

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

Interim Final

Date of Report 06/27/2019

Auditor Information

Name: Donald Chadwick	Email: donald.chadwick@nakamotogroup.com
Company Name: The Nakamoto Group, Inc.	
Mailing Address: 11820 Parklawn Dr., Suite 240	City, State, Zip: Rockville, MD 20852.
Telephone: 301-468-6535	Date of Facility Visit: May 14-16, 2019

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	
Telephone: 202-616-2112		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 Mission: The mission of the Federal Bureau of Prisons is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens.

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

Agency Chief Executive Officer

Name: Hugh Hurwitz	Title: Acting Director
Email: BOP-CPD/PREACoordinator@BOP.GOV	Telephone: 202-616-2112

Agency-Wide PREA Coordinator

Name: Jill Roth	Title: National PREA Coordinator
Email: BOP-CPD/PREACoordinator@BOP.GOV	Telephone: 202-616-2112

PREA Coordinator Reports to: James C. Wills, Acting Assistant Director, Reentry Services Division	Number of Compliance Managers who report to the PREA Coordinator none
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Facility Information

Name of Facility: Federal Medical Center, (FMC) Carswell

Physical Address: Joint Naval Air Station Reserve Base, "J" Street Building 3000, Fort Worth, TX.76127

Mailing Address (if different than above: P.O. Box 27066 Fort Worth, TX 76127

Telephone Number: 817-782-4000

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal

Facility Type: Jail Prison

Facility Mission: FMC Carswell is an all-female Federal Medical Center housing all security levels and has a rated capacity of 926 inmates. The adjacent Satellite Prison Camp houses "minimum" security female inmates and has a rated capacity of 314 inmates.

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

Warden/Superintendent

Name: Raul Campos Jr. **Title:** Acting Warden

Email: CRW/PREAComplianceMgr@bop.gov **Telephone:** (817) 782-4000

Facility PREA Compliance Manager

Name: Raul Campos Jr. **Title:** Associate Warden

Email: CRW/PREAComplianceMgr@bop.gov **Telephone:** (817) 782-4000

Facility Health Service Administrator

Name: Wendy McManus **Title:** Health Services Administrator

Email: CRW/PREAComplianceMgr@bop.gov **Telephone:** (817) 782-4000

Facility Characteristics

Designated Facility Capacity: FMC 926; SCP 314 Total 1240

Current Population of Facility: FMC 1294; SCP 341 ; Total 1635

Number of inmates admitted to facility during the past 12 months 493

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: 492

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: 492

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		53	
Age Range of Population:	Youthful Inmates Under 18: NA	Adults:	19-81
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		NA	
Average length of stay or time under supervision:		90 months	
Facility security level/inmate custody levels:		Medium/Minimum/ Administrative: In/Out/Community	
Number of staff currently employed by the facility who may have contact with inmates:		466	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		20	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		20	
Physical Plant			
Number of Buildings: 19		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		16	
Number of Open Bay/Dorm Housing Units:		1	
Number of Segregation Cells (Administrative and Disciplinary):		3	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): The FMC employs a video camera system for video surveillance. Cameras (217) are placed strategically throughout the institution to ensure the safety and security of both inmates and staff.			
Medical			
Type of Medical Facility:		Medical Referral Center; Care Level 4	
Forensic sexual assault medical exams are conducted at:		John Peter Smith Hospital, Fort Worth, TX	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		184 volunteers; 91 contractors	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		253	

Audit Findings

Audit Narrative

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

Overview:

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Federal Medical Center Carswell (FMC) and Satellite Prison Camp Carswell (SCP), located in Fort Worth, Texas, occurred during the period of May 14-16, 2019. This audit was originally scheduled for January 15-17, 2019 but was postponed due a federal government shutdown. The audit was conducted by U.S. Department of Justice certified PREA auditor Donald Chadwick of The Nakamoto Group, Inc. The auditor was accompanied by one Nakamoto Group Inc. certified support staff. The standards used for this audit became effective August 20, 2012.

The auditor conducted an opening meeting on May 14, 2019, toured the entire facility, interviewed a random sample of staff and inmates, and reviewed PREA related supportive documentation. The auditor spent three days on-site. Upon completion of the on-site audit process, a closing meeting was held with the administrative staff and department heads to discuss the audit process, preliminary findings, and post audit expectations.

Pre-Audit Phase:

On November 13, 2018 prior to the originally scheduled date, PREA Audit Notices (in English and Spanish) were posted in strategic locations throughout the facility where inmates routinely live, enter and exit buildings, and participate in programming. Postings of the PREA Audit Notices were verified by the auditor and were posted in a timely manner prior to the on-site portion of the audit. Correspondence was received from two inmates.

FMC Carswell staff were asked to complete the Pre-Audit Questionnaire (PAQ) which was received from the facility on December 21, 2018. Supporting documentation was received by the auditor on December 12th, and 27th, 2018. Pertinent documentation received during the pre-audit phase was reviewed and follow-up clarification or requests for additional documentation and revised submittals were assessed. Data from the original Pre-Audit Questionnaire was reviewed for accuracy due to the postponement of the audit. In several standards, additional updated relevant data was used in the assessment process due to the four-month postponement of the original audit. Therefore, it is likely that the applicable 12-month audit scope will reveal different data depending of the occurrence of incidents between the time of the PAQ submittal and the actual on-site audit. Documentation reviewed included, but not limited to, educational materials, training logs, posters, brochures, agency policies and procedures, forms, and organizational charts. Agency policy content was structured in accordance with corresponding PREA standards.

On May 9, 2019, the auditor requested that additional information be available for review during the onsite audit which included staff rosters, inmate rosters- including any inmates characterized as being included in “targeted” categories, and any applicable investigative documentation for the audit period. These documents were provided and reviewed during the on-site audit. On January 8, 2019, prior to the originally scheduled audit, Just Detention International reported no known reports from FMC Carswell. Prior to the on-site visit, the auditor discussed the information conveyed in the Pre-Audit Questionnaire (PAQ) with the BOP analyst assigned to the Carswell audit. The Agency Head and National PREA Compliance Coordinator were interviewed prior to the on-site visit. As part of the pre-audit process, a review of the agency’s PREA policy, the FMC supplemental policy, as well as submittals of supporting documentation was conducted. Documentation submittals and reported data generally covered the previous 12 months prior to the date of the PAQ.

Training records, staffing reports, and meeting minutes were reviewed during this period. Other pre-onsite documents reviewed were applicable portions of Program Statements (PS), Institution Supplements and other forms, documents and assurance statements/memos etc. Program Statements are agency-wide governing policies developed by the Federal Bureau of Prisons (BOP) and Institution Supplements stipulate institution specific policies when there is no agency-wide policy or when site specific policy is required to expand on agency Program Statements. FMC Carswell uses Institution Supplements (CRW). The auditor reviewed the documents submitted, during the pre-onsite period, and communicated with the PREA Compliance Manager (PCM) regarding any concerns. A tentative schedule for interviews was also formulated and submitted to the audited facility.

On-Site Audit Phase:

The auditor held an opening meeting at FMC Carswell on the morning of May 14, 2019. The audit schedule and process were discussed during the entrance meeting. Those in attendance at the entrance meeting included the FMC Acting Warden, the facility Associate Warden-Programs/Institution PREA Compliance Manager, the Associate Warden-Operations, the Chief Psychologist, an American Correctional Association auditor, the Acting Chief, ACA/PREA Audit Section- BOP Central Office, the Carswell Executive Assistant/SCP Administrator, Carswell department heads, and a BOP Program Review audit team. Also, in attendance was a Nakamoto Group Inc. support staff.

The auditors were provided private offices in which to work and conduct private confidential interviews. All requested files and rosters, both staff and inmates, were made available on the first day of the on-site audit.

Site Review:

Immediately following the opening meeting, a tour of the FMC Carswell (including SCP) was conducted. The auditor was escorted by the facility’s Chief Psychologist, and a Carswell staff member serving as a recorder. The auditor toured all inmate living, work, and program areas. The auditor was given unimpeded access to all areas of the facility.

During the tour, the auditor reviewed PREA related documentation and materials located on bulletin boards, and pertinent log entries made by staff, in manual and electronic logs, who visit

work and program areas. The auditor assessed camera surveillance, potential blind spots, physical supervision requirement as applied to administrative and minimum-security confinement requirements, and electronic monitoring capabilities. Additional areas of focus during the facility tour included an assessment of limits to cross-gender viewing – (can inmates shower, dress, and use the toilet facilities without exposing themselves to non-medical employees of the opposite gender). External advocacy and “internal hotline” information was assessed while touring the facilities. Postings (in English and Spanish) regarding PREA violation reporting and the agency’s zero tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, and throughout the facility. The tour revealed adequate camera coverage, and physical supervision. A review of electronic records revealed documentation of security and PREA rounds.

The on-site audit tour did not reveal concerns with any inmate privacy concerns. Toilet and shower areas throughout the facilities were located in a manner to prohibit the possibility of non-incident cross gender viewing by non-medical staff.

Inmate Interviews:

Inmate interviewees were selected from a housing roster dated May 14, 2019. The rosters categorized inmates by housing and PREA targeted categories such as disabled, limited English proficient (LEP), etc. Staff were able to identify inmates in all targeted categories. Interviews were conducted using the Department of Justice (DOJ) protocols to assess the offender's knowledge of PREA and the reporting mechanisms available to them. Using the interview guides, 24 random inmates, and 17 targeted inmates were privately interviewed. The targeted offenders were as follows; limited English proficient-4; LGBTI-3; disclosed victimization at screening-4; physically disabled-5; reported sexual abuse-1.

Staff Interviews:

Twelve random staff from all shifts were interviewed regarding training, their knowledge of first responder duties, reporting mechanisms for staff and inmates, and their perception of sexual safety and appropriate offender privacy issues. Eleven specialized staff were interviewed. The specialized staff included the Institution PREA Compliance Manager, the Human Resource Manager, the Case Management Coordinator, the Chief Psychologist, an Operations Lieutenant, and the Special Investigative Agent, among others.

It was also confirmed by interview that a Sexual Assault Nurse Examiner at a local hospital provides forensic sexual assault medical exams if needed.

File Review:

During interviews with specialized discipline personnel having oversight of PREA operational issues, the auditor reviewed training files, background clearance files, offender intake and screening documentation, and offender PREA education documentation. The auditor reviewed investigative files, and applicable mental health referral records. While on-site, the auditor reviewed 20 personnel files to establish compliance with background checks and PREA training documentation. Personnel files reviewed included 5 new hires and 5 promotions during the applicable auditing period. The auditor reviewed documentation of 5 contractors and 5 volunteers to confirm completion of background clearance and PREA training. Inmate

PREA education and risk screening was reviewed on 15 FMC/SCP inmates and mental health follow-up was reviewed on 11 cases.

