for current employees. The agency utilizes the National Background Investigations Bureau. All employees are fingerprinted and all subsequent FBI criminal arrest information is forwarded through NBIB back to the agency. Additionally, Security and Background Investigation Section (SBIS) tracks the timeline of background investigations for the Bureau. Mass emails are sent to each staff member as well as the Human Resource staff at the facility that the staff works to initiate the re-investigation process for the five-year background check. Staff are required to take the appropriate steps to complete the process by a due date to ensure the background is completed on time. A review of four staff that were hired prior to five years indicated that they had received a subsequent five year background investigation. The interview with Human Resource staff confirmed that they utilize a system called Equip which queries national databases, including criminal history. She stated that the system provides traffic violations, misdemeanors and felonies. She stated they fingerprint all staff and that they query the National Crime Intelligence Center (NCIC). She stated that they have a system in place through SBIS to conduct criminal background checks every five years.

115.17 (f): The PAQ indicates that the agency will ask all applicants and employees who have contact with inmates directly about whether they have: engaged in sexual abuse in prison, jail, lockup or any other institution, been convicted of engaging or attempting to engage in sexual activity in the community or been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion through a written application, during any interviews or through any written self-evaluations as part of a review of current employees. A review of the eligibility questions on the USAJobs Application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files for five staff who were hired in the previous twelve months indicated that all had completed an application and as such were required to answer the eligibility questions. Additionally, all staff had a background completed which included their criminal history, credit history and other record inquiries. The interview with Human Resource staff confirmed that these questions are contained on the pre-employment questionnaire on the USAJobs application, which is required for all applicants.

115.17 (g): The PAQ indicates that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. The Questionnaire for Public Trust Positions indicates that falsifying or concealing facts is a felony which can result in fines and up to five years in prison. The interview with the Human Resource staff confirmed that staff have a continuing duty to disclose any previous misconduct.

115.17 (h): The Memorandum for Human Resource Managers documented that the agency provides information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee to institutional employers for whom the employee has applied to work. Specifically, the memo indicates that all requests should be forwarded to the Office of Internal Affairs and that this office will respond to all requests. Human Resource staff confirmed that this information would be provided when requested.

Based on a review of the PAQ, P3000.03, Standard Form 85P, BOP Recruiting Flyer, National Background Investigations Bureau (NBIB), General Employment Considerations for Staff, Memorandum for Human Resource Manager, mass initiation of staff re-investigations email, the Eligibility Questions, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire

Interviews:

1. Interview with the Agency Head

2. Interview with the Warden Designee

Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the facility has not designed, acquired or planned any expansion or modification of the existing facility. However the agency as a whole has had modifications across other facilities. The interview with the Agency Head confirmed that new facility designs, modifications and technology upgrades would be reviewed to see how these modification or upgrades may enhance the ability to protection inmates against sexual abuse. The Warden Designee stated there has not been any substantial modifications to the facility since the previous PREA audit. During the tour, the auditor did not observe any renovations, modifications or expansions.

115.18 (b): The PAQ indicated that the facility has installed or updated video monitoring technology, electronic surveillance system or other monitoring technology within the audit period. The interview with the Agency Head confirmed that new facility designs, modifications and technology upgrades would be reviewed to see how these modification or upgrades may enhance the ability to protection inmates against sexual abuse. The Warden Designee confirmed that when the facility installs or updates video monitoring technology they consider how such technology may enhance their ability to protect inmates from sexual abuse. He stated that the facility observes the physical plant and staff to inmate ratio to determine any blinds spots or areas of concerns. During the tour, the auditor observed video monitoring technology throughout the facility.

Based on a review of the PAQ, observations made during the tour and information from interviews with the Agency Head and Warden Designee indicates that this standard appears to be compliant.

Recommendation

While the facility meets the requirements under this provision, the auditor recommends that cameras and/or reflective mirrors be added to the following areas: enclaves in Dallas housing unit, laundry, facilities commissary and food services.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act Investigation Policy Memorandum
3. P6031.04
4. FTW 5324.12(C)
5. Memorandum of Understanding with Women's Center, Fort Worth, Texas (Women's Center)
6. Memorandum of Understanding with the Federal Bureau of Investigation (FBI)
7. Letter from FBI on PREA Compliance

Interviews:

1. Interview with Random Staff
2. Interview with the PREA Compliance Manager
3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): The Prison Rape Elimination Act Investigation Policy Memorandum, pages 10-13, section 234.13 outline the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The policy outlines evidence preservation, medical examinations, forensic crime scene investigation with biological evidence, handling biological evidence and detecting and testing forensic evidence. The PAQ indicated that the agency is

responsible for conducting administrative investigations while the FBI and OIG are responsible for conducting criminal investigations. Interviews with fifteen random staff confirmed that all fifteen knew and understood the protocol for obtaining usable physical evidence. Fourteen of the fifteen staff interviewed were aware that allegations of sexual abuse would be investigated by SIS, SIA or the OIG.

115.21 (b): The Prison Rape Elimination Act Investigation Policy Memorandum, page 11, as well as the PAQ indicates that medical forensic examinations are conducted in accordance with standards set forth in “A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents, DOJ Office of Violence Against Women, second edition, April 2013”.

115.21 (c): The Prison Rape Elimination Act Investigation Policy Memorandum, page 10, section 234.13, indicates that all inmate victims of sexual abuse are offered a forensic medical examination, whether on-site or at an outside facility, without financial cost. P6031.04, page 4, specifically states that only in institutions where extreme security concerns exist may an in-house physician be used. FTW 5324.12(C), page 4 states that the Health Service Administrator (HAS) is responsible for locating where forensic medical examinations will be conducted and ensuring these examinations are performed by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners when possible, free of charge to the victim/inmate. The policy further states that currently the facility designated to perform a forensic examination and/or medical assessment, if applicable, is John Peter Smith (JPS) Hospital. The PAQ indicated that during the previous twelve months there have not been any forensic examinations conducted. A review of investigations indicated there was one forensic examination completed in June 2020 at JPS.

115.21 (d): The PAQ indicated that the agency attempts to make available to the victim a victim advocate from a rape crisis center and if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member. FTW 5324.12(C), page 4 states that the PCM will attempt to enter into an agreement with a local rape crisis center to make available a victim advocate to accompany and support the inmate through the forensic medical examination process and investigatory interviews. An MOU with the Women’s Center confirms that advocates are provided during forensic medical examinations. Specifically the MOU states that the Women’s Center shall provide at least one staff member to serve as a volunteer to visit inmates for support services related to sexual violence including, hospital accompaniment for an offender victim during the forensic medical examination process, investigatory interviews and follow-up crisis counseling on request of the offender-victim. Additionally, the facility has available qualified staff members to serve as advocates if necessary. The interview with the PCM indicated that the facility has an MOU with the Women’s Center to provide accompaniment during forensic medical examinations. He stated that Psychology Services staff speak to the inmate to determine if he/she would like an advocate. The interviews with the three inmates who reported sexual abuse indicated that none were able to contact anyone after their allegation. It should be noted that none of the three inmates interviewed had an allegation that involved penetration.

115.21 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. FTW 5324.12(C), page 4 states that the PCM will attempt to enter into an agreement with a local rape crisis center to make available a victim advocate to accompany and support the inmate through the forensic medical examination process and investigatory interviews. An MOU with the Women’s Center confirms that advocates are provided during forensic medical examinations. Specifically the MOU states that the Women’s Center shall provide at least one staff member to serve as a volunteer to visit inmates for support services related to sexual violence including, hospital accompaniment for an offender victim during the forensic medical examination process, investigatory interviews and follow-up crisis counseling on request of the offender-victim. Additionally, the facility has available qualified staff members to serve as advocates if necessary. The interview with the PCM indicated that the facility has an MOU with the Women’s Center

and that they are the local rape crisis center for the county. The interviews with the three inmates who reported sexual abuse indicated that none were able to contact anyone after their allegation. It should be noted that none of the three inmates interviewed had an allegation that involved penetration.

115.21 (f): The agency is responsible for conducting administrative investigations while the FBI is responsible for conducting criminal investigations. A review of the MOU between the BOP and the FBI as well as the letter from the FBI to the BOP dated March 2, 2014 indicate that the FBI complies with all investigatory requirements under PREA standards 115.21, 115.34 and 115.71. Additionally, the FBI follows a uniform evidence protocol and utilizes the FBI Domestic Investigations and Operations Guide for training.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): The auditor is not required to audit this provision.

Based on a review of the PAQ, The PREA Investigation Policy Memo, P6031.04, the MOU with the Women's Center, the MOU with the FBI, the letter from the FBI and information from interviews with the PREA Compliance Manager, random staff and inmates who reported sexual abuse indicates that this standard appears to be compliant.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. P5508.02
4. Attorney General (AG) Memo – Duty to Report Misconduct and Cooperate with Investigations
5. Attorney General Order Number 2835-2006
6. Memorandum of Understanding with the Federal Bureau of Investigation
7. Investigative Reports

Interviews:

1. Interview with the Agency Head
2. Interview with Investigative Staff

Findings (By Provision):

115.22 (a): P5324.12, page 43, outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as P5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. Allegations are reported to the Operations Lieutenant and immediately forwarded to the facility investigator for investigation. The PAQ indicated that there were three allegations reported within the previous twelve months, which resulted in an administrative investigation. A review of documentation indicated there were nine allegations reported in the previous twelve months. Five had a closed administrative investigation, while four were still active, ongoing investigations. The interview with the Agency Head indicated that all allegations are investigated. Specifically, the OIG investigates potential criminal cases involving staff-on-inmate sexual abuse; the OIA investigates administrative cases of staff-on-inmate sexual abuse or sexual harassment and the Special Investigative Services (SIS) Lieutenant at the facility investigates all other cases.

115.22 (b): P5324.12, page 43, outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as P5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. A review of the BOP website indicated that P5508.02 which describes the FBI's authority to conduct criminal investigations is available at <https://www.bop.gov/PublicInfo/execute/policysearch?todo=query>. The interview with the investigator confirmed that all allegations are referred to an investigative agency with the authority to conduct criminal investigations.

115.22 (c): P5324.12, page 43, outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as P5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. A review of the BOP website indicated that P5508.02 which describes the FBI's authority to conduct criminal investigations is available at <https://www.bop.gov/PublicInfo/execute/policysearch?todo=query>.

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

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, P5324.12, P5508.02, the AG Memo, AG Order 2835-2006, the MOU with the FBI, investigative reports, the agency's website and information obtained via interviews with the Agency Head and the investigator, this standard appears to be compliant.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Sexually Abusive Behavior Prevention and Intervention Program Curriculum
4. Sample of Staff Training Records (Acknowledgement Form)

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.31 (a): P5324.12, pages 24-25 indicate that all staff will receive the Sexually Abusive Behavior Prevention and Intervention Program training during institutional familiarization and yearly thereafter as part of the annual refresher training. A review of the Sexually Abusive Behavior Prevention and Intervention Program curriculum outline and PowerPoint slides confirmed that the training includes information on: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. A review of eighteen staff training records indicated that 100% of those reviewed received PREA training. Interviews with fifteen random staff confirmed that all fifteen had received PREA training. All fifteen staff confirmed all required topics were covered in the training. Staff stated that the training covered; what steps to take if there was an allegation of sexual abuse, to always take allegations seriously, first responder duties and how allegations can be reported.

115.31 (b): P5324.12, page 25, indicates that the annual refresher takes into consideration the gender of the inmate population at each facility. The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. Additionally, staff receive training when assigned to a female facility for handling female offenders. FMC Fort Worth is a male facility and as such additional training is not required.

115.31 (c): The PAQ indicated that 253 of the staff have been trained or re-trained in PREA requirements and that staff receive PREA training annually. The 253 is less than 100% of the current staff. The PCM explained that all staff are provided initial training, however the re-training for 2020 and 2021 had not all been completed yet due to union negotiations because the training was video based (due to COVID-19). The PCM further stated that a lot of the training had been completed since the PAQ was sent and all annual training is scheduled to be completed by September 30, 2021. P5324.12 indicates that new employees receive the Sexually Abusive Behavior Prevention and Intervention Program training and that current employees receive the training as part of their annual training. A review of documentation confirmed that all eighteen staff had received PREA training. Eleven of the eighteen had PREA training

at least every two years, while one was documented with a missing training and six were new hires and have only had one year of training.

115.31 (d): The PAQ as well as P5324.12, page 26, indicates that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. A review of the training records indicate that all staff sign a training acknowledgement that states “I have received and understand the training conducted regarding the agency’s sexual abuse and sexual harassment policies and procedures”. A review of a sample of eighteen staff training records indicated that all eighteen signed the acknowledgment form.

Based on a review of the PAQ, P5324.12, the Sexually Abusive Behavior Prevention and Intervention Program curriculum, a review of a sample of staff training records as well as interviews with random staff indicate that the facility meets this standard.

Standard 115.32: Volunteer and contractor training

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*)

Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act (PREA) Training for Level I Volunteers
3. Level I Volunteer Application/Training Form

4. Sample of Contractor Training Records
5. Sample of Volunteer Training Records

Interviews:

1. Interview with Volunteers or Contractors who have Contact with Inmates

Findings (By Provision):

115.32 (a): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors receive the PREA Training for Level I Volunteers. The PAQ indicated that 77 volunteers and contractors had received PREA training, which is equivalent to 100%. It should be noted that while prior to COVID-19 there were many volunteers authorized to enter the facility; however there were currently not any active volunteers authorized to enter the facility during the on-site portion of the audit due to the limits set forth by COVID-19 protocols. A review of a sample of training documents for eight contractors indicated that all eight had received PREA training. The auditor also reviewed a list of volunteers that were approved prior to COVID-19. Six records were reviewed and all six had completed the PREA contractor training. Additionally, the interviews with the two contract staff confirmed that they had been provided training on the agency's sexual abuse and sexual harassment policies. They stated they have an annual training they attend and that they are provided a card with information. Both stated that the agency had provided them information on the zero-tolerance policy and how/who they should report information/allegations to.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that they have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Volunteers and contractors are required to receive the PREA Training for Level I Volunteers. They may be required to complete the staff PREA training, Sexually Abusive Behavior Prevention and Intervention Program, if their level of contact warrants. A review of a sample of training documents for eight contractors indicated that all eight had received PREA training. The auditor also reviewed a list of volunteers that were approved prior to COVID-19. Six records were reviewed and all six had completed the PREA contractor training. Additionally, the interviews with the two contract staff confirmed that they had been provided training on the agency's sexual abuse and sexual harassment policies. They stated they have an annual training they attend and that they are provided a card with information. Both stated that the agency had provided them information on the zero-tolerance policy and how/who they should report information/allegations to.

115.32 (c): The PAQ and a review of training documents for fourteen contractors and volunteers indicated that 100% of those reviewed had signed the Level I Volunteer Application/Training form. The bottom of this form has a section that reads "I am aware and understand the Federal Bureau of Prisons zero tolerance policy on sexual abuse and sexual harassment. I have been instructed and understand how to report incidents of sexual abuse and sexual harassment".

Based on a review of the PAQ, the PREA Training for Level I Volunteers, a review of a sample of contractor and volunteer training records as well as the interviews with contractors indicate that this standard appears to be compliant.

Standard 115.33: Inmate education

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. P5290.14
4. Bureau's Admissions and Orientation (A&O) Pamphlet on Sexually Abusive Behavior Prevention and Intervention
5. Sexually Abusive Behavior Prevention and Intervention Program
6. Inmate Admission and Orientation Handbook
7. Inmate Training Records

Interim Report Period Corrective Action Documents:

1. Memorandum from the PREA Compliance Manager
2. Inmate Comprehensive PREA Education

Interviews:

1. Interview with Intake Staff
2. Interview with Random Inmates

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Posters

Findings (By Provision):

115.33 (a): P5324.12, pages 26-27, outlines the requirement for inmates to receive PREA education. Page 26 specifically states that inmates receive information on the agency's zero tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment via the A&O pamphlet on Sexually Abusive Behavior Prevention and Intervention. The PAQ indicated that 827 inmates received information on the zero-tolerance policy and how to report at intake. This is equivalent to 100% of inmates who received this information at intake. A review of the pamphlet confirmed that it includes information

on the zero tolerance policy and the reporting methods. A review of 22 inmate files of those received in the previous twelve months indicated that all 22 had received PREA information at intake. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates are provided the inmate handbook that contains the sexual abuse and sexual harassment information. The interview with intake staff confirmed that inmates are provided information on the zero-tolerance policy and how to report sexual abuse and/or sexual harassment at intake. The staff member stated that information is contained in the handbook, which they provide at intake, and that they also provide it during A&O. The staff member further stated that the information is also posted all over the housing units. Interviews with 44 inmates indicated that 37 had received information on the agency's sexual abuse and sexual harassment policies.

