

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:		Federal Correctional Institution - Fort Worth	
Physical address:		3150 Horton Road, Fort Worth, TX 76119	
Date report submitted:		07/24/2015	
Auditor Information James Roland - The Nakamoto Group			
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Date of facility visit:		July 14-16, 2015	
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number:		817-534-8400	
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input checked="" type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager:		Title:	
Miguel Gonzalez		CAA/PREA Compliance Manager	Associate Warden
Email address: FTW/PREAComplianceMgr@bop.gov		Telephone number:	817-534-8400
Agency Information			
Name of agency:		Federal Bureau of Prisons	
Governing authority or parent agency: <i>(if applicable)</i>		U.S. Department of Justice	

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Mailing address: <i>(if different from above)</i>			
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Agency Chief Executive Officer			
Name:	Charles E. Samuels, Jr.	Title:	Director
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Agency-Wide PREA Coordinator			
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AUDIT FINDINGS

NARRATIVE:

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Federal Correctional Institution (FCI) -Fort Worth, Fort Worth, Texas was conducted July 14-16, 2015 by the Nakamoto Group, Inc. certified PREA Lead Auditor James L. Roland Jr. When the auditor arrived at the facility, an "in-briefing" meeting was held with the FCI Warden, Associate Wardens, PREA Manager, Executive Assistant, various facility staff and Bureau of Prisons (BOP) administrators. The introductions and audit process was discussed during the briefing.

The facility is accredited by the American Correctional Association (ACA).

The standards used for this audit became effective August 20, 2012. This auditor discussed information contained in the Pre-Audit Questionnaire with the FCC Fort Worth PREA Audit Manager and BOP Regional PREA Administrator prior to the on-site audit visit. Answers to the interview sheets for The National PREA Coordinator, National PREA Contract Administrator for the BOP and the Director's designee were reviewed prior to the audit. As part of the audit, a review of all agency and local facility policies and a tour of the facility were completed. Fifty (50) inmates were selected to be interviewed. Two inmates were interviewed who self disclosed that they were transgender. Two inmates were interviewed that self disclosed that they were gay. Two inmates were interviewed who were hearing impaired and two inmates were interviewed who were wheel chair confined with permanent disabilities. Three (3) inmates declined to answer questions when they were advised of the reason for the interview. Four (4) inmates were identified by the facility as having low English comprehension. A staff interpreter was available, however, the inmates stated that they were able to understand the interviewer and declined the staff interpreter. Three (3) inmates were interviewed at the Special Housing Unit (SHU).

There were 16 allegations of sexual abuse/harassment filed by inmates during the rating period of the past 12 months. Fourteen (14) cases were determined to be unsubstantiated. The other two (2) cases are still under investigation by the Office of Internal Affairs. All files were reviewed and appropriate documentation was completed. All inmates received in writing the outcomes of the investigations.

A total of thirty-eight (38) correctional staff was interviewed including correctional officers from all three 8 hour shifts and housing units. Fifteen (15) administrative staff was interviewed including the FCI Warden, Associate Wardens, Chief Psychologist, Human Resource Manager, PREA Compliance Manager, Complex Captain, SIS Lieutenant, Health Care Administrator, a Unit Manager and a Case Manager. Specialized staff included medical, mental health, investigators, incident review team, retaliation monitor, segregation officers, food service, shift supervisors, volunteers, chaplain, medical contractors, intake and unit staff was interviewed.

The auditor reviewed the Gratuitous Services Agreement (GSA) from the local advocacy center Women's Center in Fort Worth Texas. The facility does have the "hot-line" numbers available to the inmates. The facility has several staff trained for assisting the inmates with emotional and support services. FCI Fort Worth transports inmates to the local John Peter Smith Hospital for medical and mental health services.

The auditor concluded, through interviews and a review of policy and documentation, that all staff and inmates were very knowledgeable concerning their responsibilities involving the PREA. During the interviews, the inmates stated that staff was respectful and that they felt safe at the facility. Staff was able to describe in detail their specific duties and responsibilities, including being a "first responder" if an incident occurred or allegation of sexual abuse/harassment were made.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The mission of the Federal Bureau of Prisons and the Federal Correctional Institution in FCI- Fort Worth, Texas, is to protect society by confining offenders in the controlled environments of prison and community-based facilities that are safe, humane, and appropriately secure, and that provides work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens."