Investigations

During the applicable audit period (the last 12 months) there were 10 PREA allegations received. While on-site, the auditor reviewed 5 investigative files.

Closeout

A closing meeting was held with the auditor, the administrative staff and department heads on May 16, 2019. Discussions centered around the audit process, preliminary findings, and the post-audit process for corrective actions prior to issuance of the final audit report. The auditor thanked the executive team for their efforts and dedication to becoming PREA compliant.

Post-Onsite Phase

During this period of document review, clarifications were sought regarding PAQ entries, and discussions with the Institution PREA Compliance Manager were held. PAQ entries were verified, and submittals related to corrective actions were reviewed. Prior to the issuance of this final report, the auditor worked with the facility and BOP agency staff to provide assurance that going forward, compliance with standards 115.17 and 115.41 would be prominently demonstrated. Other corrective actions associated with this audit were accepted during the on-site audit visit.

Facility Characteristics

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

The Federal Medical Center, Carswell is an all-female Administrative Security facility which includes a satellite prison camp located across campus from the main facility. Activated in 1994, FMC Carswell is the only federal medical center for female offenders and is a fully accredited medical facility, receiving initial accreditation in September 1999. FMC/SCP Carswell housed approximately 1,635 inmates during the week of the on-site PREA audit. FMC Carswell contains the Bureau of Prisons' female Administrative Unit, consisting of 43 beds, activated in May 1998. This unit houses offenders who require increased security and is the only one of its kind in the Bureau for females.

FMC Carswell's mission is to provide a safe, secure, and humane environment for those individuals remanded to its custody.

The Federal Medical Center, Carswell, Texas, is located in the city of Fort Worth, Texas, on the Northeast corner of the Naval Air Station Joint Reserve Base (NAS-JRB), Fort Worth. The compound contains approximately 103 acres, 36 acres of which are located inside of the secure perimeter. The FMC's staffing complement also provides all services to the satellite camp.

There are two main ways to gain access to the facility, the main entrance gate operated by the NAS-JRB off of Highway 183 and through the visitation gate operated by FMC Carswell staff off of Meandering Road. The visitation gate is only open during visitation. There are three exit and entrance points, the front lobby entrance (primary entrance), Marshal's gate entrance(north), and the rear gate. There are seven rolls of razor wire in between two chain link fences. All fences have razor wire at the tops, one on the interior fence and two on the exterior. Perimeter is patrolled by two roving patrol vehicles.

When entering into FMC Carswell, you first enter through the front lobby area. The front lobby area houses the armory/lockshop (left area), control center (right of sallyport entrance), and SIS Offices (left area).

After entering the sallyport, to the right is the Control Center. Once you pass through the sallyport, to the left is a building that houses visitation and a multipurpose room. Behind this building is the Marshal's gate. The medical center main building is located to the South and contains six floors, including a basement. The first-floor houses Administrative Offices, the Business Office, Computer Services, Radiology, Special Housing Unit, Education, Cosmetology, Pharmacy, Religious Services, Safety, and Unit 3. The second floor houses the Out-Patient Clinic, Social Work, Physical Therapy, Dialysis, Psychology, Psychiatry, RDAP classrooms, and Unit 6. The third floor houses a step-down Mental Health Unit (M1, M2, M3). The fourth floor houses the In-Patient Services Unit. The fifth floor houses the Out-Patient Services Unit. The basement houses Food Service, Laundry, Commissary, and Laboratory. The Administrative Unit is located East of the medical center. The High Rise Unit, consisting of four units (1 N, 1 S, 2N, 2 S); Recreation; Facilities; and the rear gate is located Southeast of the medical center.

The Camp is comprised of approximately 67 acres with four structures. The main structure serves as the food service, cosmetology, laundry/commissary, medical/dental, visiting room, and chapel. The second and third buildings serve as inmate housing units and administrative offices. The fourth building serves as the education/recreation, social work, and psychology areas. The Camp is an all-female, minimum-security facility which was activated in 1994. The Camp inmates provide labor to support the operation of the FMC in such areas as grounds keeping and maintaining the institutional reservation and maintaining the grounds, housekeeping, and recycling at the NAS-JRB.

FMC Carswell's PREA management is led by the Associate Warden-Programs who is the designated IPCM. Additionally, the Chief of Psychology Services plays an integral role in the management of PREA processes and is a designated PREA contact person.

In accordance with the medical mission of the FMC, the offender housing patterns of the FMC similar to a hospital, rather than traditional jail cellblocks or open dormitories. Bathroom areas are located behind closed doors with partitions and shower curtains to enhance privacy. Offender housing is determined by medical or program needs. SCP bathrooms and showers are located in individual rooms which have egress to the outside.

FMC Carswell has staff supervision in all housing units. The SCP uses roving patrols to provide security checks on the minimum-security offenders. During the day, the majority of SCP inmates are out of the living units on work details. FMC/SCP Carswell has an authorized staffing complement of approximately 463 positions, and most positions are required to have contact with inmates. According to a facility “strength report – pay period 09 ending 5/11/19” there were approximately 404 staff “on board”. The authorized psychology staff complement was 11 with 10 “on board”. Security staff, unit management, and correctional systems staff had an authorized complement of approximately 189 positions. There were 2 vacancies in unit management; one vacancy in correctional systems; and approximately 25 security staff vacancies. FMC/SCP Carswell augments staff supervision where needed with video cameras strategically placed within the facilities. According to assurance statements from the Warden, it was determined based on operational reviews and assessments, that the PREA standards were being implemented properly. PREA requirements when filling vacancies and video surveillance sufficiency were evaluated during the quarterly Workforce Utilization Committee meeting. There were no reports of any systemic vacancy or staff retention issues. There was one substantiated sexual abuse or harassment allegation at FMC Carswell over the period of 12 months from the on-site visit.

The following agency and local policies serve as the primary directives to guide operational and performance compliance for the PREA: Program Statement (PS) 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; FMC Carswell Institution Supplement (CRW) 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; PS 3420.11, Standards of Employee Conduct; PS 5270.09, Inmate Discipline Program, and PS 1330.18, Administrative Remedy Program.

Summary of Audit Findings

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

When the on-site audit was completed, an exit briefing was held to discuss the audit findings. The meeting was held with the Acting Warden, the Associate Wardens, the Institution PREA Compliance Manager, the Executive Assistant, the Management Analyst from the Bureau of Prisons-Central Office, the Chief of Psychology Services, and several department heads. Prior to the on-site audit, the auditor was provided documentation and assurance memos which referenced supporting on-site documentation. A review of this material was conducted to support a conclusion of compliance with the Prison Rape Elimination Act. Additionally, all

interviews and observations were assessed to support a conclusion of compliance. On-site corrective action was required for the following standards: 115.13 (a-5) supervision and monitoring enhancements by adding mirrors; 115.53 (Access to outside confidential support services) to ensure information regarding support services are conspicuously posted throughout the facility. Other corrective action (115.17 and 115.41) were formulated during the post on-site period and prior to the issuance of the final report. The auditor discussed the implementation of acceptable corrective action plans with the IPCM and the Acting Warden. The auditor concluded through observations, interviews, and the review of policies and documentation, that staff and inmates were, with noted exceptions, knowledgeable concerning their responsibilities involving the PREA. During interviews, staff and inmates acknowledged awareness of FMC Carswell's zero tolerance policy against sexual abuse. This philosophy has been fully institutionalized. Through a coordinated use of the agency staffing plan, daily rosters and master rosters, staffing levels are monitored to ensure PREA compliance and to provide enough supervisory resources to the offender population. Electronic monitoring is effective in augmenting the physical supervision of inmates by security staff. Staff members who serve as Institution Duty Officers are diligent in making random security checks.

The facility has adaptive measures and a strategic action plan in place to ensure disabled and LEP inmates, as required, can participate in or benefit from all aspects of the PREA. Based on the implementation of corrective action, hiring practices are consistent with sexual safety measures. Promotion protocols required examining to ensure that all promotion candidates are directly asks about previous misconduct either in applications or interviews. The facility has appropriate medical and victim advocacy networks in place and available, if needed. PREA education and training is properly documented for security, investigative and medical/mental health staff. Staff indicated adequate training in all aspects of the PREA, particularly first responder duties or actions to take in the event of a report of a PREA related incident.

Inmates acknowledged that admissions screening included questions regarding a history of sexual abuse or victimization and whether they would like to identify a sexual preference. Intake, classification processes and medical/mental health intake processes are efficient and seamless in addressing referrals based on victimization or abusiveness screening data. Inmates identified as potential victims or abusers were referred to the Psychology Department for a follow-up assessment of PREA screening variables. However, corrective action was required to ensure inmates characterized as cases with "no PREA concerns" upon initial intake, are "re-assessed" by unit management, psychology, or other appropriate staff. The second analysis of PREA victimization or abusiveness risks outlined in 115.41 should be an affirmative documented event occurring no later than 30 days from admission. The re-analysis of all PREA screening variables should be performed and a conclusion stated as to the current propensity level for victimization or abusiveness. If the re-assessment process concludes that a previously identified "no PREA concerns" case reveals victimization or abusiveness propensities, a mental health referral should be executed. Documentation related to 115.41 is organized and stored in information systems available on a need-to-know-basis. After implementing corrective action regarding local reporting outside the agency (115.53), numerous PREA reporting mechanisms are conveyed in a conspicuous manner to inmates. Staff members are also aware of the reporting processes available to them.

Systems are in place for highly coordinated responses to incidents of sexual abuse, if needed. The facility has sufficiently trained investigative personnel to handle administrative investigations and, as needed, uses other federal investigative resources to provide administrative guidance, investigate staff related abuse allegations and to handle criminal investigations. Investigative personnel are sensitive to the mental health concerns of some of the alleged victims and collaborate well with professional psychology services personnel, during the investigative stage.

Number of Standards Exceeded: 2

- §115.34; §115.35

Number of Standards Met: 43

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

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Corrective Action(s):

The following issues were corrected on-site or submitted an acceptable plan of action to ensure compliance going forward.

115.13 (a-5) – Mirrors were placed in the Commissary storage area of the FMC. Staff are encouraged to continually evaluate vulnerable blind spots in all areas. This standard is now compliant.