115.33 (b): P5324.12, pages 26-27, outlines the requirement for inmates to receive PREA education. Page 27 specifically discusses the comprehensive education that is provided to the inmates. The policy indicates that during the A&O Program, a designated staff member will present the Sexually Abusive Behavior Prevention and Intervention Program. A review of the six-page training document (available in English and Spanish) indicated that inmates are educated on definitions, the zero-tolerance policy, ways to prevent sexual abuse, how to report, information on the investigative process, counseling programs for victims and management programs for abusers. The PAQ indicated that 683 inmates received comprehensive PREA education within 30 days which is equivalent to 100%. A review of 22 inmate files of those that arrived in the previous twelve months indicated that twelve inmates were either not provided comprehensive PREA education (six inmates) or the education was provided over the 30 day timeframe (six inmates). An additional review of 20 inmate files received prior to the previous twelve months indicated that eighteen had received comprehensive PREA education within 30 days. During the documentation review the auditor determined that the inmates that did not receive comprehensive PREA education were consistently housed in the jail. Because of their classification the agency does not require jail inmates to be provided a 28 day program review or institutional admission and orientation. As such, these inmates were not being reassessed for their risk of victimization and abusiveness and were not receiving the Sexually Abusive Behavior Prevention and Intervention Program. The interview with intake staff indicated that inmates are provided information on their rights under PREA and how to report sexual abuse and sexual harassment. The staff member stated that information is contained in the handbook, which they provide at intake, and that they also provide it during A&O. The staff member further stated that the information is also posted all over the housing units. The intake staff member further stated that the handbook is given the same day they arrive and A&O is completed within 28 days of arrival. Interviews with 44 inmates indicated that 30 were provided information on their right to be free from sexual abuse, how to report sexual abuse and their right to be free from retaliation. Most inmates indicated they received the information during A&O and a few indicated they had recently received the information during a town hall.

115.33 (c): The PAQ indicated that all current inmates at the facility had been educated on PREA within 30 days. P5324.12, page 27, indicates that the agency requires that all inmates who are transferred from one facility to another be educated regarding their rights under PREA to the extent that the policies and procedures of the new facility differ from those of the previous facility. All inmates are typically educated upon transfer, whether policies and procedures differ or not. During the documentation review the auditor determined that there were eight inmates that were not documented with comprehensive PREA education. Additionally during documentation review, the auditor identified three inmates that arrived at the facility prior to 2013 that did not receive comprehensive education within one year of the release of the PREA standards. The interview with intake staff indicated that inmates are provided information on the zero-tolerance policy, their rights under PREA and how to report sexual abuse and sexual harassment. The staff member stated that information is contained in the handbook, which they provide at intake, and that they also provide it during A&O. The staff member further stated that the information is also posted all over the housing units. The intake staff member further stated that the handbook is

given the same day they arrive and A&O is completed within 28 days of arrival. During the interim report period the auditor was provided a memorandum from the PCM indicating that all the inmates that were identified to have arrived at FMC Fort Worth prior to 2013 had received comprehensive PREA education on June 22, 2021. The facility forwarded eleven admission and orientation signature forms confirming that the inmates had received the education. Additionally, training documentation related to the PREA educational requirements for Unit Team staff was provided to the auditor as well.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for disabled and LEP inmates. P5324.12, page 19 establishes guidelines to providing disabled inmates an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. It states that the PCM is responsible for reaching out to local disabilities assistance offices to ensure the facility is providing effective communication accommodations when needed. The facility has staff members who are able to provide accommodations for inmates who are LEP. Additionally, the agency has a contract (#GS-10F-0460N) with LanguageLine Solutions to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. The A&O pamphlet as well as the Sexually Abusive Behavior Prevention and Intervention Program is available in English and Spanish. A review of the PREA education and documents indicated that information was printed in bright colors, large print and was in English and Spanish. A review of a sample of five disabled inmate files and two LEP inmate files indicated that five had signed that they received PREA information in a format they could understand. Both LEP inmates signed acknowledgment forms in English and two disabled inmates were not documented with any comprehensive PREA education.

115.33 (e): P5290.14, page 10 indicates that inmates are required to sign a copy of the A&O pamphlet at intake and that the original is placed in the inmate's central file. Additionally, the education is documented on the Institution A&O Program Checklist (Form BP-A0518) and the Unit A&O Program Checklist (Form BP-A0597). A review of 22 inmate files of those that arrived in the previous twelve months indicated that sixteen had received the education and all sixteen were documented to have received PREA education.

115.33 (f): The PAQ indicated that information is continuously available through posters, inmate handbooks or other written forms for the inmate population. A review of documentation indicated that the facility had PREA information via the inmate handbook, the A&O pamphlet and through PREA signage. During the tour, the auditor observed the PREA signage in each housing unit and in common areas.

Based on a review of the PAQ, P5324.12, P5290.14, the A&O pamphlet, the Sexually Abusive Behavior Prevention and Intervention Program, the inmate handbook, a review of inmate records, observations made during the tour to include the availability of PREA information via signage as well information obtained during interviews with intake staff and random inmates indicate that this standard requires corrective action. A review of 22 inmate files of those that arrived in the previous twelve months indicated that twelve inmates were either not provided comprehensive PREA education (six inmates) or the education was provided over the 30 day timeframe (six inmates). An additional review of 20 inmate files received prior to the previous twelve months indicated that eighteen had received comprehensive PREA education within 30 days. During the documentation review the auditor determined that the inmates that did not receive comprehensive PREA education were consistently housed in the jail. Because of their classification the agency does not require jail inmates to be provided a 28 day program review or institutional admission and orientation. As such, these inmates were not being reassessed for their risk of victimization and abusiveness and were not receiving the Sexually Abusive Behavior Prevention and Intervention Program. While the facility corrected during the interim report period part of provision (c) related to inmates that arrived prior to 2013, there were still six jail inmates that did not receive comprehensive PREA education. Additionally, while the facility has inmate PREA education materials available in accessible formats and they have methods to translate for LEP inmates, two of the disabled

inmates were not documented with PREA education and the two LEP inmates had signed an English acknowledgment form. As such, corrective action is required for provisions (b), (c) and (d).

Corrective Action

The facility will need to develop a process to ensure all jail inmates are provided comprehensive PREA education and provide the auditor with the information on how jail inmates will receive the information. Appropriate staff should be trained on their responsibilities related to the training and the training documentation should be forwarded to the auditor. The six inmates that were documented without comprehensive PREA education should be provided the education as well as all current jail inmates that have not received comprehensive PREA education. Copies of the six inmates' education as well as an assurance memo indicating all current FMC Fort Worth inmates have received comprehensive PREA education should be forwarded to the auditor for confirmation. Additionally, over the corrective action period the auditor will need to be provided examples of jail inmates receiving the comprehensive education within 30 days. The facility will need to provide documentation showing date of arrival and then documentation confirming participation in the comprehensive PREA education. Additionally, the facility should identify all disabled and LEP inmates and ensure they have received comprehensive PREA education in a format that they understand. Spanish speaking inmates should sign an acknowledgement that they are able to understand and other LEP inmates should be provided translated information and should have documentation of how it was provided in an accessible format. Copies of the appropriate education for the two disabled inmates without education as well as the two LEP inmates who signed an English acknowledgment form should be forwarded to the auditor, along with any re-training of disabled or LEP inmates. An assurance memo should be provided by the facility indicating their review of the LEP and disabled inmates PREA education and, if applicable, all have been provided appropriate accessible education.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Process and Staff Training Documentation
2. Assurance Memorandum Related to Inmates that Arrived Prior to 2013
3. Sample of Inmate Education Documents for Inmate that Arrived Prior to 2013
4. Sample of Jail Inmate Education Documents of those Arrived During the Corrective Action Period
5. Assurance Memorandum Related to LEP/Disabled Inmates
6. Sample of LEP/Disabled Inmate

On June 28, 2021 the auditor received a memorandum from the PCM indicating that all the inmates that were identified to have arrived at FMC Fort Worth prior to 2013 had received comprehensive PREA education on June 22, 2021. The facility forwarded the eleven admission and orientation signature forms confirming that the inmates had received the education. Additionally, training documentation related to the PREA educational requirements for Unit Team staff was provided to the auditor as well.

On August 5, 2021 the facility provided documentation for sixteen jail inmates that arrived at FMC Fort Worth between July 2, 2021 and July 6, 2021. All sixteen jail inmates were documented with comprehensive PREA education on July 30, 2021. On August 19, 2021 the facility provided documentation for six jail inmates that arrived at FMC Fort Worth between July 29, 2021 and August 4, 2021. All six were provided comprehensive PREA education on August 8, 2021. On September 16, 2021 the auditor received documentation for eleven jail inmates that arrived between August 6, 2021 and

September 11, 2021. All eleven were completed within 30 days, with six completed on September 8, 2021 and five on August 25, 2021.

On October 19, 2021 the auditor was provided a memo related to indicating that the PCM has reviewed all documentation for LEP and disabled inmates and has provided the inmates with education in accessible formats. The memo further states that the facility will continue to monitor and ensure all inmates to include LEP and disabled inmates receive PREA education and understand all aspects of PREA. The auditor was provided inmate education documents for the two disabled inmates and one LE inmate, as identified on-site. The second LEP inmate was released from the agency's custody and was unable to complete the requested form.

Based on a review of the process and training memo, the assurance memos the sample of inmate education documents indicates that the facility has corrected this standard and as such is now compliant.

Standard 115.34: Specialized training: Investigations

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)
 Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. DOJ/OIG PREA Training
4. National Institute of Corrections (NIC): Investigating Sexual Abuse in a Confinement Setting
5. Memorandum of Understanding with the FBI
6. Letter from the FBI
7. Investigator Training Records

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): P5324.12, page 28, and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigating Sexual Abuse in a Confinement Setting. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The PAQ indicated 253 agency staff complete investigations and two FMC Fort Worth complete sexual abuse investigations. The PAQ indicated that both of the staff have completed the specialized training. A review of documentation indicated that both the facility staff were documented with the NIC specialized investigator training as well as 29 additional facility staff. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The interview with the investigator indicated he has received specialized training on conducting sexual abuse investigations in a confinement setting and that he receives the training every year.

115.34 (b): P5324.12, page 28, and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigating Sexual Abuse in a Confinement Setting. A review of the training curriculums confirmed they included the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for

administrative action or criminal prosecution. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The PAQ indicated 253 agency staff complete investigations and two FMC Fort Worth complete sexual abuse investigations. The PAQ indicated that both of the staff have completed the specialized training. A review of documentation indicated that both the facility staff were documented with the NIC specialized investigator training as well as 29 additional facility staff. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The facility investigator confirmed that all components required under this provision are included in the training. He stated that it goes through the PREA law, discusses step by step how to conduct an investigation including keeping an open mind, taking photos, ensuring the inmate has a medical assessment and maintain a constant visual of the inmate. He stated it also went over Miranda and Garrity, crime scene information and who to refer investigations to when criminal.

115.34 (c): The PAQ indicated that two facility staff complete investigations. The agency indicated that there are an additional 253 agency staff that complete investigations. A review of documentation indicated that both facility staff were documented with the NIC specialized investigator training as well as 29 additional facility staff. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34.

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

Based on a review of the PAQ, P5324.12, the DOJ/OIG PREA Training curriculum, the NIC training curriculum, the MOU with the FBI, the letter from the FBI, a review of investigator training records as well as the interview with the investigator, indicates that this standard appears to be compliant.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

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

or part-time medical or mental health care practitioners who work regularly in its facilities.)

Yes No NA

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. P6031.04
4. PREA Medical and Mental Health Care: A Trauma Informed Approach
5. Forensic Medical Examinations: An Overview for Victim Advocates
6. Medical and Mental Health Staff Training Records

Interviews:

1. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): P5324.12, pages 28-29, requires that the Health Services Division or the Reentry Services Division ensure all medical and mental health care staff complete the required specialized training. The training consists of the PREA Resource Center (PRC) PREA Medical and Mental Health Care: A Trauma Informed Approach training as well as the Forensic Medical Examinations: An Overview for Victim Advocates training. Based on a review of the training modules, they include the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has sixteen medical and mental health staff and that 100% of these staff received the specialized training. A review of twelve medical and mental health staff training records indicated that seven had received the specialized training. The five that did not receive the training were contracted medical and mental health staff members. It was determined that contracted medical and mental health staff have not received the required training under this provision, however all agency employed medical and mental health care staff had received the training. Interviews with medical and mental health staff confirmed that all four had received the PREA specialized training. Staff confirmed all the required elements under this provision were included in the training. Staff stated that the training discussed; inmate behavior, what to look for, first responder duties, victim support, treatment, preservation of evidence and who to report to.

115.35 (b): This provision does not apply. Forensic exams are not conducted on-site by any of the facility's medical staff. P6031.04, page 4, specifically states that only in institutions where extreme security concerns exist may an in-house physician be used. Information from the PCM indicated that inmates are transported to JPS for forensic examinations and that exams are performed by a SANE or SAFE. Interviews with medical staff confirm that they do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. A review of training documents for twelve medical and mental health care staff confirm that once completed the training is documented via a training certificate and/or a sign-in sheet.

115.35 (d): All BOP medical and mental health care staff are considered correctional workers. A review of the seven BOP medical and mental health care staff training documents indicated that 100% of those reviewed completed the Sexually Abusive Behavior Prevention and Intervention Program. A review of five contracted medical and mental health staff training records confirmed that all five had received the PREA contractor training.

Based on a review of the PAQ, P5324.12, P6031.04, the two training curriculums, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff, this standard appears to require corrective action. A review of twelve medical and mental health staff training records indicated that seven had received the specialized training. The five that did not receive the training were contracted medical and mental health staff members. It was determined that contracted medical and mental health staff have not received the required training under this provision, however all agency employed medical and mental health care staff had received the training.

Corrective Action

All current full and part time medical and mental health care staff who have contact with inmates should be provided specialized medical and mental health care training. The facility will need to identify all the contracted medical and mental health care staff and provide them the required training. Once completed, the facility should forward the training documents to the auditor.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. List of Contracted Medical and Mental Health Staff
2. Contracted Medical and Mental Health Staff Specialized Training Documents

During documentation review on-site the auditor determined that contracted medical and mental health staff did not complete the required training under standard 115.35. A review of twelve medical and mental health staff training records indicated that seven had received the specialized training and the five that did not receive the training were contracted medical and mental health staff members. On August 19, 2021 the auditor was provided two training records for contracted medical and mental health care staff, confirming they completed the specialized medical and mental health care training. The PCM indicated that the other three contracted medical staff no longer worked at the facility. The auditor then requested documentation of all the contracted medical and mental health care staff as well as documentation confirming the date they received the specialized medical and mental health training. On October 15, 2021 the facility provided the auditor with a list of all contracted medical and mental health care staff. The list included the dates the staff received the specialized medical and mental health training. The auditor was provided signed acknowledgment forms for a sample of 20 of the staff on the list to confirm receipt of the training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Memorandum on Intake Screening Guidance
4. PREA Intake Objective Screening Instrument
5. Intake Screening Form
6. Inmate Assessment and Re-Assessment Documents

Interim Report Period Corrective Action Documents:

1. Memorandum from the PREA Compliance Manager
2. Staff Training Sign-In Sheet
3. Inmate Reassessment Examples

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

Findings (By Provision):

115.41 (a): P5324.12, pages 29-32 describe the risk screening process. It indicates that inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates. P5324.12 further states that if an inmate is determined to be at risk of being sexually victimized by or being sexually abusive toward other inmates, they will be referred to Psychology Services for a reassessment. During the tour, the auditor observed the intake area. The risk screening is conducted in a private office setting. The interview with the staff responsible for the risk screening indicated that inmates are screened for their risk of victimization or abusiveness upon arrival. Interviews with 23 inmates that arrived within the previous twelve months indicated that seventeen were asked the risk screening questions upon intake.

115.41 (b): P5324.12, page 30, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates within 72 hours. The PAQ indicated that inmates are screened within this timeframe and that 787 inmates were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. The interview with the risk screening staff confirmed that inmates are screened for risk of sexual victimization or abusiveness within 72 hours of arrival. Interviews with 23 inmates that arrived within the previous twelve months indicated that seventeen were asked the risk screening questions upon intake. Most inmates indicated they were asked the same day they arrived. A review of a 22 inmate records of those that arrived within the previous twelve months indicated that all 22 were screened within 72 hours.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of the Intake Screening Form indicated that inmates are asked yes or no questions and a few of these questions are then utilized on the PREA Intake Objective Screening Instrument. The screening instrument includes sections that are determined based on the inmate's history (which can be found in his file).