The Federal Correctional Institution in Fort Worth, Texas, is responsible for managing the growing population of persons convicted of federal offenses. Currently, the institution employs about 359 BOP staff members and approximately 25 Public Health Service employees from a variety of disciplines.

The institution has a low security level rating to include the medical mission changing from a long term care facility to a Nurse Care Center, which houses inmates with special needs, meaning that they primarily house offenders rated as low in security needs. Security features include a double perimeter fence, electronically controlled access, high mast lighting, and an armed perimeter patrol. Inmate

members of the diverse population are committed by courts, transferred from other institutions, or are pending trial or sentencing.

At any given time, the institution houses approximately 1988 inmates. About 16.1% of these inmates are minimum security, 80.6% low security, 2.2% medium security, 0% high security, and 1.1% unclassified. Mean sentence length is 123 months, with a median of 96 months. About 28.4% have sentences of less than five years. The average age is 42 years, with 13.5% below age 31 and 19.7% over age 50. The racial composition is approximately 70.7% White, 26.9% Black and 2.4% other. Of these numbers, 28.2% are of Hispanic ethnicity, with a significant proportion that are primarily Spanish speaking.

U.S. citizens comprise about 93.5% of the population. Drug-related crimes account for 58.1% of those sentenced. Other major sentence categories include: Sex offenses (18.0%); Arms, explosives, & arson (11.6 %); Fraud, Bribery, Extortion (4.4%); Larceny, Property (2.4%); Robbery (1.9%), and Immigration offenses (1.1%).

Each BOP correctional institution functions much like a self-contained community. Successful operation requires the participation and coordination of many different departments.

FCI Fort Worth Institution Summary

Number of Buildings:

Inside Perimeter - 31 Buildings

Outside Perimeter - 39 Buildings

Building Number and Use

- 1) Administration Building - Warden's Office, Employee Services, Computer Services, Legal Department, Financial Management, Captain/SIS/SIA
- 2) Housing Unit (Dallas Unit), Lieutenants' Office, Inmate Systems Management, Case Management Coordinator, Mail Room
- 3) Housing Unit (Fort Worth Unit), Education Department, Religious Services RDAP Unit, Care Level 3 Mental Health
- 4) Housing Units (San Antonio Unit, Houston Unit, Austin Unit), Recreation Department, Psychology Services
- 4a) Recreation Guard Shack

- 4b) Recreation Restrooms
- 5) Food Service, RDAP Classrooms
- 6) Associate Wardens Offices, Safety Department, Clothing Room, Commissary, Supply Warehouse, Vocational Training
- 6a) Hazardous Waste Storage Facility
- 7) Facilities
- 8) Food Service Warehouse, Facilities
- 9) Powerhouse
- 10) Laundry Plant
- 12) Control Center, Lock Shop/Armory
- 40) Rear Gate
- 43) Facilities
- 45) Jail Unit, Special Housing Unit, Receiving and Discharge
- 55) Health Services Department

Size of Facility Property

Approximate Acreage Inside Secure Perimeter: 37.71 Acres
Approximate Acreage Outside Secure Perimeter: 143.11 Acres

Security Perimeter Type/Description

Double chain link fence with razor wire.

Type of Perimeter

Number of Perimeter Fences: 2 (12' in height)
Razor Ribbon: 10 rolls
Video Cameras: 83
Mobile Patrol: 2
Towers in Use: 0
Sallyport (s): 4
Metal Detectors: 3
X-Ray Machine: 2
Control Center(s): 2
Armory: 1

Rated Capacity

Rated Capacity: 1550
Designation Level: 1788 (June 2015)

Building 2 - Dallas Unit

The unit consists of double occupancy cells, multiple occupancy cells, and dorms. The first floor of the unit has been designated for Medical assigned inmates where approximately 90 wheelchair inmates are housed.

Building 3 - Fort Worth Unit

The unit consists of double occupancy cells, multiple occupancy cells, and dorms. The institution Residential Drug Abuse Program inmates are housed in this unit along with care level 3 mental health inmates. The first floor of the unit has been designated for medical assigned and the care level 3 mental health inmates.

Building 4 - San Antonio Unit (First Floor)

The unit consists of double occupancy cells, multiple occupancy cells, and dorms.

Building 4 - Houston Unit (Second Floor)

The unit consists of double occupancy cells, multiple occupancy cells, and dorms.

Building 4 - Austin Unit (Third and Fourth Floors)

The unit consists of double occupancy cells, multiple occupancy cells, and dorms.