115.17 (f) Corrective action was required to ensure staff considered for promotion are asked about previous sexual abuse misconduct in applications or interviews. This auditor was notified that the scheduled date for the policy implementation is July 2019. On June 24, 2019, the agency/facility submitted documentation sufficient to verify that corrective measures are in place to capture responses from potential promotion candidates concerning previous misconduct regarding sexual abuse. Based on this submittal, this standard is now found in compliance.

115.41(f) Corrective action was required to ensure inmates with “no PREA concerns” upon initial intake, are re-assessed by unit management, psychology, or other appropriate staff. During the post on-site phase of the audit, the facility assessed whether unit management staff would perform this function during the initial team meeting. Documentation will be noted using existing program review forms to indicate that PREA risk factors were reassessed at the initial team meeting. Local policy will be updated to outline the suitable reassessment process. The reassessed PREA risk factors will be based on questions answered by the Unit Team and documented on the Program Review sheet. The agency submitted guidance and a plan of action applicable to all facilities on May 14, 2019. Based on the implementation of the revised procedures, this standard is found in compliance.

115.53 – Information regarding a local entity providing outside confidential support services was not prominently displayed. To add a greater degree of information dissemination regarding outside victim advocacy resources, FMC Carswell staff will ensure that the contact address, phone number, and name of the local advocacy entity is conspicuously posted in housing units. Documentation was reviewed by the auditor verifying the posting of information regarding confidential support services. This standard is now compliant.

115.67 Retaliation monitoring was not always initiated in a timely manner. Staff reviewed the PREA standard, received training as to the correct time frame for initiating retaliation monitoring. This standard is now compliant.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

Yes No

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

Program Statement (PS) 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and Institution Supplement (IS) CRW 5324.12, Sexually Abusive Behavior Prevention and Intervention Program (SABP&I) address the requirements identified in this standard. The agency and facility directives outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Additional agency policies which support a zero tolerance towards sexual abuse and harassment are PS 3420.11, and PS 5270.09.

Practice(s):

The agency has appointed a psychologist assigned to the BOP's Central Office Reentry Services Division as their National PREA Coordinator. The CRW Warden has appointed the Associate Warden with responsibility for medical, social work, and mental health programs as the Institution PREA Compliance Manager (IPCM). The IPCM reports directly to the Warden in all matters pertaining to the PREA. The IPCM collaborates with the Chief of Psychology Services regarding all PREA related concerns. Interviews with the agency PREA Coordinator

and IPCM confirmed that each has sufficient time and authority to coordinate efforts to comply with the PREA standards. Inmates are informed about the zero-tolerance policy and the PREA program is also a part of the inmate education process via admissions and orientation procedures. Inmates are also informed about the program and zero tolerance in the Admissions and Orientation (A&O) Handbook, the U.S. Department of Justice-Federal Bureau of Prisons pamphlet "SABP&I, An Overview for Offenders", and through postings throughout the facility.

All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or read English, or may be hearing impaired. All interviews with staff (22), volunteers, contractors and 41 inmates confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse/sexual harassment. The commitment to the enforcement and implementation of the PREA, along with an examination of policy and documentation, support the facility's compliance with this standard.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency meets the requirements of Standard 115.12. A review of the documentation submitted confirmed the agency requires other entities contracted with for the confinement of inmates (privatized prisons and residential reentry centers or "halfway houses") to adopt and comply with the PREA standards. All agency contractual agreements have been modified to incorporate the language requiring all contractors to adopt and comply with the PREA standards. FMC Carswell does not individually contract for the confinement of inmates.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

Yes No

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

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

PS 3000.03, Human Resource Management Manual, the facility “Position and Strength Report”, Workforce Utilization Committee meeting minutes for fiscal year 2018, PS 5324.12, and CRW 5324.12 govern the requirements of PREA standard 115.13. Policy requires frequent monitoring of the staffing plan, frequent reporting on the effects of staffing on PREA supervision objectives, and regular facility rounds to assess sexual abuse vulnerabilities caused by staffing issues. Policy requires staff to assess the adequacy of the video monitoring designed to prevent and detect sexually abusive behaviors. Allowable staffing levels are determined each fiscal year at the national/regional level and managed locally.

Practice(s):

A review of an annual assurance statement from the Warden certifies that PREA issues are monitored through operational reviews, special audits, and staff assistance visits. The Warden provided assurance based on the previously mentioned assessment mechanisms, that systems of controls are in place to monitor resources available to meet the staffing plan, to monitor video monitoring, and to gauge any adjustments needed to the staffing plan. PREA concerns were noted as a standing agenda item in Salary and Workforce Utilization Committee meetings during the applicable audit period. PREA related staffing objectives are considered

when filling positions and developing work rosters/assignments. Interviews with the Human Resource Manager and the Associate Warden/Institution PREA Compliance Manager confirmed that the facility considers the items detailed in the standard, when developing a staffing plan. The facility reviews the staffing plan on a regular basis and certified there were no deviations from the staffing plan. The IPCM is a member of the Salary and Workforce Utilization Committee and may provide input as to whether adjustments to the staffing plan may be required to meet PREA requirements. In reviewing FMC Carswell related documentation regarding staffing and its impact on PREA deliverables, it is determined that quarterly workforce utilization meetings and an annual assessment report provide information relative to PREA requirements such as any adjustments to staffing plans, or any deviations from staffing plans. Additionally, a statement regarding an analysis of video monitoring is included in these assessments.

FMC Carswell has staff supervision in all housing units. The SCP uses roving patrols to provide security checks on the minimum-security offenders. During the day, the majority of SCP inmates are out of the living units on work details. FMC/SCP Carswell has an authorized staffing complement of approximately 463 positions, and most positions are required to have contact with inmates. According to a facility "strength report – pay period 09 ending 5/11/19" there were approximately 404 staff "on board". The authorized psychology staff complement was 11 with 10 "on board". Security staff, unit management, and correctional systems staff had an authorized complement of approximately 189 positions. There were 2 vacancies in unit management; one vacancy in correctional systems; and approximately 25 security staff vacancies. FMC/SCP Carswell augments staff supervision where needed with video cameras strategically placed within the facilities. According to assurance statements from the Warden, and the PREA Compliance Manager's annual assurance, PREA requirements and video surveillance were evaluated during the quarterly Workforce Utilization Committee meeting. There were no reports of any systemic vacancy or staff retention issues.

There were no incident reviews citing a lack of supervision as a factor in any sexual abuse allegations. There have been no judicial findings of inadequacy, findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relative to this standard. The review of Institution Duty Officer unannounced PREA rounds logs confirmed that intermediate-level or higher-level supervisors (department heads at a minimum) conduct and document such visits throughout the FMC and the SCP. Staff members are prohibited from alerting other employees regarding unannounced rounds. Compliance with this standard is confirmed by a review of an authorized and implemented fiscal year 2018 staffing plan for the supervision of inmates. There have not been any deviations from the staffing plan and the IPCM has certified that based on an assessment of relevant factors, staffing is sufficient to ensure the sexual safety of inmates in accordance with PREA measurements.

In response to the on-site audit, the facility improved "blind spot" monitoring by adding mirrors in the commissary storage areas at the FMC. This standard is found to be compliant

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

FMC/SCP Carswell does not house youthful inmates.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

PS 5324.12, and PS 5521.06 (Searches of Housing Units, Inmates, and Inmate Work Areas) address the requirements of Standard 115.15. The facility's overall rated capacity exceeds 50 inmates. The institution does not permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. Officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. Policy prohibits employees from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

Practice(s):

There have not been any cross-gender visual body cavity or strip searches conducted at FMC/SCP Carswell during the audit period. Interviews with 12 random staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex, except in exigent circumstances. A review of training records reveals that security staff members have received formal training in pat searches. The auditor observed, during the tour of all applicable housing units, that inmates are permitted to shower, perform bodily functions and change clothing privately. Toilets and shower facilities are generally separated by a walls from the living areas. Appropriate cross gender viewing is exercised by medical personnel in the medical units. Showers and toilets at the FMC afford privacy as they are located adjacent to living areas or accessible down hallways and contain privacy doors and shower curtains.

The agency and FMC/SCP Carswell have an “announce” policy and procedures requiring staff of the opposite sex to announce their presence or otherwise notify the inmates, when entering an inmate housing unit. An announcement is made at the beginning of shift to alert inmates that opposite gender staff are likely to be present in the housing unit. Forty-one “random and targeted” inmates interviewed confirmed that male staff members, as applicable, announce their presence in this manner, when entering a housing unit. The practice was observed, during the facility tour. Interviews with randomly selected inmates confirmed that they had been pat searched by officers of the same gender properly and professionally. Interviews with random and specialized staff, observations and an examination of support documentation, such as the Staff Training Acknowledgement Form, confirm training in this area follows the requirements of Standard 115.15.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

PS 5324.12, CRW 5324.12, USDOJ-BOP publication SABP&I, and the Admissions and Orientation (A&O) Handbook address the requirements of Standard 115.16. Through policy, the use of translated printed materials, and the use of "Advanced Language Systems International", a contracted interpretation service, the facility ensures that inmates with disabilities have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The agency has established a Blanket Purchase Agreement with LanguageLine Solutions (LLS) to provide assistance to inmates with limited English proficiency. The local policy also states that Translations Plus provides language interpretive services and sign language services for the hearing impaired. Advanced Language Systems also appears to be a language interpretive resource. Local policy requires CRW staff to take appropriate steps to ensure the inmate can benefit from all aspects of the BOP's efforts to comply with PREA. Per local policy, staff are required to read the Pamphlet on Sexual Abusive Behavior and Prevention to inmates who are visually impaired. Policy prohibits the use of inmate interpreters, inmate readers or other types of inmate assistants in the performance of first responder duties or during the investigation of an inmate's allegations.