115.41 (d): A review of the PREA Intake Objective Screening Instrument indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate was previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming and whether the inmate is detained solely for civil immigration purposes. The Intake Form takes into consideration whether the inmate has previously experienced sexual victimization and the inmate's own perception of vulnerability. The Intake Form information is then transferred over to be included in the PREA Intake Objective Screening Instrument. The staff responsible for the risk screening stated that the facility utilizes a form with numerous questions, including; if there is any reason the inmate feels they should not be in general population, if the inmate has assisted law enforcement, if they have any gang affiliation, if there are any conflicts or they have testified against anyone, if they have any prior sexual victimization or sexual abusiveness, their gender identify, their sexual preference and other personally identifiable information (such as age, height, weight, etc.). The staff member stated that they conduct a file review as well as ask the yes or no questions.

115.41 (e): A review of the PREA Intake Objective Screening Instrument confirms that the intake screening considers the following: prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility. The staff responsible for the risk screening stated that the facility utilizes a form with numerous questions, including; if there is any reason the inmate feels they should not be in general population, if the inmate has assisted law enforcement, if they have any gang affiliation, if there are any conflicts or they have testified against anyone, if they have any prior sexual victimization or sexual abusiveness, their gender identify, their sexual preference and other personally identifiable information (such as age, height, weight, etc.). The staff member stated that they conduct a file review as well as ask the yes or no questions.

115.41 (f): P5324.12, page 32 indicates that inmates would be reassessed for the inmate's risk of victimization or abusiveness within 30 days from their arrival by facility staff, ordinarily Psychology Services and Unit Management staff. The PAQ indicated that the facility requires inmates to be reassessed and that 683 inmates were reassessed within 30 day, which is equivalent to 100% of those inmates whose length of stay was for 30 days or more. The interview with staff responsible for the risk screening indicated that she has not reassessed an inmate for their risk of victimization or abusiveness, but that Psychology Services may. She stated the only reviews they conduct after the initial with the transgender inmate reviews but that they do not go over PREA concerns. The auditor spoke to the supervisor over Unit Team who indicated that inmates are seen typically within 28 days of their arrival for team, however they do not ask about any safety or PREA concerns. Interviews with 23 inmates that arrived within the previous twelve months indicated that only three remember a reassessment. A review of a 22 inmate files of those that arrived in the previous twelve months indicated that four did not have a reassessment and four had a reassessed completed outside of the 30-day timeframe. Additionally, of the eighteen with completed reassessments, nine did not have any reference to a PREA reassessment, but rather just the program review information. During the on-site portion of the audit, the auditor determined that comprehensive education and risk screening reassessments were not being completed for "jail" inmates. Because of their classification the agency does not require jail inmates to be provided a 28 day program review or institutional admission and orientation. As such, these inmates were not being reassessed for their risk of victimization and abusiveness and were not receiving the Sexually Abusive Behavior Prevention and Intervention Program. On July 1, 2021 the auditor received a process memorandum from the PCM related to this provision. The memo indicated that all inmates will be reassessed for their risk of victimization and abusiveness at their initial team or their first program review (both of which are within 28 days). During the review Unit Team staff will ask if there are any changes from their initial risk assessment and if they have any PREA concerns and the information will be

documented on the activity log. All Unit Team staff were educated on their responsibilities under the process and signed a training sign in sheet. The auditor was provided a copy of the training sign-in sheet as well as twelve examples from June 2021 confirming the inmates were provided a reassessment within the 30 day timeframe and that the reassessment was documented appropriately.

115.41 (g): P5324.12, page 32, indicates that inmates would be reassessed for their risk of victimization or abusiveness when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on their risk of sexual victimization or abusiveness. This reassessment would be completed by Psychology Services staff. A review of the inmates who alleged sexual abuse indicated that none had a substantiated investigation and as such were not required to be reassessed. The interview with staff responsible for the risk screening indicated that she has not reassessed an inmate for their risk of victimization or abusiveness, but that Psychology Services may. She stated the only reviews they conduct after the initial with the transgender inmate reviews but that they do not go over PREA concerns. The auditor spoke to the supervisor over Unit Team who indicated that inmates are seen typically within 28 days of their arrival for team, however they do not ask about any safety or PREA concerns. Interviews with 23 inmates that arrived within the previous twelve months indicated that only three remember a reassessment.

115.41 (h): P5324.12, page 32, indicates that inmates would not be disciplined for refusing to answer the following questions during the risk screening: whether or not the inmate has a mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether or not the inmate previously experienced sexual victimization and the inmate's own perception of vulnerability. The PAQ indicated that inmates are not disciplined for refusing to answer. The interview with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening.

115.41 (i): P5324.12, page 32 as well as the PAQ indicated that the agency has implemented appropriate controls on the dissemination of the screening information to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Specifically, the policy states that information is disseminated on a need-to-know basis for staff. Interviews with the PREA Coordinator, PREA Compliance Manager and staff responsible for the risk screening indicates that the agency implements controls on the dissemination of the information from the risk screening to ensure that sensitive information is not exploited. The PCM stated that information is only accessible to Unit Team staff, Psychology Services staff and the Captain. The staff responsible for risk screening stated that Unit Team and Psychology are the staff with access to the risk screening.

Based on a review of the PAQ, P5324.12, the Intake Screening Form, the PREA Intake Objective Screening Instrument, the Memo on Intake Screening Guidance, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard appears to require corrective action. A review of a 22 inmate files of those that arrived in the previous twelve months indicated that four did not have a reassessment and four had a reassessment completed outside of the 30-day timeframe. Additionally, of the eighteen with completed reassessments, nine did not have any reference to a PREA reassessment, but rather just the program review information. During the on-site portion of the audit, the auditor determined that comprehensive education and risk screening reassessments were not being completed for "jail" inmates. Because of their classification the agency does not require jail inmates to be provided a 28 day program review or institutional admission and orientation. As such, these inmates were not being reassessed for their risk of victimization and abusiveness and were not receiving the Sexually Abusive Behavior Prevention and Intervention Program. On July 1, 2021 the auditor received a process memorandum from the PCM related to this provision. The memo indicated that all inmates will be reassessed for their risk of victimization and abusiveness at their initial team or their first program review (both of which are within 28 days). During the review Unit Team staff will ask if there are any changes

from their initial risk assessment and if they have any PREA concerns and the information will be documented on the activity log. All Unit Team staff were educated on their responsibilities under the process and signed a training sign in sheet. The auditor was provided a copy of the training sign-in sheet as well as twelve jail inmate examples from June 2021 confirming the inmates were provided a reassessment. Further documentation is required to determine if provision (f) is corrected.

Corrective Action

The facility will need to provide additional examples over the next 60 days illustrating that jail inmates arriving at FMC Fort Worth are reassessed within 30 days. The auditor will need copies of the initial risk screening form to verify the date of arrival as well as the appropriate 30 day reassessment documentation.

On August 16, 2021 the auditor received documentation for twelve inmates that arrived between June 24, 2021 and July 15, 2021. All twelve had a reassessment completed within 30 days. On August 19, 2021 the auditor was provided 34 reassessments for inmates that arrived between June 24, 2021 and July 30, 2021. All 34 inmates were reassessed within the 30 day timeframe. 27 additional examples were provided on September 13, 2021 of inmates arriving between June 10, 2021 through August 15, 2021. All 27 inmates had received a reassessment within 30 days. In all 73 provided examples, Unit Team staff had a handwritten notification on the activity log or typed notes in the electronic system stating that "PREA risk factors have been reassess". The note further indicated whether there were any new concerns based off the reassessment. Of the 73 examples, 36 were jail inmates, confirming that reassessments are being completed for all inmate populations at the facility (jail/pre-trial and permanent). Based on the process memo and training provided during the interim report period, the twelve examples provided during the interim report period as well as the 73 examples provided during the corrective action period it appears this standard has been corrected and as such is compliant.

Standard 115.42: Use of screening information

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Memorandum from the Acting Warden
4. List of Inmates at Risk of Sexual Victimization or Sexual Abusiveness
5. Sample of Housing Determination Documents
6. Sample of Transgender/Intersex Reassessments
7. Inmate Housing Assignments/Logs

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Transgender/Intersex Inmates
5. Interview with Gay, Lesbian and Bisexual Inmates

Interim Report Period Corrective Action Documents:

1. Memorandum from the PREA Compliance Manager
2. Eight Transgender Housing Reviews

Site Review Observations:

1. Location of Inmate Records
2. Housing Assignments of LGBTI Inmates
3. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): P5324.12, page 33, indicates that the agency uses the information from the risk screening to recommend housing, bed, work, education and program assignments with the goal of keeping separate inmates at high risk of being sexual abused from those at high risk of being sexually abusive. The memo from the Acting Warden states that if inmates are assessed by Psychology Services as being moderate or high risk of sexual abusiveness or sexual victimization, the Captain, Unit Managers and the PCM are notified of the findings and recommendations. The notification is done electronically via email and this information is entered into Truintel and on the inmate list – PREA at risk. The interview with the PREA Compliance Manager indicated that Unit Team staff conduct the risk screening and that if they determine an inmate is at an increased risk of victimization or abusiveness then they are seen by Psychology Services staff prior to placement in general population. He further stated that the information is provided to the Captain to ensure that they do not place inmate victims with inmate perpetrators. The interviews with the staff responsible for the risk screening indicate that if there is any history of victimization or abusiveness they share it with Psychology Services who reviews the inmates for placement in general population. The information is also provided to the Case Managers who make inmate housing assignments. The staff member stated inmates are not housed based on their risk of victimization or

abusiveness but rather their medical level. The auditor followed up with the supervisor over Unit Team related to the housing not based on risk of victimization and abusiveness. He stated that because they are a medical facility that most inmates are initially housed based on their medical level, however when they are identified as at risk Psychology Services reviews them for appropriate housing unit placement. Then Psychology Services and Unit Team will determine the best location in the housing unit for them. He further stated room determination and that the room determination would be based on risk level. A review of housing risk screening documents and housing inmate housing locations confirmed that information from the risk screening is utilized to house inmates appropriately.

115.42 (b): P5324.12, page 33 and the PAQ indicated that the agency makes individualized determinations about how to ensure the safety of each inmate. The interviews with the staff responsible for the risk screening indicate that if there is any history of victimization or abusiveness they share it with Psychology Services who reviews the inmates for placement in general population. The information is also provided to the Case Managers who make inmate housing assignments. The staff member stated inmates are not housed based on their risk of victimization or abusiveness but rather their medical level. The auditor followed up with the supervisor over Unit Team related to the housing not based on risk of victimization and abusiveness. He stated that because they are a medical facility that most inmates are initially housed based on their medical level, however when they are identified as at risk Psychology Services reviews them for appropriate housing unit placement. Then Psychology Services and Unit Team will determine the best location in the housing unit for them. He further stated room determination and that the room determination would be based on risk level.

115.42 (c): The PAQ stated that the agency/facility makes housing and programming assignments for transgender or intersex inmates in the facility on a case-by-case basis. P5324.12, page 33, indicates that housing and program assignments for transgender and intersex inmates are considered on a case-by-case basis to ensure the inmate's health and safety, and whether the placement would present management or security problems. All transgender and intersex inmate housing determinations are made at the Designation and Sentence Computation Center with the Transgender Executive Council (TEC). The TEC reviews each transgender or intersex inmate and clears the inmate for designation to the approved facility. The agency as a whole, houses over 1000 inmates who identify as transgender. A review of a sample of ten percent of those inmate's housing determinations indicated that all had a review by the TEC designating a male or female facility. An additional review of five transgender inmates at FMC Fort Worth indicated that all five did not have a TEC male/female housing determination completed. It was confirmed that the TEC reviews inmates upon admission to the BOP, however if an inmate identifies after commitment to BOP, the inmate will only be reviewed by the TEC upon transfer to another facility. The five transgender inmates had identified at FMC Fort Worth ranging in dates from 2018-2020 and all had remained at FMC Fort Worth. As such, none were reviewed by the TEC. On July 7, 2021 the auditor was provided a process memorandum related to housing determinations of transgender and intersex inmates that have not been reviewed by the Transgender Executive Committee. The memo explains that Psychology Services will assess the inmate and enter appropriate information into the electronic system. After the assessment the PCM and the Transgender Institution Committee (TIC) will review the inmate to determine appropriate housing. The facility provided the auditor with documentation confirming that eight transgender inmates (two others were reviewed prior by TEC) at the facility were reviewed by the TIC on July 7, 2021. All transgender and intersex inmates have their housing reviewed by the TEC upon transfer to another facility after their initial identification. Inmates who identify at the facility and are not transferred were not previously reviewed until transfer. The interview with the PCM indicated that the agency's male and female housing is typically determined by the TEC, however the facility can make recommendations to the TEC. The PCM stated that facility housing, programming and work assignments for transgender inmates are reviewed during team and that they review all the appropriate information to safely assign the inmate. The PCM confirmed that placement of transgender and intersex inmates takes into consideration the inmate's health and safety as well as whether the placement would present any

security or management problems. Interviews with the seven transgender inmates indicated that three were asked about how they felt about their safety. Additionally, six of the seven stated that they did not feel they were placed in a housing unit specifically for LGBTI inmates.

115.42 (d): P5324.12, page 33, indicates that housing and program assignments for transgender and intersex inmates are reassessed at least twice each year to review any threats to the inmate's safety. The agency as a whole, houses over 1000 inmates who identify as transgender while FMC Fort Worth houses ten inmates who identify as transgender. A review of eight transgender inmate files across the agency indicated that all eight had received biannual assessments in 2020 and seven had biannual assessments in 2019. An additional review of the five transgender inmate files at FMC Fort Worth indicated that all five had received biannual assessments in 2020, at least one in 2021 and for those that identified prior to 2020 had biannual reviews in 2019. Interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates are reassessed biannually. The PCM stated that transgender and intersex inmates are reviewed every six months and then every 90 days when their sentence is less than a year.

115.42 (e): P5324.12, page 33, indicates that the transgender or intersex inmate's own views with respect to his or her safety is given serious consideration. The interview with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates' views with respect to their safety are given serious consideration. The interviews with the seven transgender inmates indicated that three were asked about how they felt about their safety.

115.42 (f): P5324.12, page 33, indicates that transgender and intersex inmates are given the opportunity to shower separately. During the tour it was confirmed that all inmates are provided privacy while showering through individual showers with curtains. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are afforded the opportunity to shower separately. The PCM stated that all showers are single person and none are communal open showers. The interviews with the transgender inmates indicated that six of the seven stated they are not afforded the opportunity to shower separately.

115.42 (g): P5324.12, page 33 states that inmates are not placed in one dorm, unit or facility based on their sexual preference or gender identity. The interviews with the PC and PCM confirmed that LGBTI inmates are not placed in one specific dorm, unit or facility. Interviews with nine LGBTI inmates indicated that eight did not feel that LGBTI inmates are all placed in a specific dorm, unit or facility based on their sexual preference and/or gender identity.

Based on a review of the PAQ, P5324.12, the memo from the Acting Warden, a list of inmates at risk of sexual abusiveness and sexual victimization, a review of inmate housing assignments, a review of transgender and intersex inmate assessments, memorandum from the PREA Compliance Manager, the eight transgender inmate housing determinations and information from interviews with the PC, the PREA Compliance Manager, staff responsible for conducting risk screenings and the LGBTI inmates, indicates that this standard appears to have been corrected during the interim report period and is compliant.

Recommendation

While the facility provides transgender inmates privacy while showering through single showers with curtains, the auditor strongly recommends that the facility allow the transgender inmates a separate time to shower from the rest of the inmate population in order to provide extra privacy.

Standard 115.43: Protective Custody

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Inmates at High Risk of Victimization Housing Assignments

Interviews:

1. Interview with the Warden Designee
2. Interview with Staff who Supervise Inmates in Segregated Housing

Site Review Observations:

1. Observations in the Special Housing Unit

Findings (By Provision):

115.43 (a): P5324.12, page 33, indicate that the agency does not place inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and no alternative is available to separate the inmate from likely abusers. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden Designee confirmed that the agency has a policy that prohibits placing inmate at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and there are no available alternative means of separation from likely abusers. A review of housing assignments for inmates at risk of sexual victimization confirmed that none were placed in involuntary segregated housing due to their risk of victimization.