Building 45 - Jail Unit

The unit consists of double occupancy cells with showers

Building 45 - Segregation Unit

The unit consists of double occupancy cells with showers.

Building 55 - Lubbock Unit

The unit consists of double occupancy and multiple occupancy dry and wet cell.

The Federal Bureau of Prisons, judged by any standard, is widely and consistently regarded as a model of outstanding public administration, and as the best value provider of efficient, safe and humane correctional services and programs in America. This vision will be realized when...

The Bureau provides for public safety by assuring that no escapes and no disturbances occur in its facilities. The Bureau ensures the physical safety of all inmates through a controlled environment which meets each inmate's need for security through the elimination of violence, predatory behavior, gang activity, drug use, and inmate weapons. Through the provision of health care, mental, spiritual, educational, vocational and work programs, inmates are well prepared for a productive and crime-free return to society. The Bureau is a model of cost-efficient correctional operations and programs.

Employees are talented, professional, well-trained, and diverse, and reflect the Bureau's culture and treat each other fairly. Staff works in an environment free from discrimination. A positive working relationship exists where employees maintain respect for one another. The workplace is safe, and staff performs their duties without fear of injury or assault. Staff maintains high ethical standards in their day-to-day activities. Staff are satisfied with their jobs, career opportunities, recognition, and quality of leadership.

FCI Fort Worth Inmate Demographics

- Number of Inmates 1988
- Average Age of Inmate 42.3 Years
- Average Sentence Length 96.0 Months
- U.S. Citizens 93.5%
- African Americans 26.9%
- White 70.7%
- Other 2.4%
- Drug Offenses 58.1%
- Weapons, Explosives, Arson 11.6%
- Robbery Offenses 1.9%
- Immigration Offenses 1.1%
- Burglary, Larceny, Property 2.4%
- Homicide, Agg. Assault, Kidnapping 1.5%
- Extortion, Bribery, Fraud 4.4%
- Counterfeit, Embezzlement 0.4%
- Sex Offenses 18.0%
- Miscellaneous Offenses 0.9%

SUMMARY OF AUDIT FINDINGS:

At the conclusion of the on-site audit, an "out-brief" meeting was held with facility Warden, Associate Warden, Facility PREA Manager, and Chief Psychologist. The auditor was provided with extensive and lengthy files prior to the audit for review to support a conclusion of compliance with PREA. The facility staff were found to be courteous, cooperative, knowledgeable and professional. All areas of the facility were found to be clean and well maintained. At the conclusion of the audit, the auditor thanked the FCI Fort Worth Warden, Associate Warden and staff for their hard work and dedication to the PREA process.

Number of standards exceeded: **3**
Number of standards met: 39
Number of standards not met: 0
Not Applicable: 1

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The agency and the facility exceed the standard with policies and practice. National Policy or Program Statement (PS) 5324.11 a-b pages 3, 14, 25, 27-29 and 49 and IS (Institution Supplement) page 1 clearly exceed addressing this standard. The facility PREA Plan exceeds zero tolerance as required by the standard. In addition to the facility PREA Compliance Manager, there is a designated National PREA Coordinator and PREA Compliance Manager assigned to each regional office in the agency to ensure adherence to the PREA. The facility PREA Compliance Manager is an Associate Warden who reports to the Warden. The facility has zero tolerance postings in all areas of the facility. All staff are issued pocket size PREA Standards Guidelines to carry at all times for reference. Staff receive initial and annual PREA training, as well as updates throughout the year.

§115.12 - Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The agency and facility complies with this standard. This was confirmed by a review of documentation submitted requiring other entities contracted with for the confinement of inmates to comply with the PREA standards. The contracts with the entities contracting with the agency, (i.e. Corrections Corporation of America in Nashville, Tennessee, GEO Group, Inc. in Boca Raton, Florida and Management & Training Corporation in Centerville, Utah) were reviewed.