Practice(s):

Upon initial screening, FMC Carswell intake, unit management and psychology staff members document whether an inmate displays a language barrier or other disability which would

prevent the understanding of basic PREA provisions or sexual abuse/prevention/intervention information. As applicable, a follow-up plan is developed to foster communication. Nine inmates interviewed, who were identified as disabled/limited English proficient, verified that they were instructed about PREA compliance and felt safe from sexual abuse. All PREA related information, including postings, brochures and handouts are available in English and in Spanish, as confirmed through inmate interviews and a review of written materials. Purchase Agreements with LanguageLine Solutions and Advanced Language Systems International for over the phone interpreter services have been used as interpretive resources throughout the current audit period. This would ensure translation services were available through LLS or other resources for inmates who are not English proficient. TTY telephones are also available for use, if required. FMC Carswell employs staff members who are proficient in languages other than English. Interviews with first responders, medical, mental health and investigative staff confirmed their awareness of the prohibition for using inmate interpreters for PREA compliance related functions. Interviews with 12 random staff and an examination of supporting documentation, such as the BOP pamphlet "SABP&I, an Overview for Offenders", and admissions and orientation materials provided in English and Spanish, confirm the facility's substantial compliance with Standard 115.16.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

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Policy:

PS 3000.03, PS 3420.11, Standards of Employee Conduct, the Pre-Employment Guide, SF85P (Questionnaire for Public Trust Positions) and a BOP recruitment document address the requirements of the standard. Policy directs that the facility does not hire or promote anyone who may have contact with inmates and does not enlist the services of any contractor who may have contact with inmates who has engaged in any type of sexual abuse/sexual harassment. BOP policy stipulates that employees have a duty to disclose such misconduct and material omissions regarding such misconduct would be grounds for termination. Submission of false information by any applicant is grounds for not hiring the applicant.

Practice(s):

The Human Resource Manager was interviewed and 15 personnel files were sampled relative to new hires, contractors and promotions to assess compliance with this standard. Five volunteer files were sampled to assess background clearances. Based on files sampled, all FMC Carswell employees hired during the applicable audit period and who have contact with inmates have had a background investigation, in addition to

fingerprinting and inquiry into the FBI's National Crime Information Center (NCIC). Those promoted, during the audit period, received reference checks which included input from the BOP Office of Internal Affairs. All staff, as directed by policy, have an affirmative duty to disclose any misconduct or arrests. However, there was no evidence that staff promoted are asked to respond to questions regarding previous sexual abuse or other misconduct in applications or interviews. Re-investigations of employee backgrounds take place every five years and are tracked by a centralized personnel center off-site. However, there were lapses in re-investigation periods due to an Office of Personnel Management contractor work backlog. Contractors and volunteers who have regular contact with inmates also have criminal background checks completed prior to having contact with inmates. Volunteer and contractor background checks are repeated yearly. The Human Resource Manager was interviewed and confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The Human Resource Manager also confirmed that the agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The BOP notifies appropriate licensing/certifying agencies, when professional personnel are terminated for substantiated allegations of sexual abuse or sexual harassment. A review of policy and relevant supporting documentation and verified corrective actions plans as applicable confirm the facility's compliance with this standard.

The facility did not ask all employees who receive promotions, about previous sexual abuse misconduct in applications or interviews associated with the promotion process. The facility sought to clarify whether this standard and applicable subsections applied to staff who are promoted as well as new hires. Discussions were held as to whether the standard is met if either status (new hires or promotions) are asked directly about previous sexual abuse misconduct, or whether the standard requires both classes (new hires and promotions) to show compliance with the standard's requirements. Upon a review of interpretation from the PREA Resource Center and new guidance from the PREA Working Group, promotion cases should be asked directly about misconduct described in 115.17 (a).

Corrective action was required to ensure staff considered for promotion are asked about previous sexual abuse misconduct in applications or interviews. This auditor was notified that the scheduled date for the policy implementation is July 2019. On June 24, 2019, the agency/facility submitted documentation sufficient to verify that corrective measures are in place to capture responses from potential promotion candidates concerning previous misconduct regarding sexual abuse. Based on this submittal, this standard is now found in compliance.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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FMC Carswell has not had any substantial facility expansions or modifications since August 20, 2012 or since the last PREA audit. However, based on the consideration of enhancing the ability to protect inmates from sexual abuse, the Warden certified the re-positioning of 11 existing cameras, and the feasibility of adding additional cameras in the future.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

PS 5324.12, CRW 5324.12, and the "First Responder Reference Guide", address the requirements of this standard. Protocols for all post allegation steps are outlined in the

above referenced documents, as well as a CRW Lieutenant's PREA checklist, and cards which can be easily accessed by staff. Prior to a referral for an forensic examination, alleged victims of sexual assault are examined in the CRW Health Services Department for an initial injury assessment. Such treatment would be for life preservation only. Policy states that all sexual abuse victim advocacy, examinations, treatment, testing and follow-up care are provided without cost to the alleged victim.

Practice(s):

Interviews with correctional and professional staff confirmed that they were all knowledgeable of the required procedures for obtaining, preserving and securing physical evidence, when sexual abuse is alleged. Staff members were aware that the Special Investigative Services (SIS) Lieutenants, the Office of Internal Affairs (OIA), the Office of the Inspector General (OIG) or the Federal Bureau of Investigation (FBI) conducted investigations relative to sexual abuse/sexual harassment allegations.

FMC Carswell refers all criminal investigations to the OIG or FBI via the Office of Internal Affairs. The agency follows a uniform evidence protocol as described in the U.S. Department of Justice's Office on Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". A victim advocacy agreement has been established with The Women's Center, Fort Worth, Texas. Additionally, if forensic medical exams are needed, they are performed at John Peter Smith Hospital by Registered Nurses who have SANE certification. FMC Carswell also has qualified agency staff victim advocates. FMC Carswell reported zero forensic exams performed in the applicable audit period.

Routinely, administrative investigations are conducted by trained investigators who are full time employees of FMC Carswell. As appropriate, the Warden generates a referral to the an outside investigative agency. FMC Carswell refers criminal investigations to the OIG and the FBI. The referral occurs when evidence appears to support a criminal investigation. The review of training records confirmed that investigators have received investigator training offered by the BOP on the investigation of sexual abuse and sexual harassment in confinement settings. FMC Carswell certified that there were no inmates who requested victim advocacy services, during this audit period. Interviews with staff (random and specialized), and an examination of support documentation confirm the facility's compliance with Standard 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

PS 5324.12 addresses the requirements of Standard 115.22. The policy requires administrative or criminal investigations to be completed on all allegations of sexual abuse/sexual harassment. Routinely, administrative investigations are conducted by trained investigators who are full time employees of FMC Carswell. As appropriate, the Warden generates a referral to an outside investigative agency. FMC Carswell refers criminal investigations to the OIG and the FBI.

Practice(s):

The FMC Carswell Special Investigative Agent (SIA) was interviewed for an assessment of his awareness of his office's responsibilities in the investigative process. He conveyed the FBI would conduct criminal investigations for the facility involving inmate-on-inmate sexual abuse and the Office of the Inspector General would investigate staff-on-inmate criminal sexual abuse. The SIA confirmed that an investigation would never be terminated due to an inmate being transferred or released or an employee leaving the agency. Staff members are aware of the uniform evidence protocol and are confident that all referrals to other federal agencies investigating criminal matters use a similar evidence protocol. Interviews with staff and the SIA and an examination of training documentation confirm all investigators received instruction in conducting sexual assault investigations. Interviews and the review of Intelligence Training Records and the training curriculum confirm the facility's compliance with Standard 115.22.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy:

PS 5324.12 and CRW 5324.12 address the requirements of this standard. All BOP employees are considered correctional workers and all new employees attend training locally and at the Federal Law Enforcement Training Center. The BOP considers all employees to be first responders. The Associate Warden responsible for medical and mental health has been designated as the PREA Compliance Manager. A Psychology staff member is responsible for providing training on Sexual Abusive Behavior Prevention/Intervention for all new and current staff members. Training is designed to ensure a coordinated response to a report of sexually abusive behavior. The Psychology Services Department, which formulates local SABP&I policy, and is responsible for developing a comprehensive SABP&I lesson plan. The Institution PREA Compliance Manager ensures training is received by all employees, contractors and volunteers. Supervisory staff from various departments are directly involved in ensuring all staff, volunteers and contractors are trained on their responsibilities regarding the BOP SABP&I policy.

Practice(s):

The review of the facility training schedule and training logs confirmed that the training provided addressed all elements identified in this standard. Staff acknowledged, in writing, their receipt and understanding of the PREA. Signature acknowledgement sheets of training completion and comprehension of the subject matter were reviewed. The training addressed all the topics identified in the standard, such as zero tolerance, effective communication, definitions of sexual abuse and sexual harassment, relationships with offenders, first responder duties, transgender issues and mandatory reporting, etc. Related education is provided annually during refresher training. Staff receive ongoing PREA training regarding current policies on sexual abuse and sexual harassment. Staff annual training records were reviewed and contained documentation supporting compliance with this standard. All staff interviewed indicated that they received the required PREA training initially and annually. The training records reviewed of 20 full time staff and 12 random staff interviews regarding PREA requirements confirm the facility's compliance with Standard 115.31.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

PS 5324.12 addresses the requirements of Standard 115.32.

Practice(s):

The auditor's review of a sample of 10 volunteer and contractor PREA training sign-in forms and other documents confirmed that all facility contractors and volunteers have received training related to their responsibilities concerning the PREA (zero tolerance, detection, prevention, response and reporting requirements), during the previous twelve months, and annual refresher instruction. A review of training acknowledgement forms revealed that contractors and volunteers understood the agency's zero tolerance policy toward sexual abuse/sexual harassment and their responsibilities under the PREA. A review of the PREA

lesson plan for contractor and volunteer training confirmed that the level of instruction is appropriate for the services provided and emphasizes the facility's zero tolerance and reporting policies.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

PS 5324.12 and CRW 5324.12 address the requirements of Standard 115.33.

Practice(s):

During in-processing procedures at FMC Carswell, staff ensure that each inmate entering FMC/SCP Carswell receives the Bureau issued pamphlet, "SABP&I: An Overview for Offenders". The Psychology Department is responsible for ensuring that a presentation describing the SABP&I program is provided during inmate admissions and orientation. FMC

Carswell inmates receive an inmate handbook and a pamphlet describing the agency's PREA compliance program. The inmate handbooks were reviewed by the auditor and found to contain information on the inmate's right to be free of sexual abuse and sexual harassment. The information contained in the handbooks and pamphlets identify the key elements of the program and inform FMC/SCP Carswell inmates about the facility's zero tolerance policy toward sexual abuse and sexual assault and the multiple ways to report sexual abuse/sexual harassment. The information also informs the inmates about both male and female employees routinely working in and monitoring the housing units and the expectation of privacy in certain areas of the housing units. The information is available to inmates in English and Spanish.