115.43 (b): P5324.12, page 34, indicates that if an inmate was placed in segregation that they would have access to programs, privileges, education and work opportunities to the extent possible and all

limitations would be documented with indication of the reason and length of time of limitation. The policy indicates that the Chief of Correctional Services is responsible for documenting any such limitations, duration and rationale. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the staff who supervise inmates in segregated housing indicated that inmates would have access to programs, privileges, education and work opportunities to the extent possible as outlined for administrative detention. The staff member stated any limitations would be documented and that they try not to place the inmate victim in SHU. During the tour the auditor did not identify any inmates at risk of victimization that were placed in the segregated housing unit.

115.43 (c): P5324.12, page 34, indicates that if an inmate was placed in segregation due to risk of victimization they would only be placed until an alternative means of separation from likely abusers could be arranged, and such assignment would not ordinarily exceed 30 days. The policy indicates that the Warden would review, complete and sign BP-A1002 form and place a copy in the inmate's central file. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden Designee indicated that inmates would only be placed in involuntary segregated housing as a last resort and the placement would be documented. He stated that the inmate would only remain in involuntary segregated housing until it was safe for him/her to be released or until they found alternative housing. The interview with the staff who supervise inmates in segregated housing indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abusers could be arranged and it would typically not exceed a few days.

115.43 (d): P5324.12, pages 34-35, indicates that if an involuntary segregated housing assignment is made that the facility will clearly document the basis for the concern for the inmate's safety and the reasons that no alternatives means of separation can be arranged. Additionally, policy indicates that the inmate will receive mental health services at least every 30 days. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization.

115.43 (e): P5324.12, page 35 and the PAQ indicate that if an inmate was placed in segregation due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. Specifically, policy indicates that inmates would be reviewed weekly at the Special Housing Unit Meeting. The interview with the staff who supervise inmates in segregated housing indicated that inmates would be reviewed at least every 30 days for their continued placement in segregation.

Based on a review of the PAQ, P5324.12, high risk inmate housing assignments, observations from the facility tour related to segregation areas as well as information from the interview with the Warden Designee and staff who supervise inmates in segregated housing indicates that this standard appears to be compliant

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. P3420.11
4. Sexually Abusive Behavior Prevention and Intervention Program
5. PREA Posters

Corrective Action Documents During Interim Report Period:

1. Memorandum from the PREA Compliance Manager
2. TRULINCS Confirmation Documents

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observation of PREA Posters

Findings (By Provision):

115.51 (a): P5324.12, page 35, indicates that the agency provides multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the Sexually Abusive Behavior Prevention and Intervention Program and PREA signage, indicated that there are multiple ways for inmates to report. These methods include: to any employee, contractor or volunteer; via a “drop-note” or other written communication; via a grievance (administrative remedy); to the OIG either via the inmate’s personal email or via a written letter. Additionally, inmate can report via third party. The third party can call, write or email. They are also able to voice a concern on the agency website at: <https://www.bop.gov/inmates/concerns.jsp>. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units through the PREA poster. Interviews with 44 inmates confirm that 43 were aware of at least one method to report sexual abuse and sexual harassment. Most inmates indicated that they would report through a staff member, through the computer or via phone. Interviews with fifteen random staff indicated that inmates can report to any staff, through their email and through the phone.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report sexual abuse to a public or private entity or office that is not part of the agency. P5324.12, page 35, indicates that the agency has a way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that the entity can immediately forward the information to agency officials. Inmates can report to the OIG via their personal email or via a written letter. Additionally, third parties can contact the OIG on behalf of the inmate. The auditor sent a letter from a BOP facility to the OIG address located on the PREA posters in order to test the outside reporting mechanism. The auditor was forwarded information from the Management Analyst confirming the letter was received by the OIG. All inmates also have access to the computer system. Inmates can send a confidential email directly to the Office of the Inspector General. The auditor had an inmate send an email to the OIG while on-site at a BOP facility to test the second OIG contact method. The auditor was forwarded a copy of the email from the facility investigator after it was forwarded to him from the OIG. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units via the PREA posters, which includes the OIG contact information. The interview with the PCM indicated that inmates can report to the OIG through TRULINCS or through the mailing address that is posted throughout the facility. He

stated that once the OIG receives the information they will contact SIS or SIA and provide them the information to initiate an investigation. Interviews with 44 inmates indicated that five were aware of the outside reporting entity and 20 were aware that they could report anonymously. Only July 6, 2021 the auditor received information from the PCM indicating that current inmates were provided education on the outside reporting under 115.51. The facility sent information to the inmate population via TRULINCS. Information was provided about the outside reporting mechanism (Office of the Inspector General) and how to contact the entity. In addition to the information via TRULINCS the facility provided information related to town hall meetings that were held in the housing units related to this information. Based on the inmate education these standards have been corrected during the interim report period. Interviews with fifteen random staff indicated that inmates can report to any staff, through their email and through the phone. Additionally, all fifteen confirmed that inmates can report verbally, in writing, anonymously and through a third party. The staff stated if an inmate verbally reported the information they would document it right away or as soon as possible (after they took care of the inmate and situation).

115.51 (c): P5324.12, page 35, notes that staff are required to accept all reports made verbally, in writing, anonymously and from a third party and will promptly document any verbal reports. Interviews with 44 inmates indicate that 43 knew they could verbally or in writing to a staff member and 38 were aware that they could report through a third party. Interviews with fifteen staff confirmed that all fifteen knew that inmates could report verbally, in writing, anonymously and through a third party. The staff stated if an inmate verbally reported the information they would document it right away or as soon as possible (after they took care of the inmate and situation).

115.51 (d): P5324.12, pages 35-36, describes that the agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ and policy indicates staff can privately report to the Office of the Inspector General, Office of Internal Affairs or any supervisory staff. Additionally, staff are informed of the way to report via BOP PREA Notices and via P3420.11. Interviews with fifteen staff indicated that twelve were aware of a method they could report sexual abuse of an inmate privately. Most staff stated they would speak to their supervisor one on one (either in person or via phone) or submit the information in writing.

Based on a review of the PAQ, P5324.12, P3420.11, the Sexually Abusive Behavior Prevention and Intervention, PREA posters, the memo from the PCM, TRULINCS confirmation messages, observations from the facility tour related to posted PREA information and interviews with the PCM, random inmates and random staff, this standard appears to have been corrected during the interim report period and as such is compliant.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P1330.18
3. Sexually Abusive Behavior Prevention and Intervention Program
4. Sexual Abuse Grievances
5. Grievance Log and Sample Grievances

Interviews:

1. Inmates who Reported Sexual Abuse

Findings (By Provision):

115.52 (a): P1330.18 is the policy related to inmate grievances/administrative remedies. The PAQ indicated that the agency is not exempt from this standard.

115.52 (b): P1330.18 describes the grievance process for allegations of sexual abuse and sexual harassment. Specially, page 4 indicates that the agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Page 4 also discusses that the agency does not require an inmate to use the informal grievance process, or attempt to resolve with staff, an alleged incident of sexual abuse. A review of the Sexually Abusive Behavior Prevention and Intervention Program indicated that page 3 discusses administrative remedy procedures. The PAQ indicated that the agency has a policy that allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident alleged to have occurred. Additionally, it states that the policy does not require an inmate to use an informal grievance process.

115.52 (c): P1330.18 outlines the grievance process for allegations of sexual abuse and sexual harassment. Pages 6 and 14 specifically state that the inmate may submit a grievance without submitting it to the staff member who is the subject of the complaint and grievances will not be referred to staff members who are the subject of the complaint. A review of the Sexually Abusive Behavior Prevention and Intervention Program indicated that page 3 discusses administrative remedy procedures.

115.52 (d): P1330.18, page 14, section d, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, that the agency would issue a final decision on grievances related to sexual abuse within 90 days of the initial filing. The 90 days does not include the time used by the inmate to prepare any administrative appeal. The agency may claim an extension up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The inmate must be notified in writing of the extension and provide a date by which the decision will be made. The policy also indicates that if the inmate does not receive a response within the allotted timeframe, the inmate will consider the absence of a response to be a denial. The PAQ indicated that there were three grievances of sexual abuse filed in the previous twelve months and that none reached a final decision within 90 days and none involved an extension. Further communication with the PCM indicated this was an error and that all grievances were responded to within 90 days. A review of the three sexual abuse grievances indicated that two were not sexual abuse allegations and did not fall under this provision. The one that was a sexual abuse allegation was responded to the following day and indicated that the allegation was forwarded for investigation. An additional review of the grievance log and ten sample grievances confirmed there were no other sexual abuse grievances filed. The interviews with inmates who reported sexual abuse also confirmed that none of the three submitted a grievance related to their sexual abuse allegation.

115.52 (e): P1330.18, page 14, section e, outlines the grievance process for third party allegations of sexual abuse and sexual harassment. Specially, that third parties are permitted to assist inmates in filing

request for administrative remedies for sexual abuse and are permitted to file such request on behalf of the inmate. In addition, it states that if a third-party files a report on behalf of an inmate that the agency may require the alleged victim to agree with the request prior to filing and if the inmate declines will require the inmate to complete a sworn affidavit stating he does not want the grievance to proceed. The PAQ indicated that there have not been any third-party grievances filed in the previous twelve months. A review of the grievances log and ten sample grievances confirmed there were zero third party sexual abuse grievances.

115.52 (f): P1330.18, page 14, section f, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency provides inmates the opportunity to file an emergency grievance alleging substantial risk of imminent sexual abuse and the grievance will be addressed immediately. The policy indicates that that an initial response will be provided within 48 hours and that a final decision will be provided within five calendar days. The final decision will document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the grievance log and sample grievances confirmed there were zero emergency grievances alleging substantial risk of imminent sexual abuse.

115.52 (g): P1330.18, page 16, indicates that inmates may be disciplined for filing a grievance in bad faith. The PAQ indicated that no inmates have been disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, P1330.18, the Sexually Abusive Behavior Prevention and Intervention Program, the three reported sexual abuse grievances, the grievance log, sample grievances and the interviews with the inmate who reported sexual abuse, this standard appears to be compliant.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. FTW 5324.12(C)
4. Sexually Abusive Behavior Prevention and Intervention Program
5. Inmate Admission and Orientation (A&O) Handbook
6. Memorandum of Understanding (MOU) with the Women's Center

Corrective Action Documents During Interim Report Period:

1. Memorandum from the PREA Compliance Manager
2. Unit Team Training Records
3. Updated Inmate Admission and Orientation (A&O) Handbook
4. Victim Advocacy Posters
5. TRULINCS Confirmation Documents

Interviews:

1. Interview with Random Inmates
2. Interview with Inmates who Reported Sexual Abuse

Site Review Observations:

1. Observations of Victim Advocacy Information

Findings (By Provision):

115.53 (a): P5324.12, page 36 indicates that the agency provides access to outside victim advocates for emotional support related to sexual abuse by giving inmates mailing addresses and telephone numbers to victim advocates or rape crisis organizations and enables reasonable communication in as confidential

manner as possible. FTW 5324.12(C), page 9 states that currently, FMC Fort Worth has a memorandum of understanding with the Women's Center in Fort Worth, Texas to provide services. Inmates will be provided access to these services via mail and/or phone, if available. Communication will be monitored in a manner consistent with the Bureau's security practices. The PAQ indicated that inmates are provided mailing addresses and telephone numbers and that they enabled reasonable communication with these services in as confidential a manner as possible. The inmate handbook, page 24 indicates that inmates can utilize the FMC Fort Worth Psychology Services Department and/or Rape Crisis and Victim Services by writing to 1723 Hemphill Road, Fort Worth, TX 76110 or by having a Unit Team staff member call the 24 hour hotline (817-927-2737). Additionally the Sexually Abusive Behavior Prevention and Intervention explains that an MOU may exist and that a phone number and other contact information can be obtained through Psychological Services. During the tour the auditor observed that advocacy information was posted in the housing units next to the phones, however it was missing key elements on how to contact the organization and limitations of confidentiality. Interviews with 44 inmates indicated that 25 were provided addresses and phone numbers to a local, state or national rape crisis center. Of the 25, ten stated they had received the information or it was posted but they did not know anything about the organization. The fifteen inmates that knew information about the organization said they believed that the services were free and confidential. The interviews with the inmates who reported sexual abuse indicated that none of the three receive any mailing addresses or phone numbers for rape crisis centers after they reported their allegation. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply.

115.53 (b): P5324.12, page 36, indicates that prior to giving inmates access to outside support services that they are informed of the extent which communication will be monitored as well as any mandatory reporting rules and limits to confidentiality. Policy indicates that confidential is not the same as privileged communication and as such communication is monitored consistent with security practices. FTW 5324.12(C), page 9 states that currently, FMC Fort Worth has a memorandum of understanding with the Women's Center in Fort Worth, Texas to provide services. Inmates will be provided access to these services via mail and/or phone, if available. Communication will be monitored in a manner consistent with the Bureau's security practices. The PAQ indicated that inmates are provided mailing addresses and telephone numbers and that they enabled reasonable communication with these services in as confidential a manner as possible. The inmate handbook, page 24 indicates that inmates can utilize the FMC Fort Worth Psychology Services Department and/or Rape Crisis and Victim Services by writing to 1723 Hemphill Road, Fort Worth, TX 76110 or by having a Unit Team staff member call the 24 hour hotline (817-927-2737). Additionally the Sexually Abusive Behavior Prevention and Intervention explains that an MOU may exist and that a phone number and other contact information can be obtained through Psychological Services. During the tour the auditor observed that advocacy information was posted in the housing units next to the phones, however it was missing key elements on how to contact the organization and limitations of confidentiality. Interviews with 44 inmates indicated that 25 were provided addresses and phone numbers to a local, state or national rape crisis center. Of the 25, ten stated they had received the information or it was posted but they did not know anything about the organization. The fifteen inmates that knew information about the organization said they believed that the services were free and confidential. The interviews with the inmates who reported sexual abuse indicated that none of the three receive any mailing addresses or phone numbers for rape crisis centers after they reported their allegation. The auditor identified that while the local rape crisis center information was posted throughout the facility and over half of the inmates interviewed were aware of the victim advocacy services, there was limited information related to how to specifically contact the organization (the phone number is not accessible through the inmate phones, inmates have to contact Unit Team or Psychology Services to call the number) and the level the confidentiality of the communication. Additionally, the many of the inmates interviewed indicated that they could report an allegation of sexual abuse to the local rape crisis center. On July 6, 2021 the auditor received information from the PCM indicating that current inmates were

provided education on the victim advocacy under 115.53. The facility sent information to the inmate population via TRULINCS. Information was provided about the victim advocacy center, how to contact them, the level of confidentiality and that the victim advocacy number was not a reporting number. In addition to the information via TRULINCS the facility provided information related to town hall meetings that were held in the housing units related to this information. Additionally, current posters and the inmate handbook were updated to include how to contact the victim advocate and the level of confidentiality. Training records for Unit Team staff were also provided to the auditor in which staff were trained on how to contact the victim advocate if an inmate requests a phone call.

115.53 (c): The PAQ stated that the agency or facility does not maintain a memorandum of understanding or other agreement with a community service provider that is able to provide inmates with emotional support services related to sexual abuse. A review of documentation confirms that the facility has an MOU with the Refuge House. This organization is the local rape crisis center for the area. The MOU was signed on April 9, 2019. The facility maintains copies of the MOU.

Based on a review of the PAQ, P5324.12, the Sexually Abusive Behavior Prevention and Intervention Program, the MOU with the Women’s Center, the inmate handbook, the memo from the PCM, the updated inmate handbook and victim advocacy posters, the Unit Team training, the TRULINCS documentation and interviews with random inmates and inmates who reported sexual abuse, this standard appears to have been corrected during the interim report period and is compliant.

Recommendation

While not directly tied to this standard, the auditor highly recommends that the facility reestablish routine communication with the Women’s Center. The staff member advised that she has not had routine communication with them in a long time and was unable to advise of any concerns related to PREA compliance because of the lack of communication. A strong partnership with the local rape crisis center is paramount to providing inmate victims with emotional support services.

Standard 115.54: Third-party reporting

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*)

Documents:

1. Pre-Audit Questionnaire

Findings (By Provision):

115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. A review of the agency's website confirms that third parties can report on behalf of an inmate via the "voice your inmate concern" form located at <https://www.bop.gov/inmates/concerns.jsp>. Additionally, the website states that third parties can report incidents of sexual abuse by sending information to the National PREA Coordinator (for inmate-on-inmate) or the Office of Internal Affairs (for staff-on-inmate). Addresses are included on the website for both of these offices.