§115.13 – Supervision and Monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 3000.03 pages 8-12 addresses this standard. Policy requires the facility to review the staffing plans on an annual basis. Interviewing the Warden and Associate Wardens of the FCI-Fort Worth indicated compliance with PREA and other safety and security issues are always a primary focus when they consider and review their staffing plan. The auditor reviewed the facility staffing plan and it was determined to be acceptable. The facility has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards. The audit included an examination of all video monitoring systems, inmate access to telephones, the Tru-links e-mail system, and a review of documentation, staff interviews and rosters. Documentation of unannounced rounds by administrative staff that cover all shifts were reviewed. Interviews with staff confirmed unannounced rounds to all areas of the facility on a weekly basis and are conducted with no warning to staff. One-hundred and five (105) video cameras are placed throughout the facility with monitoring capabilities with one-hundred and twenty-five cameras to be installed in future months. The camera monitoring system is monitored in the main control center and Special Investigative Supervisor (SIS) office area. The cameras have recording capabilities and which is maintained for 14 days. Forty-five mirrors have been installed, twenty-four (24) urinal dividers, one-hundred and ten (110) privacy shower curtains replaced, and sixteen (16) additional privacy shower curtains added to the Special Housing Unit (SHU). Quarterly Workforce Utilization Committee Meeting minutes and Work Programming Meeting minutes were reviewed that indicated all staffing issues are discussed by the Warden and other administrative staff.

§115.14 – Youthful Inmates

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Not Applicable – The FCI-Fort Worth does not house youthful offenders.

§115.15 – Limits to Cross-Gender Viewing and Searches

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

PS 5324.11-1a-d page 18 and section 11 page 2, IS page 1 and the staff training curriculum addresses this standard. Cross-gender strip or body cavity searches are prohibited, except during emergencies, but may be performed by medical staff (all are documented). Staff (female, as the institution is all male) have been trained to conduct cross-gender pat searches in a less-intrusive, respectful, and professional manner. All staff reported that they received cross-gender pat search training (including how to search transgender and intersex inmates) during institution familiarization training, at the BOP training academy, by watching a mandatory video, and during annual refresher training. Officers reported that inmates are always allowed to shower, dress, and use the toilet privately, without being viewed by female staff. Female staff stated they announce their presence verbally when entering all areas holding inmates, and this message is also made over the facility-wide intercom at the beginning of each shift. Written notices of female staff being present were found in the housing units. These announcements were observed by the auditor during the tour of all areas of the facilities. Staff were aware the policy prohibits the searching of a transgender or intersex inmate to determine their genital status. The interviewed inmates confirmed they were afforded significant privacy when using the toilet, changing clothes, or when showering, and that announcements were made when female staff entered the housing units or any area holding inmates. PREA notifications (English and Spanish) are posted in each housing unit of each facility within the institution, the intake units, inmate work areas, and in all inmate program areas.

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 5324.11 addresses the requirements of this standard. The FCI-Fort Worth takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts, postings and inmate handbooks (all reviewed by auditor) are in English and Spanish. Staff interviewed were aware that under no circumstance are inmate interpreters or assistants to be used in dealing with any PREA related matter. Inmate interviews also confirmed compliance to this standard.

§115.17 – Hiring and Promotion Decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 3000.03 pages 28, 41-45, PS 3420.11 pages 6-7, PS 5324.11- K 1-2 page 10, the Pre-Employment Guide and BOP Recruitment Flyer page 1 addresses this standard. The Human Resource Manager was interviewed, and stated that all components of this standard have been met. All employees, contractors, and volunteers have had their background checks completed. BOP Regional Office staff conduct background checks before approving a promotion. A tracking system is in place to ensure that updated background checks are conducted every five years. Policy states false information submitted by applicants is grounds for termination. The auditor reviewed employment documentation supporting compliance to this standard.

§115.18 – Upgrades to Facilities and Technology

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The FCI-Fort Worth facility has an extensive video and visual monitoring system of one-hundred and five video cameras in place and has continued upgrading the system. They presently will be adding one-hundred and twenty-five (125) additional cameras in the future. All upgrades are reviewed and discussed during quarterly administrative meetings to ensure the safety of staff, visitors and inmates.

§115.21 – Evidence Protocol and Forensic Medical Examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 5324.11 pages 4-5 and 23-24, PS 6031.03 pages 42 & 43, IS page 8 and the Health Services Procedural Manual page 78 addresses compliance of this standard. Custody and medical staff were interviewed concerning this standard and all were knowledgeable of procedures to secure and obtain usable physical evidence when sexual abuse is alleged. Staff were aware of the Special Investigative Supervisor (SIS) conducting investigations. Inmates are transported to local John Peter Smith (JPS) Hospital for SAFE/SANE exams. The facility has an memorandum of understanding with this hospital and local advocacy services. There were twelve SAFE/SANE forensic exams during the audit period.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