FMC Carswell staff members reiterate the information written in the inmate handbooks by conducting an educational program regarding the PREA for all inmates within 30 days of their arrival. The educational program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities. The auditor reviewed a sample of 15 inmate files and confirmed that PREA education is received and documented. Forty-one inmate interviews confirmed that PREA education is received and understood, including those inmates in "targeted" categories. Inmates at FMC Carswell have access to TRULINCS, a computer program system which also provides PREA information and can be used to report sexual abuse, sexual harassment and retaliation. Staff interpreters and telephonic translation services are established. A tour of FMC/SCP Carswell confirmed that PREA educational posters were prominently displayed in all housing units and common/program areas. Interviews with staff (random and specialized) and an examination of the documentation listed above confirm that the facility meets the requirements mandated in Standard 115.33.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

PS 5324.12 addresses the requirements of this standard. Agency policy requires facility and agency investigators to be trained in conducting sexual abuse investigations in confinement settings, techniques for interviewing sexual abuse victims and the proper use of Miranda and Garrity Warnings, as well as sexual abuse evidence collection.

Practice(s):

The trained investigators are full time employees of the facility. When criminal investigations are indicated, they are conducted by the Federal Bureau of Investigation or the Office of the Inspector General.

FMC Carswell facility investigators and numerous other staff completed the following training: NIC-5187BXX, "(PREA) Investigating Sexual Abuse in a Confinement Setting". The training covers the proper use of Miranda and Garrity Warnings and sexual abuse evidence collection; Investigative Intelligence Training; and Evidence Recovery (CSV-0383-BXX). The BOP's Office of Internal Affairs investigators have received PREA specialized training through the Department of Justice.

The auditor reviewed specialized training documentation; the BOP Course Completion List for the above-mentioned courses. Interviews with staff and the SIA and a review of documentation confirm that FMC Carswell exceeds the standard based on course completions by non-investigative staff.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

PS 5324.12 addresses the requirements of Standard 115.35.

Practice(s):

Training records reveal that FMC Carswell medical and mental health personnel received training in the following specialized courses: "PREA for Medical and Mental Health Care"-BOP (CPG-0233-BXX), and "Forensic Medical Exams; An Overview for Victim Advocates" (CPG-0234-BXX). Additionally, a power point presentation entitled "Sexually Abusive Behavior Prevention and Intervention Program" is shown to medical and mental health staff. Training sections covered included detection and assessing signs of sexual abuse and sexual harassment; preserving physical evidence; effective and professional responses; reporting; and understanding sexual trauma in custody. Additional training is available on the agency's intranet site entitled "PREA and Psychology Services. Links are available for access to training for psychologists and medical personnel on various relevant topics regarding PREA, such as victim advocacy and forensic medical exam overview training.

The auditor's review of medical and mental health personnel training records confirmed that these employees receive the same basic PREA training as correctional officers and understand their duty to report any knowledge of sexual abuse/assault, even when the said information is disclosed during a health care encounter. Further, a review of training records confirmed that all mental health and medical staff have also received specialized training on victim identification, interviewing, reporting and required clinical interventions. Forensic exams, if required, are performed at the John Peter Smith Hospital Emergency Department. Based on the completion of specialized PREA training by a large and diversified medical and mental health department, the facility exceeds the requirements for basic and specialized training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

PS 5324.12 addresses the requirements of Standard 115.41. The procedures require an initial assessment to be completed within 72 hours of admission, by intake staff. Specifically, a sexual victimization/abusiveness screening assessment is completed to determine an inmate's risk of being sexually abused by other inmates or if they are at risk for being sexually abusive toward other inmates. BOP policy requires a re-assessment to be conducted within 30 days of the intake screening, based on new information and, as necessary, in response to alleged incidents of sexual abuse. BOP policy prohibits inmates being disciplined for refusing to answer screening questions or for not disclosing complete information during the screening process. Information received, during the screening process, is deemed confidential and only available to staff with a need-to-know and never to other inmates.

Practice(s):

All inmates are immediately assessed for a history of sexual abusiveness and risk of sexual victimization, during the in-processing procedures performed in the Intake Department at FMC Carswell. Staff members use the "PREA Intake Objective Screening Instrument" to assess at least 14 screening variables. Additionally, staff members use the BOP "Intake Screening Form" to assess other correctional intake screening variables. The above screening instruments gauge the propensity for abusiveness or victimization. The screening tools consider all identified criteria as per standard 115.41. FMC Carswell conducts an affirmative re-assessment on all admissions who are referred based on "PREA Concerns" noted on the intake screening form, via the 14-day Psychology Services intake process. A review of 11 cases referred to the mental health department received a second PREA Risk Screening" to determine a propensity level for victimization or abusiveness. The auditor also reviewed 15 cases identified during intake screening as having "no PREA concerns", who were housed at FMC Carswell for at least 30 days to determine if initial risk assessments and 30-day re-assessments were conducted in a timely manner. The auditor reviewed documentation contained on the intake screening forms to determine if screenings for victimization and abusiveness were conducted in compliance with the standards. As observed on-site, a member of the inmate's housing unit team (case manager or counselor) screens all new arrivals within the first 72 hours of the inmate's arrival, but this activity ordinarily occurs on the day of arrival. The auditor's review of screening documents confirmed that all inmates identified as being at risk for sexual victimization or at risk of sexually abusing other inmates were referred to a mental health professional and all received further assessment. The screening process also includes the review of records or information from other facilities. A unit team member reviews all relevant information received from other facilities. However, based on a review of the above referenced cases, there was no 30-day re-assessment event documented for inmates designated as having "no PREA concerns" during initial screening. Corrective action was implemented going forward to bring FMC Carswell into compliance with standard 115.41.

Corrective action was required to ensure inmates with “no PREA concerns” upon initial intake, are re-assessed by unit management or psychology staff. The facility determined that during the initial program review, this function will be performed by appropriate staff. Documentation will be made using existing program review forms to indicate that PREA risk factors were reassessed at the initial team meeting. Institution Supplement CRW 5324.12 will be updated as necessary to outline the suitable reassessment process. The facility is developing PREA reassessment questions to be answered by the Unit Team and document on the Program Review sheet.

Based on the revised reassessment procedures submitted by the facility/agency, the auditor determined that suitable corrective action for this standard has been institutionalized.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

PS 5324.12, and PS 5290.15 (Intake Screening) address the requirements of Standard 115.42. The policies require risk screening information to be used to determine housing, bed assignments, work assignments, and education and program assignments. Policy requires these determinations for various assignments to be made on a case-by-case basis. Staff members assigned to conduct intake screening have been provided additional training and resource materials. FMC/SCP Carswell inmates at risk for victimization or perpetration of sexually abusive behavior, based on screenings pursuant to 115.41, or at any time new information becomes available, will be referred to Psychology Services for an assessment of treatment and management needs. FMC/SCP Carswell inmates with a victimization or abusiveness history are required to be referred for monitoring purposes to the chief correctional supervisor. If an inmate is identified as being at risk of sexual victimization, a multi-disciplinary team will use all relevant information to recommend housing, bed, work, and education and program assignments. The goal is to keep an inmate at high risk of being sexually victimized from those at high risk of being sexually abusive.

FMC Carswell determines housing and programming assignments for transgender or intersex inmates on a case-by-case basis and careful consideration is given to all assignments, to include whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Policy requires that placement and programming assignments for each transgender or intersex inmate are re-assessed at least once every six months. BOP policy states that a transgender or intersex inmate's own views, with respect to his own safety, are to be given serious consideration, when making these assignments. Transgender and intersex inmates are given the opportunity to shower, dress and use toilet facilities separately from other inmates.

Practice(s):

The auditor reviewed case management categories related to monitoring an offender's

victimization or abusiveness profiles and PREA decisions as a result of intake screenings pursuant to 115.41. Interviews were conducted with 41 inmates, inclusive of LGBTI inmates, those who reported victimization at screening or later, as well as random selectees. Staff interviews and supporting documentation indicated that staff from various disciplines meet on a regular basis to assess the status of any inmate thought to be at risk of victimization or inmates who are exhibiting institutional adjustment problems. The interview with the PREA Compliance Manager confirmed that an inmate's identification as transgender or intersex is not the sole criteria for placement in a specific housing unit. Based on the auditor's observations, during the on-site tour, FMC/SCP Carswell does not have dedicated housing units for transgender offenders. Interviews with staff, and an examination of documentation/policy confirm FMC Carswell is compliant with the requirements mandated in Standard 115.42

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

5270.11 (Special Housing Units) and PS 5324.12 address the requirements of Standard 115.43. PS 5324.12 states inmates at high risk of sexual victimization shall not be placed in

involuntary segregated status unless an assessment of all available alternatives has been made and there are no available means of separating the inmate from the abuser.

Practice(s):

The FMC Carswell Warden certified that there were no applicable cases that alleged sexual victimization or deemed at high risk of victimization held in involuntary segregated housing within the last 12 months. The FMC Special Housing Unit (SHU) house administrative, disciplinary, high security, and protective custody cases. The auditor toured the segregated housing units, during the on-site audit. Interviews with supervisory staff confirmed that, to the extent possible, access to programs, privileges, education and work opportunities are not restricted for inmates placed in a SHU for the purpose of protective custody due to victimization issues, except when there are safety or security concerns. FMC Carswell uses form BP -1002 to document reasons for segregated housing placement, in lieu of general population placement, for inmates who have alleged sexual victimization or have been identified as being at high risk of victimization at the time of screening. A "Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form" is completed, when applicable, to document all appropriate alternatives for safeguarding alleged inmate victims. Staff review the cases of each inmate placed in SHU status at least once each week. Interviews with staff sampled (random and specialized), during the on-site audit, and an examination of support documentation confirm staff's understanding of Standard 115.43. During the on-site audit, a review of the SHU documentation confirmed the facility's compliance with this standard.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

PS 5324.12 and CRW 5324.12 address the requirements of this standard. The Program Statement requires any staff member who becomes aware of sexually abusive behavior to immediately notify the Operations Lieutenant and follow the "Guide for First Responders". The policies require all staff to immediately document any allegation. Established procedures allow the family and friends of inmates to report sexual abuse/sexual harassment by using the BOP

website, sending an e-mail or making a phone call to the Office of the Inspector General or contacting facility staff. BOP policy and supplemental information such as the BOP intranet site for the PREA provide links for staff use to assist in providing counseling to inmates on their reporting options.