Based on a review of the PAQ and the agency's website this standard appears to be compliant.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

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

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports

Interviews:

1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Warden Designee
4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (a): P5324.12, pages 37-38, outline the staff and agency reporting duties. Specifically, it requires all staff to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation against any inmate or staff that reported such incidents and any staff neglect or violation of responsibility that may have contributed to an incident to the Operations Lieutenant. Staff are required to provide a written follow-up memo to the Lieutenant, who then notifies the PREA Compliance Manager. The allegation is then entered into the Bureau's intelligence database. The PAQ indicated that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment, an retaliation against inmates or staff who report incidents and/or any staff neglect or violation of responsibilities that may have contributed to the incident. Interviews with fifteen random staff confirm that they are required to report any knowledge, suspicion or information related to sexual abuse, sexual harassment, retaliation for reporting or staff neglect. All fifteen staff stated they would immediately report the information to their supervisor (Operations Lieutenant).

115.61 (b): P5324.12, page 38, describes that information is on a need to know basis and that information is only utilized for the inmate's welfare and the investigation of the incident. The PAQ indicated that apart from reporting to designated supervisors or official and designated state or local service agencies, agency policy prohibits staff from revealing any information related to sexual abuse reports to anyone other than to the extent necessary to make treatment, investigation and other security and management decision. Interviews with fifteen random staff confirm that they are required to report any knowledge, suspicion or information related to sexual abuse, sexual harassment, retaliation for reporting or staff neglect. All fifteen staff stated they would immediately report the information to their supervisor (Operations Lieutenant).

115.61 (c): P5324.12, page 38, indicates that medical and mental health staff are required to report sexual abuse as described in section (a) and that they are required to inform inmates of their duty to report and limits to confidentiality at the initiation of services. Medical and mental health care staff stated that they inform inmates of their limitations of confidentiality and their duty to report. The staff confirmed that they are required to immediately report any information or allegation of sexual abuse that occurred within a confinement setting. Three of the four staff indicated that they had an inmate disclose sexual abuse to them and all three stated they reported it immediately to security.

115.61 (d): P5324.12, page 38, indicates that any alleged victims under the age of eighteen or considered to be a vulnerable adult would require the agency to report the allegation to the designated State or local service under applicable mandatory reporting laws. The interview with the PREA Coordinator indicated that if this were to occur that they would report to the appropriate or local agencies under mandatory reporting laws. The Warden Designee stated they do not have inmates under eighteen but they would follow any mandatory reporting laws.

115.61 (e): P5324.12, page 38, indicates that all allegations of sexual abuse and sexual harassment, including third party and anonymous reports would be reported to the facility's designated investigators. The interview with the Warden Designee confirmed that all allegations are reported to the facility investigator. A review of investigative reports indicate that all allegations were reported to SIS for investigation.

Based on a review of the PAQ, P5324.12, investigative report and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden Designee confirm this standard appears to be compliant.

Standard 115.62: Agency protection duties

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports

Interviews:

1. Interview with the Agency Head
2. Interview with the Warden Designee
3. Interview with Random Staff

Findings (By Provision):

115.62 (a): P5324.12, pages 38-39, indicate that when the agency learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The policy indicates that the Operations Lieutenant will be notified and he/she will take immediate action to safeguard the inmate. This may include monitoring the situation, changes in housing assignments, changes in work assignments, placing the alleged victim and perpetrator in special housing, reassignment of staff member to another post or removal of the staff member from the facility. The PAQ stated that there was one inmate who were determined to be at risk of imminent sexual abuse. A review of documentation indicated an inmate was reported to be harassed by other inmates and was possibly at risk. The inmate requested protection and was taken to the SHU for a threat assessment. The interview with the Agency Head indicated that any inmate at risk would be immediately safeguarded from the potential danger. He stated that actions would vary depending on the severity of the threat. If the possible threat is by another inmate, the inmate may have a change in housing assignment, work assignment, or possibly placement in the SHU. If the possible threat is from a staff member, other options exist in addition to changing the staff member's work assignment or removal from the facility while the investigation is conducted. The Warden Designee indicated any inmate at imminent risk of sexual abuse would be immediately protected. He stated they would not automatically place that inmate in the SHU, but rather change their housing unit, if appropriate. Interviews with fifteen staff confirmed that all would safeguard the inmate by taking him to their office or removing him from the area and then they would notify the Operations Lieutenant.

Based on a review of the PAQ, P5324.12, investigative reports and interviews with the Agency Head, Warden Designee and random staff indicate that this standard appears to be compliant.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Notification Memorandums/Letters
4. Investigative Reports

Interim Report Period Corrective Action Documents:

1. Memorandums from the PREA Compliance Manager
2. Warden to Warden Notification
3. Training Sign-In Sheets for Facility Investigators

Interviews:

1. Interview with the Agency Head
2. Interview with the Warden Designee

Findings (By Provision):

115.63 (a): P5324.12, pages 39-40, describe the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden will notify the appropriate staff (Warden/Office of Internal Affairs) within the agency or the appropriate office if it is outside of the agency. The PAQ indicated that during the previous twelve months, the facility had zero inmates report that they were abused while confined at another facility. A review of documentation indicated that there were five allegations reported at FMC Fort Worth related to abuse that occurred in another confinement facility. Of the five, three had a Warden to Warden notification, one did not have a notification and one had a previous notification and as such did not require a second notification. . On July 19, 2021 the auditor received a corrective process memorandum related to Warden to Warden notifications (115.63). The memo indicated that when an allegation is made that occurred at a facility other than FMC Fort Worth, the information will be forwarded to the PCM who will then contact SIS to complete an interview of the inmate. The notification will then be sent from the Warden or PCM at FMC Fort Worth to the Warden where the alleged incident occurred within two business days. The memo further indicated that a log has been created to track the Warden to Warden notifications. The facility provided one notification that was reported on July 9, 2021. The

documentation indicated it was forwarded on July 13, 2021. While the notification was on a Friday, the notification was not sent until the following Tuesday, and as such further documentation is required to determine corrective action. On July 27, 2021 the auditor was provided a second examples of the Warden to Warden notification. The inmate disclosed prior sexual victimization during a mental health evaluation on July 27, 2021 and a notification was provided to the facility Warden where the alleged sexual abuse occurred on the same date (July 27, 2021).

115.63 (b): P5324.12, page 40, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the notification will be made as soon as possible, but not later than 72 hours after receiving the allegation. The PAQ indicated that agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. A review of documentation indicated that there were five allegations reported at FMC Fort Worth related to abuse that occurred in another confinement facility. Of the five, three had a Warden to Warden notification. All three of these notifications were made outside of the 72 hour timeframe, with one being over a year after the reported allegation. On July 19, 2021 the auditor received a corrective process memorandum related to Warden to Warden notifications (115.63). The memo indicated that when an allegation is made that occurred at a facility other than FMC Fort Worth, the information will be forwarded to the PCM who will then contact SIS to complete an interview of the inmate. The notification will then be sent from the Warden or PCM at FMC Fort Worth to the Warden where the alleged incident occurred within two business days. The memo further indicated that a log has been created to track the Warden to Warden notifications. The facility provided one notification that was reported on July 9, 2021. The documentation indicated it was forwarded on July 13, 2021. While the notification was on a Friday, the notification was not sent until the following Tuesday, and as such further documentation is required to determine corrective action. On July 27, 2021 the auditor was provided a second examples of the Warden to Warden notification. The inmate disclosed prior sexual victimization during a mental health evaluation on July 27, 2021 and a notification was provided to the facility Warden where the alleged sexual abuse occurred on the same date (July 27, 2021).

115.63 (c): P5324.12, page 40, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the required notification will be documented. The PAQ indicated that the agency or facility documents that it has provided such notifications within 72 hours of receiving the allegation. A review of documentation indicated that there were five allegations reported at FMC Fort Worth related to abuse that occurred in another confinement facility. Of the five, three had a Warden to Warden notification, one did not and one had a previous notification and as such did not require a second notification. Of the three allegations that had a Warden to Warden notification, all three notifications were made outside of the 72 hour timeframe, with one being over a year after the reported allegation.

115.63 (d): P5324.12, page 40, indicates that the facility head or agency head that receives notification that an inmate alleges they were sexually abuse shall ensure that the allegation is investigated in accordance with these standards. The PAQ indicated that during the previous twelve months, the facility received two allegations from another facility that an inmate reported to them that he/she was sexually abused while housed at FMC Fort Worth. A review of investigative reports indicated there was one allegation received at FMC Fort Worth via a Warden to Warden notification. A review of the investigation indicated that the facility did not conduct a full investigation in accordance with PREA standards. The investigative staff advised that they were under the impression that allegations reported at another facility were to be investigated at the facility where it was reported. The facility investigator indicated he completes investigations for allegations that occurred at another facility but are reported at FMC Fort Worth and he then forwards that investigation to the facility where it occurred. The interview with the Agency Head confirmed that any allegation received from another facility/agency would be investigated.

The Warden Designee stated that when they receive an allegation from another agency/facility that they check with SIS to determine if it has been previously reported and if it hasn't they would initiate an investigation. The Warden Designee confirmed that they have had instances of this during the audit period and that all allegations with the exception of one was investigated. He stated he was not aware of the one allegation and it was an oversight. On July 15, 2021 the facility provided the auditor with a memorandum and training sign-in sheets related to investigations. The memo indicated that all SIS investigators were trained on how to conduct investigations from beginning to end, how to handle Warden to Warden notifications and notifying inmates of the outcome of investigations. The one investigation that was not completed was related to a Warden to Warden notification. Based on the investigator training, this provision was corrected during the interim report period.

Based on a review of the PAQ, P5324.12, Warden to Warden notification letters/memos, a review of investigative reports, the memos from the PCM, the investigator training sign in sheets and interviews with the Agency Head and Warden Designee, this standard appears to require corrective action. A review of documentation indicated that there were five allegations reported at FMC Fort Worth related to abuse that occurred in another confinement facility. Of the five, three had a Warden to Warden notification. All three of these notifications were made outside of the 72 hour timeframe, with one being over a year after the reported allegation. On July 19, 2021 the auditor received a corrective process memorandum related to Warden to Warden notifications (115.63). The memo indicated that when an allegation is made that occurred at a facility other than FMC Fort Worth, the information will be forwarded to the PCM who will then contact SIS to complete an interview of the inmate. The notification will then be sent from the Warden or PCM at FMC Fort Worth to the Warden where the alleged incident occurred within two business days. The memo further indicated that a log has been created to track the Warden to Warden notifications. The facility provided one notification that was reported on July 9, 2021. The documentation indicated it was forwarded on July 13, 2021. While the notification was on a Friday, the notification was not sent until the following Tuesday, and as such further documentation is required to determine corrective action. On July 27, 2021 the auditor was provided a second examples of the Warden to Warden notification. The inmate disclosed prior sexual victimization during a mental health evaluation on July 27, 2021 and a notification was provided to the facility Warden where the alleged sexual abuse occurred on the same date (July 27, 2021).

Corrective Action

The facility will need to provide the auditor with all Warden to Warden notifications over the next 60-90 days to confirm the notification process is being followed and that the 72 hour timeframe is being met.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Warden to Warden Notification Documents (Memorandums/Letters/Emails)

On September 13, 2021 the auditor was provided three additional examples confirming that the Warden to Warden notification process was corrected. One inmate reported two instances of sexual abuse at two different local jails. The allegations were reported on July 10, 2021 during intake. One local jail was notified on July 10, 2021 while the other was notified on July 11, 2021. The facility also provided documentation of an allegation that was reported on July 13, 2021 at FMC Fort Worth and was provided to the Warden at the facility where it occurred on the same day (July 13, 2021). Based on a review of the two examples provided during the interim period and the three examples provided during the corrective action period, the standard appears to be corrected and as such compliant.

Standard 115.64: Staff first responder duties

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports

Interviews:

1. Interview with First Responders
2. Interviews with Random Staff

Findings (By Provision):

115.64 (a): P5324.12, page 40, describes staff first responder duties. Specifically, it requires that upon learning that an inmate was sexually abused, the first security staff member will: separate the alleged victim and the alleged perpetrator, preserve and protect any crime scene until evidence can be collected and if the abuse occurred within a time period that still allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The PAQ indicated that during the previous twelve months, there were three allegations of sexual abuse and all three required the separation of the alleged victim and abuser. The PAQ stated that one allegation occurred within a period that still allowed for the collection of physical evidence and required the first responder to instruct inmates not to take any action to destroy physical evidence. A review of investigations indicated there were actually five allegations of sexual abuse reported, but only three had a closed investigation. Of the three closed cases only one involved the separation of the victim and alleged inmate perpetrator. One allegation was reported at another facility and one involved a staff member and did not require immediate separation. The review one allegation occurred within a timeframe to collect physical evidence and the staff secured the crime scene and transported the inmate to the local hospital for a forensic medical examination. Interviews with staff first responders indicated that the custody staff first responder would secure the victim, preserve the crime scene, notify the Operations Lieutenant, keep an eye on both of the inmates, contact medical and SIS, get the victim to medical for an assessment and write a memo. The non-custody first responder stated she would safeguard the inmate, notify the Operations Lieutenant and medical and write a memo.

115.64 (b): P5324.12, page 40, describe staff first responder duties. Specifically, it requires if the first responder is not a security staff member, the responder shall advise the alleged victim and ensure the alleged perpetrator not take any action to destroy physical evidence, if it occurred within a time period that still allows for the collection of physical evidence. Additionally, policy indicates that the first responder must preserve the crime scene for SIS. The PAQ indicated that during the previous twelve months, there were zero allegations of sexual abuse that involved a non-custody staff first responder. A review of the three closed investigative reports confirmed none involved a non-custody staff first responder. The interviews with the fifteen random staff indicated that all fifteen were aware of first responder duties. Staff stated they would separate the inmates, secure the crime scene and notify the Operations Lieutenant. A few of the staff stated they would not allow the inmates to take any action to destroy evidence and would take them to medical. Interviews with staff first responders indicated that the custody staff first responder would secure the victim, preserve the crime scene, notify the Operations Lieutenant, keep an eye on both of the inmates, contact medical and SIS, get the victim to medical for an assessment and write a memo. The non-custody first responder stated she would safeguard the inmate, notify the Operations Lieutenant and medical and write a memo. A review of investigations indicated that none involved a non-custody staff first responder.

Based on a review of the PAQ, P5324.12, investigative reports and interviews with random staff and the staff first responders, this standard appears to be compliant.

Standard 115.65: Coordinated response

115.65 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. FTW 5324.12(C)

Interviews:

1. Interview with the Warden Designee

Findings (By Provision):

115.65 (a): The PAQ as well as P5324.12, page 40, indicated that the facility has a written plan that coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health staff, investigators and facility leaders. A review of FTW 5324.12(C) showed that all areas are accounted for in the supplemental policy. Sections include actions and responsibilities required for each area. The Warden Designee confirmed that the facility has a plan and that it includes all the required components.

Based on a review of the PAQ, P5324.12, FTW 5324.12(C) and the interview with the Warden Designee, this standard appears to be compliant.

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. Council of Prison Locals – American Federation of Government Employees Master Agreement

Interviews:

1. Interview with the Agency Head

Findings (By Provision):

115.66 (a): The PAQ indicated that the agency has entered into or renewed a collective bargaining agreement since August 20, 2012. Page 70 of the Master Agreement indicates that the employer may reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter. The interview with the Agency Head confirmed that the agency has a collective bargaining agreement, however article 30g of the Master Agreement permits the agency to remove an employee from the institution when an allegation adversely affects the agency's confidence in the employee or the security of the institution.

115.66 (b): The PAQ indicated that the agency has entered into or renewed a collective bargaining agreement since August 20, 2012. Page 70 of the Master Agreement indicates that the employer may reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter.

Based on a review of the PAQ, the Master Agreement and the interview with the Agency Head, this standard appears to be compliant.

Standard 115.67: Agency protection against retaliation

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports
4. Monitoring Documents/Forms

Interim Report Period Corrective Action Documents:

1. Memorandums from the PREA Compliance Manager
2. Monitoring Documents/Forms

Interviews:

1. Interview with the Agency Head
2. Interview with the Warden Designee
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): P5324.12, pages 42-43, outline the agency's method for protection against retaliation. It addresses that the agency will protect all inmates and staff who report sexual abuse and sexual harassment from retaliation by other inmates and staff and has designated staff responsible for monitoring. The PAQ indicated that the facility has a policy and that the PREA Compliance Manager is responsible for monitoring for retaliation.