PS 5324.11 pages 44, 45 and 46 addresses this standard. Administrative or criminal investigations are completed on all allegations of sexual abuse/harassment. The Special Investigative Supervisor (SIS) and FBI conduct all investigations. An (SIS) Lieutenant and staff member were interviewed and found to be very knowledgeable concerning their responsibilities. There are 253 agency investigators and 4 facility trained investigators. The FBI conducts the criminal investigations for the facility. There were 16 allegations of sexual abuse or harassment during the audit period. Fourteen (14) allegations were determined to be unsubstantiated, and the remaining two allegations are still being investigated. The auditors were able to interview three inmates who made allegations; the remaining were not interviewed because they were not housed at the facility. After reviewing the investigation documentation the auditors believe staff acted appropriately. All allegation files were reviewed by an auditor. The files were exceptionally maintained and contained all appropriate documents. The documents included; an Incident Report, inmate interviews, medical reviews, intervention documentation, monitor reports, a PREA Coordinator report, an after-action review team report, letter of notification to inmate, anonymous and third party letters and investigation reports. All allegations were reported and thoroughly investigated within 7 days after the incident. A review of documents and interviews with staff and inmates confirmed a rating of compliance with the standard.

§115.31 – Employee Training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

PS 5324.11 pages 14, 15, 25, 26 and 27, IS page 2 and the Annual Training Plan addresses all training required by this standard. The Bureau of Prisons (BOP) provides extensive PREA standards training, which all staff must attend and successfully complete. Contractors and volunteers are provided training relative to their duties and responsibilities. Much of this training was provided through an on-line course on PREA provided by BOP. Annual refresher training including PREA topics is provided to all staff. Staff receive continuous updating throughout the year and have available a pocket size PREA

Reference card carried during their shift. Staff acknowledge in writing their understanding of the PREA. Staff training files and facility training curriculum was reviewed and contained documentation supporting compliance to this standard. All staff interviewed indicated they had received PREA training.

§115.32– Volunteer and Contractor Training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 5324.11 covers this standard. The Annual Training Plan (Sexually Abusive Behavior Prevention and Intervention) addresses the requirements of this standard. There are 131 contractors and volunteers who have received PREA training that covered zero-tolerance, reporting and responding requirements. All training is documented and interviews with nine religious volunteers and medical contractors indicated they were knowledgeable of their responsibilities. The auditor examined training files that confirmed standard compliance.

§115.33 – Inmate Education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 5324.11 pages 27 & 28 addresses the requirements of this standard. The facility does an exceptional job in educating the inmates on the PREA. Inmates receive information during the intake process that includes a PREA video, Sexually Abusive Behavior Prevention and Intervention pamphlet and a Admission & Orientation handbook printed in English and Spanish. The inmates have available a TRU- Links computer program providing them with PREA information. Unit staff meet periodically with inmates concerning PREA standards giving the inmates an opportunity to ask questions and present

any concerns. There are zero tolerance posters in English and Spanish throughout the facility and in each housing unit, and a "hot line" telephone number to call to report abuse or harassment with the JPS Health Center, Foundation, and Rape Crisis and Victim Services. There are also trained Medical and Mental Health staff for advocacy services. The Office of Inspector General address is posted in each housing unit for inmates to write concerning any sexual abuse or harassment. The facility has a contract with a translation company to assist limited English speaking inmates. Interviews with staff and inmates, as well as documentation review, support the facility exceeding compliance to the standard.

§115.34 – Specialized Training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 5324.11a-d page 29 addresses this standard. The SIS staff and FBI criminal investigators have received PREA specialized training at the National Institute of Corrections and through the Department of Justice training sessions. Training records were reviewed confirming the completion of the required training.

§115.35 – Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The PREA training lesson plan and PS 5324.11 pages 29-30 addresses this standard. Forty-seven mental health and medical staff have received specialized training on victim identification, interviewing, reporting and clinical interventions through the Health Services Division. Staff receive

annual refresher training and all training is documented. The auditor reviewed training records, the training lesson plan and training sign-in sheets.