Practice(s):

Information provided in the facility Admissions and Orientation Program, and in the Admissions and Orientation (A&O) Inmate Handbook provides all inmates at FMC/SCP Carswell methods for reporting sexual abuse and sexual harassment. The information is printed in English and Spanish. As observed in all housing units, work and program areas throughout the FMC/SCP, displayed notices reflect the BOP's zero tolerance toward sexually abusive behavior, as well as reporting procedures. A review of documentation indicated that there are multiple ways available to inmates for reporting sexual abuse or sexual harassment, to include writing the Warden or Regional Director; filing an administrative remedy; writing or emailing the OIG; and third-party reporting. Emailing capability is accessed via TRULINCS, a computer program system which also provides PREA information. Through TRULINCS, the inmate can contact the Office of the Inspector General anonymously and the email is untraceable at the institution level. During the tour of the FMC, a sufficient number of TRULINCS computers were observed in each housing unit. The tour of the facility also confirmed that there were numerous posters on display explaining sexual abuse/sexual harassment reporting procedures. The posters on display, as well as information in all FMC handbooks also addressed how an inmate could contact an entity outside of the agency for support. The FMC provides access to confidential support via a contractual agreement with the "The Women's Center". This support group's hotline telephone number was contained in the FMC Camp A&O handbooks.

All staff interviewed (random and specialized) affirmed they would accept reports of sexual abuse/sexual harassment from inmates made verbally, in writing, anonymously and from third parties. In addition, the same staff confirmed that they would promptly document any form of reporting and immediately notify their superior, while keeping the inmate safe. All inmates randomly sampled during the on-site audit confirmed that they were aware of multiple methods of how to report sexual abuse/assault allegations. Inmates at FMC Carswell are not detained solely for civil immigration purposes. Interviews with staff and inmates and an examination of supporting documentation confirm the facility's compliance with Standard 115.51.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

PS 5234.12, PS 1330.18 (Administrative Remedy Program) address the requirements of Standard 115.52. Agency policy reveals that FMC Carswell is not exempt from this standard. Grievances (administrative remedies) filed alleging sexual abuse/sexual harassment would result in the immediate opening of a formal investigation. The policies states that there is no time limit for filing a grievance relating to sexual abuse or sexual harassment. Additionally, the policies do not require an inmate to use any informal grievance process before filing an allegation involving sexual abuse/sexual harassment. Policy requires that a decision on the merits of any portion of a grievance alleging sexual abuse be made within 90 days of the filing.

Agency policies allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Allegations of physical abuse by staff shall be referred to the Office of Internal Affairs, in accordance with procedures established for such referrals.

PS 1330.18 also addresses the filing of emergency administrative remedy requests. If an inmate files the emergency grievance with the institution and believes he/she is under a substantial risk of imminent sexual abuse, an expedited response is required to be provided within 48 hours. Best efforts are made to provide the BOP's Regional Office and Central Office expedited appeal responses within five calendar days. If an inmate reasonably believes the issue is sensitive and the inmate's safety or well-being would be placed in danger if the remedy became known at the institution, the inmate may submit the remedy directly to the appropriate BOP Regional Office. There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys and outside advocates, in assisting inmates in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of inmates.

Practices:

A review of documentation related to grievances indicated that there were no grievances filed alleging sexual abuse within the applicable 12-month audit period. There were zero grievances

alleging sexual abuse/sexual harassment filed within the last twelve months that resulted in disciplinary action; zero grievances in which the inmate declined third party assistance; and there were no emergency grievances alleging a substantial risk of imminent sexual abuse. By way of a memorandum from the Warden, during the past twelve (12) months, there were no instances of an inmate submitting a grievance alleging sexual abuse, which required an extension. Based on a review of governing policies and certifying documentation submitted via the Warden, FMC Carswell is in compliance with Standard 115.52.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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Policy:

PS 5324.12 and CRW 5324.12 address the requirements of Standard 115.53. The facility does not house detainees solely for civil immigration purposes. FMC Carswell policy establishes that in the event of an alleged sexual assault, medical, psychological, social, and protective services will be initiated immediately. This includes the involvement of a multi-disciplinary team of staff representing Correctional Services, Unit Management and other supportive program disciplines as needed. Alleged victims are to be offered supportive services by trained victim advocacy staff. Services are available to alleged victims whether they name an alleged perpetrator or whether they cooperate with the investigation. Upon request, an alleged victim will be accompanied by supportive services throughout the forensic exam and investigative process. All victims of sexually abusive behavior may request victim advocacy services from a local rape crisis center (RCC).

Practice(s):

FMC Carswell has entered into an "Agreement" with The Women's Center, for providing inmates with emotional support services related to sexual abuse. The provision of this agreement was verified by the auditor. Facility staff members, including mental health treatment providers, have also been trained as victim advocates. Inmates are informed as part of their orientation process that all telephone calls, except properly placed legal calls, are subject to monitoring and recording. All mail, except for "special/legal" mail, is subject to monitoring as well. Offenders at FMC Carswell are provided information regarding the availability of victim advocacy services. The information is provided in English and Spanish in A&O handbooks. However, all housing units required postings of external advocacy information in a conspicuous manner as part of corrective measures. To add a greater degree of information dissemination regarding outside victim advocacy resources; during the on-site audit, FMC Carswell staff posted the contact address, phone number, and name of the local advocacy entity in all housing units. Documentation was reviewed by the auditor verifying the posting of information regarding confidential support services.

Informational PREA pamphlets detailing victim advocacy services are issued upon the inmate's arrival. All FMC-Camp A&O Handbooks provide the address and hotline phone

number of the outside advocacy organization. FMC Carswell enables reasonable communication between inmates and outside victim advocacy organizations and agencies in as confidential a manner as possible. A review of the "Agreement" (MOU) and confirmation of services, in addition to on-site interviews with staff and inmates, confirm the facility's compliance with Standard 115.53.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The BOP publication "Sexually Abusive Behavior Prevention and Intervention - An Overview for Offenders", the FMC Carswell-Camp Admissions and Orientation Handbooks, PREA posters throughout the facility, the posted Office of the Inspector General address, and the BOP website: www.bop.gov, address the requirements of the standard. The website and posted notices (inside living units and visiting rooms) inform third party reporters on how to report allegations of sexual abuse/sexual harassment. During the on-site audit, interviews with staff and inmates confirmed that they have a sufficient understanding that anonymous and third-party reporting procedures are acceptable sexual abuse/sexual harassment reporting practices at FMC Carswell.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

PS 5324.12 and PS 3420.11 address the requirements of Standard 115.61. All staff must report information concerning incidents or possible incidents of sexual abuse, sexual harassment, or retaliation to the Operations Lieutenant or, where appropriate, in accordance with the policy on Standards of Employee Conduct. Staff provide a written follow-up memorandum to the Operations Lieutenant to document such a report, in accordance with Article 6 of the Master Agreement. The Operations Lieutenant notifies the PREA Compliance Manager. Allegations of inmate-on-inmate and inmate-on-staff sexual abuse must be entered in TRUIINTEL via the Report of Incident form (BP-A0583). Reports must indicate whether the allegation involved Abusive Sexual Contact or a Non-Consensual Sexual Act. The Institution PREA Compliance Manager will forward a copy of the BP-A0583 to the appropriate Regional PREA Coordinator; the number of BP-A0583's that pertain to inmate-on-inmate and inmate-on-staff sexual abuse will be sent to the National PREA Coordinator. The facility policy directs the Operations Lieutenant to ensure that the Captain, Compliance Manager, Health Services, the Psychology Department and the Institution Duty Officer are notified. The Captain is responsible for ensuring that a BP-583, (Report of Incident) is produced and that Security Threat Group assignments are updated.

In addition to reporting the information, staff intervene, as appropriate (e.g., writing an incident report), in behaviors that may subsequently lead to an incident of sexual abuse. The information concerning the identity of the alleged inmate victim and the specific facts of the case are limited to staff who need-to-know, because of their involvement with the victim's welfare and the investigation of the incident. Staff must report and respond to allegations of sexually abusive behavior, regardless of the source of the report (e.g., "third party").

The Institution PREA Compliance Manager refers the incident for investigation to the appropriate office and reviews the incident for any further response.

Practice(s):

Interviews with supervisory and line security staff, other categories of employees, contractors and volunteers confirmed that all were aware of and understood their reporting duties and responsibilities. Additionally, facility compliance with all aspects of Standard 115.61 was verified through document and policy review. FMC Carswell does not house inmates under the age of 18.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

PS 5324.12 addresses the requirements of Standard 115.62. When the facility/agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. In cases where the alleged perpetrator is another inmate, the Operations Lieutenant is notified and immediately safeguards the inmate. This could include monitoring the situation, changing housing assignments, changing work assignments, or placing the alleged victim and perpetrator in Special Housing. The Operations Lieutenant promptly refers all inmates reported or suspected of being the victim of sexually abusive behavior to Medical and Psychology Services for assessment of vulnerability and treatment needs. The Operations Lieutenant also notifies the Institution PREA Compliance Manager.

If the alleged perpetrator is a staff member, all options for safeguarding the inmate should be considered. The decisions made to safeguard the inmate should take the impact on staff members into account, in accordance with the collective bargaining agreement. Removal from the facility is considered an extreme measure and other options include the staff member's reassignment to another unit or post.

If the alleged perpetrator is an inmate and a staff member is the subject of abuse or harassment, all options for safeguarding the staff member should be considered. Options should include reassignment of the inmate to another housing unit/Special Housing Unit, writing an incident report and criminal prosecution, etc., if appropriate, in accordance with the Program Statements relative to the Inmate Discipline Program and Special Housing Units, as well as other options that will effectively separate the inmate from the staff member.

Practice(s):

Random and specialized staff interviews confirmed they were all aware of their responsibilities when they become aware or suspect that an inmate is being or has been sexually abused or sexually harassed. Both random and specialized staff interviewed indicated they would act immediately to protect the inmate by separating and protecting the victim from the abuser, isolating the area (as a potential crime scene to preserve evidence) where the act allegedly occurred and calling the Operations Lieutenant for immediate assistance. When notified, the Operations Lieutenants being interviewed stated they would further protect the victim, notify medical and mental health staff and advise the PREA Compliance Manager and, as applicable, the Institution Duty Officer of the incident. According the PAQ, during the audit period, FMC Carswell did not determine that any inmates were subject to substantial risk of imminent sexual abuse. Interviews with 12 random staff and an examination of support documentation confirm the facility's compliance with Standard 115.62.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

PS 5324.12 addresses the requirements of Standard 115.63. Policy requires the reporting of any PREA related allegation by an inmate that occurred at another facility. The Warden at the inmate's current facility is required to notify the Warden (or equivalent or designee) of the previous facility where the incident was to have occurred and an investigation is to be initiated. When an inmate reports sexual abuse/sexual harassment from state, non-Bureau privatized facilities, jails, juvenile facilities and Residential Reentry Centers (half-way houses), the Warden contacts the appropriate office of the facility and/or notifies the Privatization Management or the Residential Reentry Management Branch of the BOP, if appropriate. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation.