115.67 (b): P5324.12, page 42, addresses the multiple measures that the facility will take to protect inmates and staff. These measures include housing changes or transfers for inmate victims, removal of the alleged staff abuser from contact with the victim and emotional support services for inmates or staff who fear retaliation for reporting. Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. A review of investigative reports and monitoring documents indicated that there have been no allegations of retaliation nor any reported fear of retaliation. The interview with the

Agency Head indicated that the PCM would monitor the inmate and monitoring would include housing and cell assignments, work assignments, programming changes and disciplinary action. The Agency Head indicated for staff it could include reassignment of work posts, performance evaluations and shift changes. The Warden Designee stated that they employ measures such as retaliation reviews, housing changes, transfers and restriction of staff from working certain areas in the facility. The interview with staff responsible for monitoring indicated that he looks at every case and completes a 30, 60 and 90 day review. He stated he reviews work, program and housing history and that he reviews any incident reports involving the individual. The staff member stated they do not place the inmate victim in SHU but they do review for other housing options, which could be a different unit or a different range. He further stated that if it is staff member they can transfer them to a different post or facility, if necessary. The staff confirmed that he conducts status checks every 30 days. Two of the three inmate who reported sexual abuse stated they felt protected against retaliation. One inmate stated he did not because when he initially reported to custody staff they didn't do anything.

115.67 (c): P5324.12, page 43, addresses that the facility will monitor the inmate for at least 90 days following a report of sexual abuse and will monitor the conduct and treatment of the inmate or staff to see if there are any changes that may suggest possible retaliation and will act promptly to remedy any retaliation. The policy requires that the process include monitoring any inmate disciplinary reports, housing or program changes or any negative performance reviews or reassignments of staff. The policy indicates that monitoring can extend beyond 90 days if the initial monitoring indicates a need to continue. The policy states that the PREA Compliance Manager is responsible for monitoring. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. The interview with the Warden Designee indicated that if retaliation is reported the facility would follow-up with the allegation, initiate an investigation, transfer inmates if necessary, place inmates in SHU if necessary and hold inmates and/or staff accountable through discipline, if warranted. The interview with the staff responsible for monitoring for retaliation indicated that he monitors for 90 days and that if he suspects retaliation he would continue to monitor as long as needed. The staff member indicated that he looks at every case and completes a 30, 60 and 90 day review. He stated he reviews work, program and housing history and that he reviews any incident reports involving the individual. The staff member stated they do not place the inmate victim in SHU but they do review for other housing options, which could be a different unit or a different range. He further stated that if it is staff member they can transfer them to a different post or facility, if necessary. The staff confirmed that he conducts status checks every 30 days. A review of investigative reports indicated that one of the three sexual abuse allegations required monitoring for retaliation (one of the three sexual abuse allegations was unfounded within a day and another was reported at another facility and did not require monitoring). A review of documentation indicated that monitoring was completed for the inmate victim. On July 15, 2021 the auditor was provided a process memorandum related to this standard. The memo indicated that once an allegation is reported it will be added to a tracking log which will initiate the monitoring for retaliation timeframes. Monitoring will be completed by the PCM during monthly meetings. In addition to the process memo, the PCM provided the initial 30 day monitoring for two sexual abuse allegations. One allegation was reported on June 9, 2021 and had an initial monitoring completed on July 8, 2021 while the second allegation was reported on June 10, 2021 and had an initial monitoring on July 8, 2021 as well. Additionally documentation is required related to this provision to determine compliance.

115.67 (d): P5324.12, page 43, states that the facility will monitor the inmate and such monitoring includes periodic status checks. The interview with the staff member responsible for monitoring retaliation indicated that he conducts status checks every 30 days and that he monitors for 90 days. A review of investigative reports indicated that one of the three sexual abuse allegations required monitoring for retaliation (one of the three sexual abuse allegations was unfounded within a day and another was reported at another facility and did not require monitoring). A review of documentation indicated that

monitoring was completed for the inmate victim. On July 15, 2021 the auditor was provided a process memorandum related to this standard. The memo indicated that once an allegation is reported it will be added to a tracking log which will initiate the monitoring for retaliation timeframes. Monitoring will be completed by the PCM during monthly meetings. In addition to the process memo, the PCM provided the initial 30 day monitoring for two sexual abuse allegations. One allegation was reported on June 9, 2021 and had an initial monitoring completed on July 8, 2021 while the second allegation was reported on June 10, 2021 and had an initial monitoring on July 8, 2021 as well. Neither of the two examples provided on the 30 day monitoring included information on in-person status checks. Additionally documentation is required related to this provision to determine compliance.

115.67 (e): P5324.12, page 43, states if any other individual who cooperates with an investigation expresses fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The interview with the Agency Head indicated 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 housing or work assignments, transfers, changing work supervisors, or other actions that prevent retaliation. The Warden Designee stated that they employ measures such as retaliation reviews, housing changes, transfers and restriction of staff from working certain areas in the facility. He further indicated that if retaliation is reported the facility would follow-up with the allegation, initiate an investigation, transfer inmates if necessary, place inmates in SHU if necessary and hold inmates and/or staff accountable through discipline, if warranted.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, P5324.12, investigative reports, monitoring documents, the memo from the PCM and interviews with the Agency Head, Warden Designee and staff charged with monitoring for retaliation, this standard appears to require corrective action. A review of investigative reports indicated that one of the three sexual abuse allegations required monitoring for retaliation (one of the three sexual abuse allegations was unfounded within a day and another was reported at another facility and did not require monitoring). A review of documentation indicated that monitoring was completed for the inmate victim. On July 15, 2021 the auditor was provided a process memorandum related to this standard. The memo indicated that once an allegation is reported it will be added to a tracking log which will initiate the monitoring for retaliation timeframes. Monitoring will be completed by the PCM during monthly meetings. In addition to the process memo, the PCM provided the initial 30 day monitoring for two sexual abuse allegations. One allegation was reported on June 9, 2021 and had an initial monitoring completed on July 8, 2021 while the second allegation was reported on June 10, 2021 and had an initial monitoring on July 8, 2021 as well. Neither of the two examples provided on the 30 day monitoring included information on in-person status checks. Additionally documentation is required related to this provision to determine compliance.

Corrective Action

The facility will need to provide the auditor with a list of their sexual abuse allegations during the corrective action period. Associated monitoring documents related to the applicable sexual abuse allegations should be forwarded to the auditor, including information on the periodic status checks.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigative Reports
2. Monitoring Documents/Forms

On September 11, 2021 the facility provided the auditor with additional information on the two reported sexual abuse allegations provided during the interim report period. One allegation was reported on June 9, 2021 and involved 30 days of monitoring. The inmate was released on July 27, 2021, therefore the full 90 days was not necessary. The PCM conducted an in-person status check with the inmate on July 8, 2021 and while he did not document it initially, he advised he met with the inmate in-person and had the inmate sign the form to confirm he spoke to him in-person. Additionally, he forwarded the information to the BOP facility that the inmate was transferred to and that facility's PCM continued the monitoring and status checks through September 7, 2021. The second allegation was reported on June 10, 2021 and involved monitoring for the full 90 days. The PCM conducted in-person status checks with the inmate on July 8, 2021, August 5, 2021 and September 7, 2021. Again, the PCM did not document the in-person status checks initially, but he advised he met with the inmate in-person and had the inmate sign the form to confirm he spoke to him in-person. The PCM also confirmed that he would be utilizing the updated monitoring or retaliation form for any future monitoring instances, however there have not been any additional sexual abuse allegations reported during the corrective action period. Based on the process memo provided during the interim report period, the updated monitoring for retaliation form and the two examples of monitoring that occurred during the corrective action period, this standard appears to be corrected and as such compliant.

Standard 115.68: Post-allegation protective custody

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. BP-A1002: Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegations Form

Interviews:

1. Interview with the Warden Designee
2. Interview with Staff who Supervise Inmates in Segregated Housing

Site Review Observations:

1. Observations of the Special Housing Unit

Findings (By Provision):

115.68 (a): P5324.12, page 43, indicates any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse will be subject to the requirements of 115.43. Pages 33-34 of P5324.12 reference the requirements under 115.43 in policy. The PAQ indicated that no inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. During the tour, it was observed that there were no inmates placed in segregation due to a sexual abuse allegation. A review of housing documents for the three closed sexual abuse cases indicated that two inmates were placed in segregated housing. Both inmate victims had received a disciplinary report, one due to a positive drug test and the other due to inappropriate sexual activity toward staff, and as such they were not involuntarily segregated because of the sexual abuse allegation. The interview with the Warden Designee confirmed that the agency has a policy that prohibits placing inmate who allege sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made, and there are no available alternative means of separation from likely abusers. He that inmates would only be placed in involuntary segregated housing as a last resort and the placement would be documented. He stated that the inmate would only remain in involuntary segregated housing until it was safe for him/her to be released or until they found alternative housing. Additionally, he indicated that there was one inmate placed in segregation for a day or two but that he refused to be released from segregation and requested protective custody. The interview with the staff who supervise inmates in segregated housing indicated that inmate victims who were involuntarily segregated would have access to programs, privileges and work opportunities to the extent possible under administrative guidelines. He indicated any limitations would be documented and that they try not to place the inmate victim in SHU. The staff member stated inmate victims would only be placed in segregation until an alternative means of separation could be arranged and that they would typically not be back there longer than a few days. He confirmed that if the inmate remained in segregation longer than 30 days he/she would be reviewed for continued placement.

Based on a review of the PAQ, P5324.12, BP-A1002 and the interview with the Warden Designee and staff who supervise inmates in segregated housing, this standard appears to be compliant.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

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

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Prison Rape Elimination Act Investigation Policy Memorandum
4. Memorandum of Understanding with the Federal Bureau of Investigation (FBI)
5. Letter from FBI on PREA Compliance
6. Investigative Reports

Interim Report Period Corrective Action Documents:

1. Memorandums from the PREA Compliance Manager
2. Training Sign-In Sheets for Facility Investigators

Interviews:

1. Interview with Investigative Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with the Warden Designee
4. Interview with the PREA Coordinator
5. Interview with the PREA Compliance Manager

Findings (By Provision):

115.71 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. P5324.12, page 43, states when an agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly and objectively for all allegations. The policy indicated that when it is an inmate-on-inmate allegation that the Special Investigative Services (SIS) is contacted and for an allegation that is staff-on-inmate the OIA, OIG and/or FBI are contacted. There were nine allegations of sexual abuse or sexual harassment reported during the previous twelve months, five of which were closed. A review of the five investigative reports confirmed that all of the allegations were forwarded to SIS for investigation, however the one Warden to Warden notification allegation did not have an investigation completed. The investigative staff advised that they were under the impression that allegations reported at another facility were to be investigated at the facility where it was reported. The facility investigator indicated he completes investigations for allegations that occurred at another facility but are reported at FMC Fort Worth and he then forwards that investigation to the facility where it occurred. On July 15, 2021 the facility provided the auditor with a memorandum and training sign-in sheets related to investigations. The memo indicated that all SIS investigators were trained on how to conduct investigations from beginning to end, how to handle Warden to Warden notifications and notifying inmates of the outcome of investigations. Of the remaining four investigations, one was completed within 30 days, while the other three were completed around 90 days. All four completed investigations thorough and objective. The reports included information related to the allegation and the investigative actions taken, including a description of the evidence collected, as well as the investigative outcome related to the facts and findings of the investigation. The interview with the investigator confirmed that an investigation would be initiated immediately and that allegations are investigated the same whether they are reported anonymously or through a third party. He stated all allegations are taken seriously and all are investigated.

115.71 (b): P5324.12, page 28, and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigating Sexual Abuse in a Confinement Setting. A review of the training curriculums confirmed they included the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or criminal prosecution. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The PAQ indicated 253 agency staff complete investigations and two FMC Fort Worth complete sexual abuse investigations. The PAQ indicated that both of the staff have completed the specialized training. A review of documentation indicated that both the facility staff were documented with the NIC specialized investigator training as well as 29 additional facility staff. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The facility investigator confirmed that all components required under this provision are included in the training. He stated that it goes through the PREA law, discusses step by step how to conduct an investigation including keeping an open mind, taking photos, ensuring the inmate has a medical assessment and maintain a constant visual of the inmate. He stated it also went over Miranda and Garrity, crime scene information and who to refer investigations to when criminal.

115.71 (c): P5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that investigators shall gather and preserve direct and circumstantial evidence including physical, DNA, electronic monitoring data and interviews. It also indicates that they will review prior complaints and reports of sexual abuse involving the alleged perpetrator. A review of the four completed investigations confirmed that all included statements and interviews as well as photographs. Two involved the review video monitoring review, one involved the collection of physical evidence and two included a collection of emails and/or staffing rosters. The investigator stated that his initial response to an allegation would be to make sure everyone is separated, that the scene is secure and that the

inmates is taken to medical for an assessment. He stated that the evidence recovery team would process the scene, the inmate victim would be transported to the hospital for a forensic examination, if applicable, and he would go to the hospital to take photographs and conduct an initial interview of the inmate victim. He further stated that after the interview he would pick up or collect further evidence, take photos of the crime scene, interview any witnesses, and then interview the perpetrator. The investigators stated he would be responsible for collecting any and all evidence, including physical evidence, a review of phone calls and/or emails, a review of video monitoring, statements and DNA, if applicable.

115.71 (d): P5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that when evidence appears to support criminal prosecution that the agency will conduct compelled interviews only after consulting with prosecutors. A review of the four completed investigations. The interview with the investigator indicated the facility would contact the FBI who would determine whether compelled interviews were necessary. He stated if they were necessary, the FBI would conduct them.

115.71 (e): P5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that the credibility of the alleged victim, perpetrator and/or witness will be assessed on an individual basis and will not be determined based on the individual's status as an inmate or staff member. Additionally, it indicates that inmates would not be required to submit to a polygraph examination or any other truth-telling device as a condition for proceeding with the investigation. The interview with the investigator confirmed that the agency does not require the inmate victim to take a polygraph test. He stated the FBI may offer the inmate one, but the facility would not require it. He further stated that credibility is based off of the evidence and all individuals are treated the same.

115.71 (f): P5324.12, pages 44-45, describes the criminal and administrative investigation process. Specifically, it states that all administrative investigation will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. Additionally, the policy indicates that the investigation should also include information as to whether other factors such as physical layout, staffing patterns and institutional operations contributed to the abuse. Five administrative investigations were completed in the previous twelve months. A review of the investigations indicated four were documented in a written report with investigatory facts and findings. The one that was not documented in a report was the one Warden to Warden notification allegation which did not have a full investigation and as such did not have a report completed. The interview with the facility investigator confirmed that administrative investigations are documented in written reports and include a summary of the allegation, incident reports, medical assessments, mental health assessments, photos, interviews and statements, description of the evidence collected, a review of prior allegations, telephone records, email records, fact and findings and a conclusion. The investigator confirmed that during the investigation he determines whether staff actions or failure to act contributed to the abuse. He stated this is determined based on statements and other evidence and whether they followed policy and procedures and did what they were supposed to do.

115.71 (g): P5324.12, page 45, indicates that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. There were no criminal investigations completed related to sexual abuse within the previous twelve months. The interview with the facility investigator confirmed that criminal investigations would be documented in written reports through the FBI or OIG and that their reports would contain similar elements as an administrative report.

115.71 (h): P5324.12, page 45 and the PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there have been two allegations referred for prosecution since the last PREA audit. A review of documentation indicated that

there have been two staff-on-inmate investigations reported that were referred for prosecution. Both cases are still under investigation by the OIG. The interview with the investigator indicated that if a criminal was cases would be referred for prosecution when a crime was committed. He stated all sexual abuse allegations are typically referred to the OIG who will determine if they want to conduct a criminal investigation or not.

115.71 (i): P5324.12, page 45 and the PAQ describes that all written reports referenced in (f) and (g) will be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. A review of a sample of historic investigations confirmed retention is being met.

115.71 (j): P5324.12, page 45, indicates that the departure of the alleged victim or alleged abuser from employment or custody of the agency does not provide a basis for terminating an investigation. The interview with the investigator confirmed that all investigations are completed no matter if staff leave/resign or if inmates depart the facility or agency's custody.

115.71 (k): The auditor is not required to audit this standard.