§115.41 – Screening for Risk of Victimization and Abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 5324.11 pages 30-36 and 50 addresses the requirements of this standard. All inmates are assessed at intake immediately upon arrival at the facility for their risk of being sexually abused or harassed by other inmates or being sexually abusive towards other inmates. A unit staff member screens all new arrivals within their first 72 hours. They are almost always seen the first day of intake. The staff reviews all relevant information from other facilities and continues to reassess when additional information is received within 30 days of arrival. Inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates are referred to the mental health staff for additional assessment. Staff and inmate interviews, a review of documentation and observation of intake process confirmed this information. There were 1964 inmates screened for risk of sexual victimization or risk of sexually abusing other inmates whose length of stay was more than 72 hours. There were no inmates screened that were reassessed after 30 days of arrival for possible sexual abuse or victimization based upon additional information received.

§115.42 – Use of Screening Information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 5324.11a-g pages 25, 26, 27 and 34, and IS page 4 addresses compliance to this standard. Policy requires the use of a PREA Objective Screening Instrument (reviewed by auditor) to determine proper

housing, bed assignment, work assignment, education and other program assignments with the goal of keeping inmates at high risk of being sexually abused/harassed separate from those inmates who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis for all inmates with continued follow-up and monitoring when needed. There are weekly staff meetings addressing PREA concerns and issues. Staff and inmate interviews confirm compliance to the standard.

§115.43 – Protective Custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 5324.11a-d pages 34 and 35 addresses this standard. The FCI-Fort Worth Special Housing Unit (SHU) is a separate unit within the low-security facility. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing (SHU) unless an assessment of all available alternatives has been made, and a determination has been made that there is no available means of separation from likely abusers. Policy states inmates placed in this status shall be reviewed every 7 days. There were no inmates at risk of sexual victimization who were assigned to the SHU for longer than 30 days while awaiting alternative placement.

§115.51 – Inmate Reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 5324.11a-d pages 36-37, PS 3420.11 pages 5 & 6 and IS pages 5-7, the PREA Sexual Abusive Behavior Prevention and Intervention pamphlet, and the inmate handbook in English and Spanish addresses compliance to this standard. A review of documentation and staff/inmate interviews indicated

that there are multiple ways (including verbally, in writing, anonymously, privately and from a third party) for inmates to report sexual abuse/harassment. Staff document all allegations. There are posters and other reporting documents, i.e. Office of Inspector General address, on display throughout the facility (observed by auditors) that also explain reporting methods. The facility does have "hot-line" telephone numbers available for the JPS Health Center Foundation and Rape Crisis and Victim Services. The facility also has trained advocacy staff to address inmate concerns.

§115.52 – Exhaustion of Administrative Remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS1330.18 pages 1-7 and 14-15, PS1330.18 G 1-8 pages 7-8 and 14-16 address this standard. Inmates may file a grievance; however, all allegations of abuse/harassment when received by staff would immediately result in an administrative or criminal investigation. The policy allows for an emergency grievance to be completed by the inmates. There were eight grievances filed involving PREA related issues during the rating period, that were administered in compliance with this standard.

§115.53 – Inmate Access to Outside Confidential Support Services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 5324.11 page 37, IS page 7, BOP pamphlet "Sexually Abusive Behavior Prevention and Intervention" and the inmate handbook address this standard. The facility makes available telephone "hot-line" numbers for the local the JPS Health Center Foundation, and Rape Crisis and Victim Services, to provide all services relevant to this standard. The facility has contact information for the

Office of Inspector General. Forty-seven medical and mental health staff are advocacy trained to address inmate issues.

§115.54 – Third-Party Reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The BOP pamphlet entitled "Sexually Abusive Behavior Prevention and Intervention", inmate handbook, posters in English and Spanish, the posted address of Office of Inspector General, and website www.bop.gov address the requirements of this standard. The website and facility posters assist third parties on how to report allegations. Available telephone numbers of the JPS Health Center Foundation and the Rape Crisis and Victim Services allows inmates to contact the hospital at any time. Staff and inmate interviews confirm compliance to this standard.

§115.61 – Staff and Agency Reporting Duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 5324.11a-e pages 38 & 39 addresses this standard. Staff interviewed were well aware of their duty to immediately report all allegations of sexual abuse, harassment and retaliation relevant to PREA standards including notifications from a third party. This standard of compliance was verified through staff interviews and a review of policies.

§115.62 – Agency Protection Duties

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

PS 5324.11 page 39 addresses this standard. Staff interviewed stated their duties and responsibilities if they were aware of an inmate being sexually abused or harassed and they would act immediately to protect the inmate. Staff are issued a pocket PREA guide outlining all actions to be taken. The staff stated they would separate inmates, secure the scene, protect possible evidence, not allow inmates to destroy possible evidence and contact their supervisor and medical staff. During the rating period there were no inmates identified subject to substantial risk of imminent sexual abuse.