Practice(s):

Pre- Audit documentation submittals revealed that FMC Carswell staff members were informed of allegations occurring at other facilities by nine inmates. The allegations were made upon arrival at FMC Carswell regarding incidents at various federal, state, county, and contracted facilities. Upon receipt of the allegations, the FMC Carswell Warden prepared correspondence regarding the allegations and forwarded inquiries to the facility head where the alleged incident occurred. Supporting documentation reveals that notification letters were forwarded to the Warden/agency head of the prior facility within 72 hours. During the audit period, there were no applicable cases requiring FMC Carswell to respond to allegations of sexual abuse received from other facilities. Interviews with the Warden and IPCM confirm their understanding of the notification and documentation requirements of this standard.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

PS 5324.12 addresses the requirements of Standard 115.64. Staff members are required to use the Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegations Form (BP-A1002) to document first responder post sexual abuse allegations actions. Staff members are to immediately safeguard the inmate victim when sexually abusive behaviors have been reported. Additionally, staff should assess and consider all appropriate alternatives for safeguarding alleged inmate victims, as well as consider alternatives to protective custody, or transfer, and document why alternatives were not feasible.

Practice(s):

All interviewed security staff and those who can act as first responders were knowledgeable concerning their responsibilities as a first responder and the actions required, when learning of an allegation of sexual abuse/sexual harassment. All security and first responder staff interviewed, during the on-site audit, indicated they would separate the inmates, secure the area as a crime scene, not allow inmates to destroy any physical evidence and contact the Operations Lieutenant. The Operations Lieutenant would continue to protect the inmate, notify medical and mental health staff, the institution duty officer, and executive staff. Within the last year, all sexual abuse allegation responded to by security staff ensured that the alleged abusers and victims were separated. The facility reported that in all instances of alleged sexual abuse, security staff were notified within a period that still allowed for the collection of physical evidence. In all instances of allegations of sexual abuse, the first security staff to respond preserved and protected any potential crime scene, requested the alleged victim not take any actions that could destroy evidence, and ensured the alleged abuser did not take any actions that could destroy evidence. There were no instances in which a non-security staff member was the first responder. Interviews with staff and an examination of support documentation confirmed compliance with Standard 115.64.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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Policy:

PS 5324.12, CRW 5324.12, and the First Responders Reference Guide address the requirements of this standard. The reference guide is used to provide guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse/sexual harassment. The guide must be used in conjunction with the requirements of the above policy statements. The reference guide outlines sequential steps, which staff must be familiar to guide coordinated responses to sexual assaults.

Practice(s):

Lieutenants use the above referenced guide and PREA checklist to aid in their response to allegations of sexual abuse/sexual harassment. The policies and information provide direction to security, medical/mental health practitioners, investigators, staff and community victim advocates, community service providers (SANE) and facility leadership. CRW 5324.12 provides coordinated response instructions for staff use and the sequential steps are outlined in the "First Responders Reference Guide". Staff (specialized and random) and service providers interviewed confirmed that they were knowledgeable regarding their responsibilities in the event of a coordinated response. During the applicable audit period, the coordinated response plan was not required for any first responder cases. The facility is in compliance with Standard 115.65.

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Master Agreement covering July 21, 2014 thru July 20, 2017, Article 30 (Disciplinary and Adverse Actions), Section G between the Council of Prison Locals, American Federation of Government Employees 1006, and the Federal Bureau of Prisons FMC Carswell, dated May 18, 2017, was examined by the auditor and found to comply with Standard 115.66. The agreements do not limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The Warden and IPCM certified that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew 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.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

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

115.67 (c)

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

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

PS 5324.12 addresses the requirements of Standard 115.67. The agency and facility prohibit any type of retaliation against any staff member or inmate who has reported sexual abuse, sexual harassment or cooperated in any related investigation. The IPCM and the Special Investigative Agent have oversight in directing retaliation monitoring efforts.

Practice(s):

During the on-site audit, files were examined to determine if retaliation monitoring was documented. The examination revealed that monitoring contacts are maintained by the Assistant Health Services Administrator. A report is maintained by the retaliation monitor

describing post allegation follow-up. All retaliation variables are monitored for at least 90 days, as appropriate (inmate or staff). Any evidence of retaliation is reported to the SIA or Operations Lieutenant. However, it was noted that retaliation monitoring was not always initiated in a timely manner. The initial monitoring contact in most cases was 80-90 days from the allegation. Staff reviewed the PREA standard, received training as to the correct time frame for initiating retaliation monitoring. This standard is now compliant.

Facility compliance with Standard 115.67 was determined by a review of policy and retaliation monitoring documentation, and interviews with the IPCM and the retaliation monitor.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

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Policy:

PS 5324.12 and CRW 5324.12 address the requirements of Standard 115.68. BOP policy requires staff to assess and consider all appropriate alternatives for safeguarding alleged inmate victims of sexual abuse/sexual harassment. Staff must first consider other alternatives based on the circumstances of the allegation before considering the placement of an inmate in protective custody (SHU), in another housing unit or transferring the inmate to another federal correctional facility. To aid in that decision, policy requires the facility to complete the BOP's Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form. The form serves to document consideration of all options. Interviews with staff and the tour of the

facility confirmed that there are usually viable alternatives to placing alleged victims of sexual abuse/sexual harassment in involuntary segregated housing (SHU). To the extent possible, access to programs, privileges, education and work opportunities are not limited for inmates placed in the SHU for the purposes of protective custody. The facility would document the reasons for restricting access and the length of time the restrictions would last.

Practice(s):

The “PREA Compliance Manager Information Tracking Log” documents when alleged victims are placed in segregated housing post allegation. When an inmate has alleged to have suffered sexual abuse and is placed in involuntary segregated housing, the inmate is reviewed every 30 days. The reviews are documented on the Security Review log. Additionally, the inmate receives 30-day mental health reviews by Psychology Services and is also reviewed during the weekly special Housing Unit meeting. For all applicable cases, alternative means of housing are assessed to alleviate the need to place alleged victims or identified victims in secure housing solely on the basis of alleging sexual abuse. If needed, a Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form (BP-A1002) is executed upon the implementation of the PREA protocol. The BP-A1002 Form is retained as part of the investigative file. The FMC Warden certified that over the audit period, no inmates were placed in involuntary segregated housing as a protection method after being identified as a victim of sexual abuse. Facility compliance with this standard was determined by a review of policy and investigative file documentation and staff interviews.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

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Policy:

PS 5324.12 and CRW 5324.12 address the requirements of the Standard 115.71. The facility investigators (SIS) may conduct administrative investigations within the institution. When an allegation appears to be criminal in nature, the FMC Carswell investigative office, in conjunction with the BOP's Office of Internal Affairs and the FMC Warden, will refer the incident to the FBI for a criminal investigation if the investigation involves an inmate-on-inmate allegation. Staff-on-inmate criminal investigations are conducted by the Office of the Inspector General. FBI or OIG investigators consult with the Assistant U.S. Attorney, when necessary. If

the FBI or OIG substantiates the allegation, the case is referred to the local U.S. Attorney for possible prosecution.

Practice(s):

The FMC had a total of 10 allegations beginning May 15, 2018, that required investigation during the audit period. Four allegations involved staff. There were five unsubstantiated allegations, three unfounded allegations, one substantiated, and one without a determination due to the alleged victim passing away due to illness prior to the completion of the investigation. Two allegations received a full protocol investigation and were referred to outside law enforcement. The auditor sampled five allegations on-site. An interview with the SIA and a review of investigative files reveal the uniform evidence protocols were used. Where applicable, investigators gathered and preserved direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. A review of investigative files revealed interviews are conducted with the alleged victim, suspected perpetrator and potential witnesses. The FMC involves the participation of psychology staff to assist in filtering out any impactful mental health concerns. Where applicable, documentation of post allegation psychology referrals for alleged victims and abusers are included in the investigative files. The investigators review prior complaints of sexual abuse involving the suspected perpetrator. Based on interviews, when the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The on-site interviews also revealed that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status. FMC Carswell investigators do not require alleged victims to submit to a polygraph examination or similar process. All administrative investigations were documented in written reports which included a description of the physical and testimonial evidence, the assessments, and investigative facts and findings. The FMC Carswell investigative office retains all written reports. Interviews revealed the departure of perpetrators or victims from employment or confinement at FMC Carswell does not provide a basis for terminating the investigation. Facility compliance with Standard 115.71 was determined by a review of policy, investigative files and supporting documentation, as well as interviews with SIA and PREA Compliance Manager.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

PS 5324.12 addresses the requirements of Standard 115.72. According to established policy, for administrative investigations, the agency imposes no standard higher than the preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The policy meets the requirements of the standard.

Practice(s):

A review of five investigative files and the basis for their conclusions reveal that the outcomes are based on no higher standard than the preponderance of the evidence. The SIA who is in charge of investigations was aware of the required evidentiary standard in determining whether allegations of sexual abuse/sexual harassment are substantiated.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

PS 5324.12 and the PREA Tracking Log, address the requirements of Standard 115.73. The governing policy requires FMC Carswell to notify an inmate of the results of an investigation of inmate-on-inmate sexual abuse allegations. When the allegation involves staff, the inmate is to be informed if the staff member is no longer posted within their housing unit, is no longer employed at FMC Carswell, if the staff member was indicted on a charge related to sexual abuse within the facility or the agency learned that the staff member was convicted on a charge related to sexual abuse within the facility.

Practice(s):

FMC Carswell conducts administrative investigations, when needed. Over the applicable 12-month audit period, there were 10 closed investigations involving allegations of sexual abuse/sexual harassment reported. Five cases were found to be unsubstantiated; three unfounded; one substantiated, and one not completed due to the death of the alleged victim. Two cases in the above referenced investigations received a full protocol, meaning, based on post allegation preliminary interviews, it was determined that the allegation warranted further investigation. An on-site review of five investigative files reveals that in all cases, inmates were informed of the decision related to their allegation. FMC Carswell reported that no investigations were completed by an outside agency. However, one case was referred to the FBI involving an outside physician. Allegedly, the incident took place at an outside hospital. There were two outcomes indicating unsubstantiated allegations of sexual abuse/harassment committed by a staff member. Facility compliance with Standard 115.73 was determined by a review of policy and investigative documentation and staff interviews.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

PS 3420.11 and PS 5324.12 address the requirements of Standard 115.76. All employees are subject to administrative disciplinary sanctions for violating agency sexual abuse/sexual

harassment policies. The Collective Bargaining Agreement between the Federal Bureau of Prisons and the Council of Prison Locals, American Federation of Government Employees, allows for disciplinary sanctions against staff, including termination, for the sexual abuse/sexual harassment of an inmate. All terminations for violations of agency sexual abuse/sexual harassment policies, or resignations by staff in lieu of termination, may be reported to criminal investigators and to any relevant professional, certifying, or licensing agencies, unless the activity was clearly not criminal.