115.71 (l): The Office of the Inspector General and the Federal Bureau of Investigation are responsible for conducting criminal sexual abuse investigations at all BOP facilities. The MOU as well as the letter from the FBI indicate that they are compliant with all PREA investigatory standards. The PREA Coordinator stated that if the OIG is conducting the investigation, they provide updates to the institution; at the conclusion of their investigation, they inform OIA of the outcome. The Warden Designee/PCM stated SIA remains informed of the investigation and provides updates to the facility leadership. The investigator stated does whatever the outside agency needs, such as setting up inmate interviews.

Based on a review of the PAQ, P5324.12, the MOU with the FBI, the letter from the FBI, investigative reports, training records, the memo from the PCM, the training sign in sheets related to the interim report period investigator training and information from interviews with the Agency Head, Warden Designee, PREA Coordinator, PREA Compliance Manager, facility investigator and the inmates who reported sexual abuse, this standard appears to be corrected during the interim report period. While the facility had one instance where a thorough, complete and objective investigation was not conducted, it was based on misinformation by the facility investigator related to the Warden to Warden notification allegations. On July 15, 2021 the facility provided the auditor with a memorandum and training sign-in sheets related to investigations. The memo indicated that all SIS investigators were trained on how to conduct investigations from beginning to end, how to handle Warden to Warden notifications and requirements in notifying inmates of investigative outcomes. Because the remaining four completed investigations met all the requirements under this provision, the investigator training has corrected the misinformation and as this standard appears to be corrected and compliant.

Standard 115.72: Evidentiary standard for administrative investigations

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.72 (a): P5324.12, page 45, indicates that the agency does not impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of the documentation indicated there were four sexual abuse or sexual harassment administrative investigations completed within the previous twelve months (one allegation did not have a full completed investigation). A review of these investigations indicated that all four were determined to be unsubstantiated or unfounded. The review indicated the findings were accurate based on the evidence obtained during the investigation. The investigator stated he substantiates a case when there is more evidence showing it has happened or occurred than not.

Based on a review of the PAQ, P5324.12, investigative reports and information from the interview with the investigator, it is determined that this standard appears to be compliant.

Standard 115.73: Reporting to inmates

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate

has been released from custody, does the agency subsequently inform the inmate whenever:
The staff member is no longer posted within the inmate's unit? Yes No

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Sexually Abusive Behavior Prevention and Intervention Program
4. Investigative Reports
5. Notification Memos

Interim Report Period Corrective Action Documents:

1. Memorandums from the PREA Compliance Manager
2. Training Sign-In Sheets for Facility Investigators

Interviews:

1. Interview with the Warden Designee
2. Interview with Investigative Staff
3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): P5324.12, page 45 and the Sexually Abusive Behavior Prevention and Intervention Program, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation, the facility will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The policy indicates that the Special Investigative Services Lieutenant is responsible for all notification under this standard. The PAQ indicated that there three sexual abuse investigations completed within the previous twelve months. Upon further review it was determined that there were five allegations in the previous twelve months, three of which had a completed investigation. Of the three closed investigations, one included a victim notification. One involved an allegation that was reported at a different facility and a victim notification was not applicable. The second involved an allegation that upon investigation was determined to be unfounded. The facility investigator stated that through the investigation they determined the allegation was not a PREA allegation and since it was determined not to be a PREA, a notification was not required. The auditor communicated with the facility investigator and the PCM that the initial allegation was of sexual abuse and that if they determined that it did not occur and it was unfounded, that the inmate was still required to be notified. It should be noted that the two sexual harassment allegations both had an inmate notification. On July 15, 2021 the facility provided the auditor with a memorandum and training sign-in sheets related to 115.73. The memo indicated that all SIS investigators were trained on how to conduct investigations from beginning to end, how to handle Warden to Warden notifications and the requirements in notifying inmates of investigative outcomes. Additionally, staff were educated that allegations that are initially reported as PREA and are later determined not to be PREA allegations are to be unfounded rather than not a PREA and as such inmates should still be notified of the outcome of the investigation. The interviews with the Warden Designee and the investigator confirmed that inmates are informed of the outcome of the investigation into their allegation. The interviews with the inmates who reported abuse indicated that two were aware that they would be notified of the outcome of the investigation. One inmate stated he just reported a week ago so the investigation is still open and the other inmates stated he was informed of the outcome four months after he reported the allegation.

115.73 (b): P5324.12, page 46 and the PAQ indicate that if the agency does not conduct the investigation, that it shall request the relevant information from the investigating agency in order to inform the inmate. The OIG and/or FBI are responsible for criminal sexual abuse investigations. These agencies provide relevant information to the facility in order to inform inmates about the outcome of their investigations. The PAQ indicated that there were zero investigations completed within the previous twelve months by

an outside agency. A review of information confirmed that there were no criminal investigations completed by an outside agency during the previous twelve months.

115.73 (c): P5324.12, page 46 and the Sexually Abusive Behavior Prevention and Intervention Program, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The policy further indicates that these notifications may not be appropriate in all cases and that all notifications are made in accordance with the Freedom of Information Act/Privacy Act. The PAQ indicated that there has not been a substantiated or unsubstantiated allegation of sexual abuse committed by a staff member against an inmate in the previous twelve months. A review of the investigations indicated there was one staff-on-inmate allegation that was deemed unfounded and two that were still open. Documentation indicated there were no notifications under this provision required during the previous twelve months. Interviews with the three inmates who reported sexual abuse confirmed that all three were inmate-on-inmate allegations and as such were not notified of anything staff related.

115.73 (d): P5324.12, page 45 and the Sexually Abusive Behavior Prevention and Intervention Program, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation by another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of the investigations indicated there were two closed inmate-on-inmate investigations, neither which were substantiated and required notification under this provision. Interviews with the three inmates who reported sexual abuse confirmed that all three were inmate-on-inmate allegations but they were not informed of anything under this provision.

115.73 (e): P5324.12, page 46, indicates that all notifications or attempted notification would be documented and maintained in the investigative file. The PAQ indicated that there were three notifications made during the audit period. A review of documentation indicated that there were five allegations in the previous twelve months, three of which had a completed investigation. Of the three closed investigations, one included a victim notification. One involved an allegation that was reported at a different facility and a victim notification was not applicable. The second involved an allegation that upon investigation was determined to be unfounded. The facility investigator stated that through the investigation they determined the allegation was not a PREA allegation and since it was determined not to be a PREA, a notification was not required. The auditor communicated with the facility investigator and the PCM that the initial allegation was of sexual abuse and that if they determined that it did not occur and it was unfounded, that the inmate was still required to be notified. It should be noted that the two sexual harassment allegations both had an inmate notification. On July 15, 2021 the facility provided the auditor with a memorandum and training sign-in sheets related to 115.73. The memo indicated that all SIS investigators were trained on how to conduct investigations from beginning to end, how to handle Warden to Warden notifications and the requirements in notifying inmates of investigative outcomes. Additionally, staff were educated that allegations that are initially reported as PREA and are later determined not to be PREA allegations are to be unfounded rather than not a PREA and as such inmates should still be notified of the outcome of the investigation.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, P5324.12, the Sexually Abusive Behavior Prevention and Intervention Program, review of investigative files, notification documents, the memo from the PCM, investigator training sign-in sheets and information from interviews with the Warden Designee, the investigator and the inmates who reported sexual abuse, this standard appears to be corrected during the interim report period. While the facility was missing one inmate notification it was due to misinformation by the facility investigators. The facility investigator stated that through the investigation they determined the allegation was not a PREA allegation and since it was determined not to be a PREA, a notification was not required. The auditor communicated with the facility investigator and the PCM that the initial allegation was of sexual abuse and that if they determined that it did not occur and it was unfounded, that the inmate was still required to be notified. It should be noted that the two sexual harassment allegations both had an inmate notification. On July 15, 2021 the facility provided the auditor with a memorandum and training sign-in sheets related to 115.73. The memo indicated that all SIS investigators were trained on how to conduct investigations from beginning to end, how to handle Warden to Warden notifications and the requirements in notifying inmates of investigative outcomes. Additionally, staff were educated that allegations that are initially reported as PREA and are later determined not to be PREA allegations are to be unfounded rather than not a PREA and as such inmates should still be notified of the outcome of the investigation. Based on the one other required notification as well as the two closed sexual harassment allegations with notifications, the auditor determined that the training of the facility investigators corrected the misinformation issue and as such this standard has been corrected during the interim report period and is compliant.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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*)

Documents:

1. Pre-Audit Questionnaire
2. P3420.11
3. P5324.12
4. Investigative Reports

Findings (By Provision):

115.76 (a): P3420.11, pages 6-7 and P5324.12, describes the process for disciplinary sanctions against staff. Specifically, they indicate that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.

115.76 (b): P3420.11, pages 6-7 and P5324.12, indicate that termination will be the presumptive disciplinary sanction for staff who engage in the sexual abuse. The policy states that engaging in this activity is a violation of Title 18, US Code Chapter 109A and that it may result in up to life in prison. The PAQ indicated there were no staff members who violated the sexual abuse and sexual harassment policies during the audit period. A review of investigative reports indicated there were no substantiated staff-on-inmate sexual abuse allegations reported.

115.76 (c): P5324.12 describes the process for disciplinary sanctions against staff. Specifically, it illustrates that disciplinary sanctions for violations of the agency's sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated there were no staff that were disciplined short of termination for violating the sexual abuse and sexual harassment policies.

115.76 (d): P5324.12 indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated there were zero staff members who violated the sexual abuse and sexual harassment policies and zero that were reported to law enforcement agencies and/or relevant licensing bodies.

Based on a review of the PAQ, P3420.11, P5324.12 and investigative reports, this standard appears to be compliant.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P3420.11
3. P5324.12
4. Investigative Log
5. Contractor Termination Letters

Interviews:

1. Interview with the Warden Designee

Findings (By Provision):

115.77 (a): P3420.11, pages 6-7 and P5324.12, describe the process for corrective action for volunteers and contractors. Volunteers and contractors fall under the same category of staff and as such, any violation of sexual abuse or sexual harassment policies may result in up to termination from the facility. The policy states that engaging in this activity is a violation of Title 18, US Code Chapter 109A and that it may result in up to life in prison. Additionally, P5324.12 states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and will be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there have been two contractors or volunteers who violated the sexual abuse or sexual harassment policies and were reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of documentation indicated that there were two open investigations related to staff-on-inmate (contractor) sexual abuse. Both investigations were still open with the OIG and were referred for

prosecution. A review of termination letters indicated that both contractors were terminated in November 2020 from providing services with the BOP.

115.77 (b): P5324.12 and the PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Warden Designee indicated that any violation of the sexual abuse and sexual harassment policies would result in an investigation and the volunteer or contractor being prohibited from entering the facility. Additionally he stated that the facility would contact the contracting agency and notify them of the allegation as well as forward the allegation to the OIG and/or FBI, if warranted. The Warden Designee stated there have been two contractors that have violated the sexual abuse policies and that both were terminated.

Based on a review of the PAQ, P3420.11, P5324.12, the investigative log, termination letters and information from the interview with the Warden Designee, this standard appears to be compliant.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. P5270.09
4. P5510.13
5. Investigative Reports

Interviews:

1. Interview with the Warden Designee
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it states that inmates will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a finding of guilt from a criminal investigation. The PAQ indicated there have been no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months. A review of investigative reports confirms there were not substantiated inmate-on-inmate sexual abuse allegations.

115.78 (b): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the sanctions will commensurate with the nature and circumstances of the abuse committed, the inmates' disciplinary history and sanctions imposed for comparable offenses by inmates with similar histories. The PAQ indicated there have been no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Warden Designee revealed that depending on the severity inmates could face disciplinary sanctions ranging from loss of good conduct and privileges all the way up to criminal charges. He confirmed that the sanctions would be commensurate with the nature and circumstances of the abuse committed, the inmate's

disciplinary history and other sanctions imposed for comparable offenses by other inmates with similar histories.

115.78 (c): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the disciplinary process will consider whether the inmate's mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed. The PAQ indicated there have been no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Warden Designee confirmed that the inmates' mental health would be considered in determining sanctions.

115.78 (d): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the agency will offer therapy, counseling and other interventions to correct underlying reasons or motivations for the abuse and will consider whether to require the abuser to participate in these interventions as a condition of access to programming and other benefits. The PAQ indicated there have been no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. Interviews with medical and mental health staff indicated that they offer limited services, such as impulsivity, to treat or correct underlying reasons or motivations for perpetrating sexual abuse. The staff stated that they could refer the inmate to the sex offender treatment program. The staff confirmed that all services are voluntary and inmates can decline.

115.78 (e): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the agency may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent. The PAQ stated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.78 (f): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that inmates will not be disciplined for falsely reporting an incident or lying, if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate the allegation. The policy further states that the maintenance of an effective sexual abuse prevention policy requires inmates to be held responsible for manipulative behavior and making false allegations. As such, false reports will be considered in accordance with the P5270.09 and P5510.13. There have been no instances where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

115.78 (g): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it is determined the activity is not coerced.

Based on a review of the PAQ, P5324.12, investigative reports and information from interviews with the Warden Designee and medical and mental health care staff, this standard appears to be compliant.

MEDICAL AND MENTAL CARE

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12

3. Medical/Mental Health Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations of Risk Screening Area

Findings (By Provision):

115.81 (a): P5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have experience prior sexual victimization will be offered a follow-up with medical or mental health within fourteen days of the screening. P5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates who are identified during the risk screening to have experienced prior sexual victimization are referred to Psychology Services. The PAQ indicated that 3% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. Further communication with the PCM indicated this number was incorrect and that 100% of those that disclosed prior victimization during the risk screening were offered a follow-up with mental health staff. The PAQ also indicated that medical and mental health care staff maintain documents related to compliance with these services. A review of medical and mental health files for the six inmates identified who disclosed prior sexual victimization revealed that all six were seen by mental health care staff, five of which were seen within the required fourteen days. The interview with staff responsible for the risk screening, indicated that if an inmate discloses prior victimization he/she is referred for follow-up services with mental health. The staff member stated she was unsure the exact timeframe. The interviews with two inmates who disclosed prior victimization indicated that both were offered mental health follow-up services. One inmate stated he declined and one inmate stated the mental health staff member came to see him pretty quickly, while he was still in quarantine.

115.81 (b): P5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have previously perpetrated sexual abuse will be offered a follow-up with medical or mental health within fourteen days of the screening. P5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates identified during the risk screening to have previously perpetrated sexual abuse are referred to Psychology Services. The PAQ indicated that 2.5% of those inmates who reported prior perpetration were seen within fourteen days by medical or mental health. Further communication with the PCM indicated that this number was incorrect and that 100% of those that were identified with a history of prior sexual abuse were offered a follow-up with mental health staff. The PAQ also indicated that medical and mental health care staff maintain documents related to compliance with these services. Five inmates were identified with prior sexual abusiveness during the risk screening. A review of documentation indicated that all five inmates were seen by mental health care staff within the fourteen days. The interview with staff responsible for the risk screening, indicated that if an inmate is identified with prior sexual abusiveness he/she is referred for follow-up services with mental health. The staff member stated she was unsure the exact timeframe.

115.81 (c): P5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have experience prior sexual victimization will be offered a follow-up with medical or mental health within fourteen days of the screening. P5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates who are identified during the risk screening to have experienced prior sexual victimization are referred to

Psychology Services. The PAQ indicated that 3% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. Further communication with the PCM indicated this number was incorrect and that 100% of those that disclosed prior victimization during the risk screening were offered a follow-up with mental health staff. The PAQ also indicated that medical and mental health care staff maintain documents related to compliance with these services. A review of medical and mental health files for the six inmates identified who disclosed prior sexual victimization revealed that all six were seen by mental health care staff, five of which were seen within the required fourteen days. The interview with staff responsible for the risk screening, indicated that if an inmate discloses prior victimization he/she is referred for follow-up services with mental health. The staff member stated she was unsure the exact timeframe. The interviews with two inmates who disclosed prior victimization indicated that both were offered mental health follow-up services. One inmate stated he declined and one inmate stated the mental health staff member came to see him pretty quickly, while he was still in quarantine.

115.81 (d): P5324.12, page 49, states that information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security management decision, including housing, bed, work, education and program assignments. During the tour it was noted by the auditor that most inmate medical files are maintained electronically. The few paper medical files as well as the inmate classification files are kept behind locked doors with limited access by staff.

15.81 (e): P5324.12, page 50, states that medical and mental health staff are required to obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate was under eighteen. The PAQ confirmed that there have been no instances where medical and mental health practitioners required consent from an inmate over eighteen before reporting sexual victimization that did not occur in a correctional setting. Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. The staff stated they do not deal with inmates under eighteen.