§115.63 – Reporting to Other Confinement Facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

PS 5324.11a-d page 40 addresses this standard. Policy requires the reporting of any PREA related allegation by an inmate that occurred at another facility. There was one allegation received during the rating period stating that sexual abuse occurred at another facility. Policy requires the Warden where the inmate is currently being housed notify the Warden where the inmate was previously housed within 72 hours after being notified. The policy requires an investigation be immediately initiated. This standard was verified by reviewing policy and interviewing the Warden and Associate Warden.

§115.64 – Staff First Responder Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

PS 5324.11 pages 40 & 41 addresses this standard. All staff, contractors and volunteers interviewed were very knowledgeable concerning their first responder duties and responsibilities upon learning of a sexual abuse or harassment allegation. The staff stated they would separate the inmates, secure the scene, would not allow inmates to destroy any evidence, and contact their supervisor and medical staff. All staff are issued and carry a pocket size PREA guideline for reference. The auditors determined this standard exceeded expectations. There were 16 allegations made by inmates during the rating period. Two of the allegation cases are still under investigation by the Office of Internal Affairs, fourteen (14) allegations were determined to be unsubstantiated.

§115.65 – Coordinated Response

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The written facility coordinated response plan addresses this standard. The plan describes first responders, medical/mental health staff, investigators and facility administration coordination to resolve sexual abuse/harassment incidents. The documentation was reviewed and staff were interviewed by the auditor confirming compliance to this standard.

§115.66 – Preservation of ability to protect inmates from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The FCI-Fort Worth collective bargaining agreement between the Federal Bureau of Prisons and Council of Prison Locals American Federation of Government Employees Article 30 Section G, dated July 21, 2014-July 20, 2017 and agreements with contractors and volunteers complies with this standard protecting inmates from harm. The agreements were examined by the auditor.

§115.67 – Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 5324.11 a-e pages 43-44 and IS pages 1, 5 and 6 addresses this standard. The policy specifically prohibits any type of retaliation to any staff member or inmate who has reported sexual abuse or sexual harassment, or who has cooperated with such investigations. The PREA Compliance Manager (interviewed by auditor) is the designated staff member to monitor all possibilities of retaliation and at a minimum would conduct checks (documented) with an inmate or staff who may have been victimized or reported victimization at least every 30 days for at least 90 days following an allegation. These checks may occur more frequently if indicated. This follow-up may also extend without limit if necessary. There have been no cases of retaliation discovered or reported within the previous year. Staff explained the monitoring process, and a log established to document retaliation was inspected.

§115.68 – Post-Allegation Protective Custody

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

PS 5324.11 a-page 35 & 44 addresses this standard. Interviews with staff and an examination of the facility indicated that there is a viable alternative to placement in involuntary segregated housing (SHU). The staff consider separate housing of victim and predator and the transfer of inmates. There were no inmates placed in involuntary segregated housing (post-allegation protective custody) during the rating period.

§115.71 – Criminal and Administrative Agency Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

PS 5324.11 a-j pages 44-46 addresses this standard. The SIS staff conduct administrative investigations within the facility and refers criminal investigations to the FBI who consults with the Assistant U. S. Attorney to determine if prosecution will be pursued. There were no criminal prosecutions during this audit period. Per the Warden, the facility cooperates fully with any outside agency who initiates an investigation.

§115.72 – Evidentiary Standard for Administrative Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the

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

PS 5324.11 a-page 46 addresses this standard. The evidence standard is a “preponderance of the evidence” in determining whether allegations of sexual abuse or sexual harassment are substantiated.

§115.73 – Reporting to Inmate

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 5324.11 a-e pages 46 and 47 addresses this standard. There have been fourteen (14) administrative investigations completed during the previous year, resulting in the required notification per this standard. The inmates were notified of the results of those investigations in writing (reviewed by the auditor). This documentation confirms compliance to this standard.

§115.76 – Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 3420.11 b pages 6 & 7 addresses this standard. The facility has not issued any disciplinary sanctions to inmates as a result of sexual conduct with staff. There was one case of inmates engaging in sex with staff during the audit period. Inmates are disciplined for having consensual sex. The agreement between the Federal Bureau of Prisons and Council of Prison Locals American Federation of

Government Employees 7/1/2014-7/20/2017 allows for disciplinary sanctions against staff including termination for sexual abuse/harassment of an inmate.