Practice(s):

During the audit period, (12 calendar months of on-site audit) four allegations involved alleged staff perpetrators. Two allegations were deemed unsubstantiated, one unfounded, and one involving an outside physician was not closed due to the death of the alleged victim due to medical illness. FMC Carswell certified that there were no cases, during the audit period, of staff discipline or terminations based on substantiated allegations of sexual abuse policies. However, the facility reported one staff resignation prior to termination but the case was not within the 12-month period of the on-site audit. Facility compliance with this standard was determined by a review of policy and documentation and staff interviews.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Policy:

PS 3420.11 and PS 5324.12 address the requirements of standard 115.77. Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and would be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility would take appropriate remedial measures and consider whether to prohibit further contact with inmates.

Practice(s):

During the audit period, by certification of the Warden, there was one report of sexual abuse by a contractor or volunteer for violating agency sexual abuse/sexual harassment policies during the period covered by the audit. However, the Warden also certified there were no remedial measures were warranted against contractors or volunteers for violating agency sexual abuse or sexual harassment policies. The case involved an allegation which occurred at an outside hospital. The case was referred to outside law enforcement. The alleged victim passed away at home due to a medical illness. FMC Carswell's compliance with Standard 115.77 was determined by a review of BOP policies and the Warden's certification, as well as interviews with the Human Resource Manager and the IPCM.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Policy:

PS 5270.09, Inmate Discipline Program and PS 5324.12 address the requirements of this standard. The Inmate Discipline Program defines sexual assault of any person, involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The program statement identifies engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Discipline Program. The BOP does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. The disciplinary process considers whether an inmate's mental disabilities, mental illness or behavioral issues contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. If mental disabilities or mental illness is a factor, the facility considers the offer of therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse.

Practice(s):

During the past 12 months, there was one substantiated finding of inmate sexual abuse or inmates being disciplined for sexual abuse for the applicable audit period. The case was referred to the FBI and the referral was declined. The inmate was found guilty of an administrative sanction. Interviews with the SIA and the IPCM, proper policy guidance, and a review of investigative files confirmed FMC Carswell's compliance with this standard.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Policy:

PS 5324.12, medical and mental health screening instruments, a review of risk screening instruments, and inmate and intake staff interviews address the requirements of standard.

Practice(s):

The facility has a comprehensive system for collecting medical and mental health information relevant to the PREA and has the capacity to provide continued re-assessment and follow-up services. Information is maintained in the Psychology Services Department in an electronic note system (BEMR), as confirmed by interviews with medical, mental health and specialized staff. The review of Psychology Services' "Risk of Sexual Victimization" and "Risk of Sexual Abusiveness" Forms confirmed that inmates who disclosed prior victimization during intake screening or have a history or propensity to be sexually abusive were offered a follow-up screening with medical or mental health staff. Treatment services are offered without financial cost to the inmate. As confirmed by observation and a review of intake screening documents, screening for prior sexual victimization in any setting is conducted by unit team staff, during in-processing procedures. In-processing procedures also screen for previous sexually assaultive behavior in an institutional setting or in the community. When indicated, inmates are offered a follow-up meeting with a mental health practitioner within fourteen days of the intake screening process.

The auditor reviewed 11 cases referred during the initial screening process. These cases were assessed in prior screenings as having experience previous sexual victimization. The auditor determined that all cases were offered follow-up mental health services.

In the above referenced cases, inmates identified during screening as having previously perpetrated sexual abuse were offered follow-up mental health services. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for determining treatment plans, security, housing, work, program assignments and management decisions. Signed and dated informed consent forms are obtained from inmates before reporting prior sexual victimization that did not occur in an institutional setting. FMC Carswell does not house inmates under the age of 18. Facility compliance with Standard 115.81 was determined by a review of policy and documentation and staff and inmate interviews.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

medical and mental health practitioners according to their professional judgment?

Yes No

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

PS 5324.12 and PS 6031.04 address the requirements of Standard 115.82.

Practices:

The facility medical and mental health personnel provide services to the FMC/SCP. Medical personnel are available 24 hours per day, seven days a week and are available for consultation or call-back. Mental health providers are on-site five days per week and are also available for call-back on off duty hours. Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical/mental health treatment and crisis intervention services at FMC Carswell or are transported to a hospital in the community when health care needs exceed the level of care available within the FMC. Victim advocacy is offered through community providers and trained staff members. There is no financial cost to the inmate for any sexual abuse related medical or mental health care or victim advocacy service, regardless of whether the victim names the abuser or cooperates with the incident investigation. There were no allegations of sexual abuse that required referral for forensic evidence collection by a SANE during the applicable audit period. Inmate victims of sexual abuse, while incarcerated, are offered information about and timely access to information on emergency contraception, sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Facility compliance with this standard was determined by a review of policy and documentation and interviews. The contractual agreement with "The Women's Center" provides victim advocacy services as needed.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

PS 5324.12 addresses the requirement of Standard 115.83. As confirmed by a review of policies, the facility may 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. Inmates are also re-evaluated within 30 days of admission to the facility. The evaluation and treatment of such victims includes follow-up services. The facility would arrange for referrals for continued care following their transfer to or placement in other

facilities or after their release from custody. The facility has staffed its medical and mental health departments and offers sexual abuse victims with medical and mental health services consistent with the standard of care available in the community.

Practice(s):

FMC Carswell is an all-female facility. There was one substantiated case of sexual abuse during the applicable audit period. During the on-site audit, it was verified that ongoing medical and mental health follow-up is provided to alleged victims, while incarcerated. Testing for sexually transmitted infections are offered as medically appropriate. Treatment services are 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. Mental health evaluations are conducted on all known inmate-on-inmate abusers at least within 14 days of learning of such abuse history, but usually immediately, when staff members become aware of this information. When appropriate, treatment is offered by mental health practitioners. Facility compliance with this standard was determined by a review of policy and documentation and specialized staff interviews.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

PS 5324.12, an on-site review of tracking logs, review of administrative investigation files and facility memorandums all address the requirements of this standard.

Practice(s):

Administrative and/or criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The facility investigators and/or the FBI/OIG/OIA conduct all investigations. Interviews with the SIA, the Chief of Psychology Services, the PREA Coordinator, and the IPCM confirmed that they were knowledgeable concerning the requirements of the incident review facet of the PREA. The facility conducts a sexual abuse incident review after every sexual abuse full protocol investigation, unless the allegation was determined to be unfounded. The incident review process is directed by the PREA Coordinator and the IPCM. Based on a review of the investigative files, incident reviews were conducted on all required cases applicable for the review period. When conducting incident reviews, consideration was given as to whether the incident was motivated by race, ethnicity, gender identity, and status or gang affiliation. The incident reviews also note whether additional monitoring technology or staffing should be added to enhance inmate supervision. The facility implemented the recommendations for improvement or documented its reasons for not doing so. FMC Carswell's compliance with this standard was determined by a review of policy and other pertinent supporting documentation, a review of investigative files and interviews with the Acting Warden, SIA, Chief of Psychology Services, the PREA Coordinator, and the IPCM.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 addresses the requirements of Standard 115.87. As confirmed by a review of support documentation, the facility collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The agency tracks information concerning sexual abuse using data from the facility's Special Investigative Services (SIS) Department, the agency's Office of Internal Affairs and SENTRY, the BOP's computerized data management program. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The agency aggregates and reviews all data annually. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30. Agency compliance with this standard was also determined by a review of policy and tracking documentation and staff interviews.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 addresses the requirements of Standard 115.88. The Bureau of Prisons and the institution reviews and assesses all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, to identify any trends, issues or problematic areas and to take corrective action, if needed. The IPCM forwards data to the respective BOP Regional PREA Coordinator and then to the National BOP PREA Coordinator. An Annual Report is prepared and placed on the BOP website. The Annual Report was reviewed by the auditor. The report can be found at the following website address: www.bop.gov. Facility compliance with Standard 115.88 was determined by a review of policy, a review of data, and staff interviews.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 addresses the requirement of Standard 115.89. The National PREA Coordinator reviews data compiled by each BOP facility, from SENTRY, from each Regional PREA Coordinator, from the Information, Policy, and Public Affairs Division of the BOP, and from the Office of Internal Affairs and issues a report to the Director on an annual basis. Facility data is maintained in locked files or on computer databases that are user ID and password protected. Agency PREA data is securely retained and is published on the BOP website after removing all personal identifying information. The required reports cover all data required in this standard and are retained in a file. Agency compliance with this standard was determined by a review of policy and documentation and staff interviews concerning data protection practices.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

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, inmates, and detainees?
 Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The last FMC Carswell PREA audit was conducted in May 2016. The auditor was allowed access to all areas of the facility and had access to all required supporting documentation. FMC Carswell also allowed the auditor to conduct private interviews with both inmates and staff. Document submittals were reviewed for the applicability to the PREA standards. Interview results were cross-referenced to physical and documentary evidence. The Warden's certification of compliance statements was analyzed and compared to actual available data. Corrective actions taken by the facility were characterized and related to physical plant modifications (adding mirrors), better dissemination of information to the inmate population, and agency driven modifications to pre-promotion and risk screening procedures. The corrective actions required did not present impactful defects in internal controls or performance issues. The facility and agency have fully institutionalized the objectives of the PREA.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the

case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeals pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Considering the agency corrective measures for standards 115.17 and 115.41, FMC Carswell has fully implemented all policies, practices and procedures outlined in the PREA standards. The auditor reviewed applicable standards and, through the review of supporting documentation, interviews with staff and inmates and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with all PREA standards for the relevant review period. The agency has posted all audit reports on its website within ninety days of their completion. The public has access to reporting mechanisms and BOP PREA trends data via the BOP website. Based on the successful implementation of the applicable corrective action plans, FMC Carswell currently "exceeds" 2 standards and currently "meets" 43 applicable standards.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Donald Chadwick

06/27/2019

Auditor Signature

Date

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

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