Based on a review of the PAQ, P5324.12, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, this standard appears to be compliant.

Standard 115.82: Access to emergency medical and mental health services

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with First Responders

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): P5324.12, pages 50-51, describes inmate's access to emergency medical and mental health treatment. Page 50, specifically states that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services as determined by the medical and mental health practitioners. The PAQ indicated that medical and mental health care staff maintain secondary materials documenting the timeliness of services. During the tour, the auditor noted that the medical area included both medical and dental. The medical space contains exam rooms, an x-ray room, a laboratory, a pharmacy, a specialty care clinic and medical records. Exam rooms had solid doors that allowed for confidentiality and privacy. Medical records are mostly electronic but the few paper records were behind a locked door. A review of documentation indicated that there were five sexual abuse allegations, three of which were closed. The auditor reviewed documentation for the three closed cases with inmate victims. One was reported at another facility and as such did not require medical and mental

health services at FMC Fort Worth. The other two inmate victims were both provided medical and/or mental health services. One inmate was transported to the local hospital for a forensic medical examination. It should also be noted that the two inmates who reported sexual harassment were also seen by medical and/or mental health care staff after their allegation. Interviews with medical and mental health care staff confirm that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention services. All four staff stated that services are rendered immediately or upon notification of the incident. Staff also confirmed that services are based on their professional judgement and any reported need. The interviews with the inmates who reported sexual abuse indicate that all three were seen by medical and/or mental health care staff.

115.82 (b): P5324.12, page 51 and the PAQ indicated that if no qualified medical or mental health practitioners were on duty at the time of a report of recent abuse, that the Operations Lieutenant would take preliminary steps to protect the victim and notify the appropriate medical and mental health services. Procedure confirms that inmate victims of sexual abuse would be transported to a local hospital for a forensic medical examination. Interviews with staff first responders indicated that the custody staff first responder would secure the victim, preserve the crime scene, notify the Operations Lieutenant, keep an eye on both of the inmates, contact medical and SIS, get the victim to medical for an assessment and write a memo. The non-custody first responder stated she would safeguard the inmate, notify the Operations Lieutenant and medical and write a memo. A review of documentation indicated that there were five sexual abuse allegations, three of which were closed. The auditor reviewed documentation for the three closed cases with inmate victims. One was reported at another facility and as such did not require medical and mental health services at FMC Fort Worth. The other two inmate victims were both provided medical and/or mental health services. One inmate was transported to the local hospital for a forensic medical examination. It should also be noted that the two inmates who reported sexual harassment were also seen by medical and/or mental health care staff after their allegation.

115.82 (c): P5324.12, pages 50-51, describes inmate's access to emergency medical and mental health treatment. Page 51 specifically indicates that inmate victims of sexual abuse receive timely access to emergency contraception and sexually transmitted infection prophylaxis. When the inmate is transferred to the local hospital, these services are typically rendered at the time and the facility would continue any follow-up medication, education or services. A review of documentation indicated there were two sexual abuse allegations that involved penetration, one that was reported at another facility. The auditor reviewed medical and mental health documents for the one inmate who reported penetration at the facility and confirmed that the inmate was provided information and access to sexually transmitted infection prophylaxis as the local hospital following the forensic medical examination. Interviews with medical and mental health care staff confirm that inmates receive timely information and access to emergency contraception and sexually transmitted infection prophylaxis. The interviews with the inmates who reported sexual abuse indicate that none involved penetration and as such they were not offered information and access to sexually transmitted infection prophylaxis.

115.82 (d): P5324.12, pages 50-51, describes inmate's access to emergency medical and mental health treatment. Page 51 specifically states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims.

Based on a review of the PAQ, P5324.12, a review of medical and mental health documents and information from interviews with medical and mental health care staff, this standard appears to be compliant.

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that the agency will offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. During the tour, the auditor noted that the medical area included both medical and dental. The medical space contains exam rooms, an x-ray room, a laboratory, a pharmacy, a specialty care clinic and medical records. Exam rooms had solid doors that allowed for confidentiality and privacy. Medical records are mostly electronic but the few paper records were behind a locked door.

115.83 (b): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that evaluations and treatments of such victims will include follow-up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody. A review of documentation indicated that there were five sexual abuse allegations, three of which were closed. The auditor reviewed documentation for the three closed cases with inmate victims. One was reported at another facility and as such did not require medical and mental health services at FMC Fort Worth. The other two inmate victims were both provided medical and/or mental health services. One inmate was transported to the local hospital for a forensic medical examination. It should also be noted that the two inmates who reported sexual harassment were also seen by medical and/or mental health care staff after their allegation. Interviews with medical and mental health staff indicate that they provide follow-up services to the inmate victims of sexual abuse. The staff stated services could include; counseling, therapy, referral to the local rape crisis center, blood panels

and STI medication. The interview with the inmates who reported sexual abuse indicate that two of the three were offered follow-up services with medical and/or mental health care staff.

115.83 (c): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that the facility shall provide victims medical and mental health services consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospitals for forensic medical examinations. A review of medical and mental health documentation indicated that inmates have access to medical and mental health care when needed and they provide services consistent with a local doctor's office. Any severe medical treatment is performed at the local hospital. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): The PAQ indicated that female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it indicates that female offenders who have been sexually victimized while incarcerated shall be offered pregnancy tests. FMC Fort Worth houses cisgender male inmates and as such this provision is not applicable.

115.83 (e): The PAQ indicated that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy related medical services. P5324.12, page 52, indicates that if pregnancy results from the conduct of section (d), such victims shall receive timely and comprehensive information and access to all lawful pregnancy related medical services. FMC Fort Worth houses cisgender male inmates and as such this provision is not applicable.

115.83 (f): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. A review of documentation indicated there were two sexual abuse allegations that involved penetration, one that was reported at another facility. The auditor reviewed medical and mental health documents for the one inmate who reported penetration at the facility and confirmed that the inmate was provided STI testing at the local hospital following the forensic medical examination. The interviews with the inmates who reported sexual abuse indicate that none involved penetration and as such they were not offered tests for sexually transmitted infections.

115.83 (g): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims. Two of the inmates who reported sexual abuse indicated they were not charged for their medical and/or mental health services. One inmate stated he was not sure if he was charged or not.

115.83 (h): P5324.12, page 52, indicates that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history. There were zero substantiated inmate-on-inmate sexual abuse allegations reported during the previous twelve months. As such, there were no confirmed inmate-on-inmate abusers who required an evaluation under this provision. Interviews with medical and mental health staff confirm that inmate-on-inmate abusers would be offered a mental health evaluation. One mental health staff member stated the inmate would be seen within 24 hours while the other stated they are required to be seen within 60 days.

Based on a review of the PAQ, P5324.12, a review of medical and mental health documents, and information from interviews with inmates who reported sexual abuse and medical and mental health care staff, this standard appears to be compliant.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports
4. Sexual Abuse Incident Reviews

Interim Report Period Corrective Action Documents:

1. Memorandums from the PREA Compliance Manager

Interviews:

1. Interview with the Warden Designee
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): P5324.12, pages 52-53, outlines information related to sexual abuse incident reviews. Specifically, page 53 states that the facility will conduct sexual abuse incident reviews 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. Policy indicates that Executive Staff review the incident and that the PCM documents the recommendation and forwards them to the Warden for implementation. If the allegation is substantiated a copy of the review is forwarded to the Regional PC. The PAQ indicated that three sexual abuse incident review was completed within the previous twelve months. A review of investigative reports indicated there were three closed sexual abuse allegations, one which required a sexual abuse incident review. It should be noted the two other reviews completed were for closed sexual harassment cases. Documentation provided indicated that the investigation was closed on October 15, 2020 and the sexual abuse incident review was completed in May 2021. The PCM indicated after he recently took over the PREA compliance at the facility he reviewed the standards and determined that a review was not completed for the required incident. He indicated he went back and completed the review prior to the audit. On July 15, 2021 the auditor was provided a memorandum related to this standard. The memo indicated that all closed investigations will be reviewed during monthly meetings and as such all sexual abuse incident reviews will be completed during that time as well.

115.86 (b): The PAQ indicated that three sexual abuse incident review was completed within the previous twelve months, with one being completed within the 30 day timeframe. A review of investigative reports indicated there were three closed sexual abuse allegations, one which required a sexual abuse incident

review. Documentation provided indicated that the investigation was closed on October 15, 2020 and the sexual abuse incident review was completed in May 2021. The PCM indicated after he recently took over the PREA compliance at the facility he reviewed the standards and determined that a review was not completed for the required incident. He indicated he went back and completed the review prior to the audit. On July 15, 2021 the auditor was provided a memorandum related to this standard. The memo indicated that all closed investigations will be reviewed during monthly meetings and as such all sexual abuse incident reviews will be completed during that time as well.

115.86 (c): P5324.12, pages 52-53, outlines information related to sexual abuse incident reviews. Specifically, page 53 states that the review team will consists of upper management officials, with input from line supervisors, investigators and medical and mental health staff. Additionally, policy requires that the Union President or designee be allowed input and the local union representative be authorized to review the recommendations prior to implementation. An evaluation of the one completed sexual abuse incident review indicated that the PCM, the facility investigator, Psychology Services staff and a custody supervisor attended the meeting. The interview with the Warden Designee confirmed that these reviews are being completed and they include upper management officials, line supervisors, medical and mental health care staff and the facility investigator.

115.86 (d): P5324.12, page 53, illustrates that the review team shall: consider whether the allegation or investigation indicates a need to change policy or practice; consider whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. Policy indicates that Executive Staff review the incident and that the PCM documents the recommendation and forwards them to the Warden for implementation. If the allegation is substantiated a copy of the review is forwarded to the Regional PC. An examination of the one completed review indicated that all required components are included in the review. Interviews with the Warden Designee/PCM and incident review team member confirmed that sexual abuse incident reviews are completed and they include all the required elements under this provision. The interview with the Warden Designee/PCM indicated that he reviews the reports and that he has not noticed any trends. He indicated that the team reviews the case, answers the questions, makes recommendations for improvements, looks at staffing levels and video monitoring and completes the report. He stated that after the review is completed he looks at any of the recommendations and follows up on them to ensure they are completed so an incident does not occur again.

115.86 (e): P5324.12, page 53, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will implement the recommendations for improvement or document the reasons for not doing so. Policy also states that all recommendation must comply with current collective bargaining agreements. A review of the one completed sexual abuse incident reviews indicated that a section exists for recommendations and corrective action.

Based on a review of the PAQ, P5324.12, a review of the sexual abuse incident review and information from interviews with the Warden Designee, the PCM and a member of the sexual abuse incident review team, this standard appears to require corrective action. A review of investigative reports indicated there were three closed sexual abuse allegations, one which required a sexual abuse incident review. Documentation provided indicated that the investigation was closed on October 15, 2020 and the sexual abuse incident review was completed in May 2021. The PCM indicated after he recently took over the PREA compliance at the facility he reviewed the standards and determined that a review was not completed for the required incident. He indicated he went back and completed the review prior to the audit. On July 15, 2021 the auditor was provided a memorandum related to this standard. The memo

indicated that all closed investigations will be reviewed during monthly meetings and as such all sexual abuse incident reviews will be completed during that time as well.

Corrective Action

The facility will need to provide the auditor with a list of their sexual abuse allegations during the corrective action period. The information should contain the investigative outcome as well as a copy of the corresponding sexual abuse incident reviews as required under this provision (for substantiated and unsubstantiated allegations).

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigative Reports
2. Sexual Abuse Incident Reviews

On September 13, 2021 the auditor received three investigations that were closed during the corrective action period. One investigation was closed on July 2, 2021 and had a corresponding sexual abuse incident review completed on July 30, 2021. The second and third investigations were both closed on August 4, 2021 and both had a sexual abuse incident review completed on August 26, 2021. Based on the information provided during the interim report period, including the memo related to the process of reviewing sexual abuse investigations and completing sexual abuse incident reviews during the monthly meeting, as well as the three examples provided during the corrective action period, this standard appears to have been corrected and as such compliant.

Standard 115.87: Data collection

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Aggregated Data

Findings (By Provision):

115.87 (a): P5324.12, page 54, outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization (SSV). A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards. Data is collected from numerous sources to include SIS, OIA, SENTRY and the Information, Policy and Public Affairs Division (IPPA). The OIA reports the data to the CEO and the IPPA reports the data for the SSV.

115.87 (b): P5324.12, page 55 and the PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. Policy states that the PREA Coordinator and Regional PREA Coordinators are responsible for the annual aggregation.

115.87 (c): P5324.12, page 54, outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization (SSV). A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards. Data is collected from numerous sources to include SIS, OIA, SENTRY and the Information, Policy and Public Affairs Division (IPPA). The OIA reports the data to the CEO and the IPPA reports the data for the SSV.

115.87 (d): P5324.12, page 55 and the PAQ indicate that the agency maintains, reviews and collects data as needed from available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. Data is collected from numerous sources to include SIS, OIA, SENTRY and the Information, Policy and Public Affairs Division (IPPA). The OIA reports the data to the CEO and the IPPA reports the data for the SSV.

115.87 (e): P5324.12, page 55 and the PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. A review of the annual report, which includes the aggregated data, indicated that data was reported for all eleven privately operated low security facilities.

115.87 (f): P5324.12, page 55 and the PAQ indicated that the agency provides data from the previous calendar year to the Department of Justice no later than June 30th.

Based on a review of the PAQ, P5324.12 and a review of the aggregated data, this standard appears to be compliant.

Standard 115.88: Data review for corrective action

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Annual PREA Reports

Interviews:

1. Interview with the Agency Head
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): P5324.12, page 56 and the PAQ indicated that the agency reviews 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 and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. Policy indicated that the National PC reviews the data completed by the Regional PREA Coordinators, IPPA and OIA and reports to the Director annually. A review of annual reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action. The interview with the Agency Head indicated that if incident-based data shows patterns then policies, procedures and training may be modified. The PCM stated that the facility sends tracking logs once a month to the Region for review and that they utilize the information to identify any trends, whether good or bad. Additionally, the PC confirmed that the data is reviewed and compiled into a report and issued to the Director annually.

115.88 (b): P5324.12, page 56 and the PAQ indicated that the agency's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. A review of annual reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action.

115.88 (c): P5324.12, page 56 and the PAQ indicated that the agency's annual report is approved by the Agency Head and made available to the public through its website. The interview with the Agency Head

confirmed that the report is done annually and that it is reviewed prior to being placed on the public website. A review of the website: https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp confirmed that the current annual report is available to the public online.

115.88 (d): P5324.12, page 56 and the PAQ indicated that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. Policy states that the agency complies with the Federal Privacy Act and the Freedom of Information Act. A review of the annual report confirmed that no personal identifying information was included in the report nor any security related information. The report did not contain any redacted information.

Based on a review of the PAQ, the annual report, the website and information obtained from interviews with the Agency Head, PC and PCM, this standard appears to be compliant.

Standard 115.89: Data storage, publication, and destruction

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Annual Reports

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): P5324.12, page 56, describes the data storage, publication and destruction of information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency shall ensure all data is securely retained. The PAQ as well as the interview with the PREA Coordinator confirmed that the agency complies with FOIA and other applicable laws, rules and regulations to ensure all investigative, psychological and medical data is securely maintained.

115.89 (b): P5324.12, page 56, describes the data storage, publication and destruction of information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency will make all aggregated sexual abuse data readily available to the public, at least annually, through its website or through other means. A review of the website: https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp confirmed that the current annual report, which includes aggregated data, is available to the public online.

115.89 (c): P5324.12, page 56 and the PAQ indicated that before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. A review of the annual report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.

115.89 (d): P5324.12, page 56 and the PAQ indicates that the agency maintains sexual abuse data that is collected for at least ten years after the date of initial collection. A review of historical annual reports indicated that aggregated data is available from 2013 to present.

Based on a review of the PAQ, P5324.12, annual reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

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

115.401 (b)

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

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Findings (By Provision):

115.401 (a): The facility is part of the Federal Bureau of Prisons. All BOP facilities were audited in the previous three-year audit cycle.

115.401 (b): The facility is part of the Federal Bureau of Prisons. The BOP has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the second year of the three-year cycle.

115.401 (h) – (n): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.

Standard 115.403: Audit contents and findings

115.403 (f)

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

Auditor Overall Compliance Determination

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

Findings (By Provision):

115.403 (f): The facility was previously audited on June 19-21, 2018. The final audit report is publicly available via their website.

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.

Kendra Prisk

Auditor Signature

October 29, 2021

Date