§115.77 – Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 3420.11 b pages 6 & 7 addresses this standard. During the audit period there were no contractors or volunteers accused of sexual abuse/harassment of an inmate. The Warden indicated contractors or volunteers would be terminated immediately if they engaged in sexual abuse or harassment of an inmate.

§115.78 – Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 5324.11 a-f page 49 addresses this standard. There were 16 cases of inmate sexual abuse/harassment investigated at FCI-Fort Worth during the audit period. There was one case of staff and an inmate engaging in sex during the audit period. There were two substantiated cases of inmates having sex with other inmates. There are still two cases pending investigation by the Office of Internal Affairs. Policy does not allow consensual sex of any nature. Inmates that sexually abuse or harass staff will be disciplined if not consensual. The Bureau of Prisons does not discipline inmates who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Interviews with the Warden, Associate Wardens and SIS investigators confirm compliance to this standard.

§115.81 – Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 5324.11 pages 30,31,33,34 and 50 address this standard. Interviews with medical and specialized staff indicated the facility has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. All inmates received at the facility that disclosed sexual victimization at another facility were offered a follow-up meeting with medical or mental health staff. Treatment services are offered without inmate financial costs. The psychology services tracking form was reviewed that tracks inmates who received services. All information is handled confidentially, and interviews with staff confirmed compliance with this standard.

§115.82 – Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 5324.11 pages 1-5 and 52, IS page 8, the A & O inmate handbook page 27 and the BOP Clinical Practice Guidelines address this standard. The facility transports inmates to the local JPS hospital for emergency medical and mental health treatments. The treatment is offered at no financial cost to the inmates. Interviews with medical and mental health staff confirmed compliance with this standard.

§115.83 – Ongoing medical and mental health care for sexual abuse

victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 5324.11 a-d page 52 addresses this standard. Services are consistent with the community level of care without financial cost to the inmate. The facility transports inmates to the local JPS for ongoing medical and mental health services. This standard compliance was determined by documentation review and medical/mental health staff interviews.

§115.86 – Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 5324.11 a-d pages 53 & 54 addresses this standard. Administrative or criminal investigations are completed on all allegations of sexual abuse/harassment. The Special Investigative Supervisor (SIS) and FBI conducts all investigations, and the SIS Lieutenant and staff were interviewed and found to be very knowledgeable concerning their responsibilities. There are 253 agency investigators and 4 trained facility investigators. The FBI conducts the criminal investigations for the facility. There were sixteen (16) allegations of sexual abuse or harassment during audit period. Twelve allegations were determined to be unsubstantiated, and two still being investigated by the Office of Internal Affairs. The auditors were able to interview three inmates who made allegations; the remaining were not interviewed because they were not housed at the facility. All allegation files were reviewed by the auditor. The files were exceptionally maintained and contained all appropriate documents. The documents included; the Incident Report, inmate interviews, medical reviews, intervention documentation, monitor reports, a PREA Coordinator report, after-action review team report, letter of notification to inmate, investigation reports and a tracking log. All investigations are ordinarily completed within 30 days. The review team consists of the Warden, Associate Warden, PREA

Manager, and Medical/Mental Health staff. All investigations were exceptionally thorough and interviews with staff and inmates confirmed the facility exceeds in compliance to this standard.

§115.87 – Data Collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 5324.11 addresses this standard. FCI-Fort Worth will collect accurate uniform data for every allegation of sexual abuse by using a standardized instrument. The report would allow the facility to submit the annual Department of Justice (DOJ) Survey of Sexual Violence in a timely fashion, prepare an annual PREA report, monitor trends, and take corrective action when indicated. The auditor reviewed the 2013 annual report.

§115.88 – Data Review for Corrective Action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The Bureau of Prisons and the FCI-Fort Worth reviews and assesses all sexual abuse/harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, and to identify any issues or problematic areas and take corrective action if needed. The facility PREA Manager forwards data to the respective BOP Regional PREA Coordinator. An annual report is prepared and placed on the BOP website. The Annual Report was reviewed by the auditor.

§§115.89 – Data Storage, Publication, and Destruction

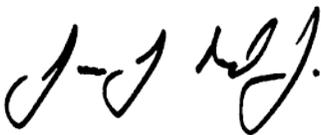
- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PS 5324.11 pages 57 & 58 addresses this standard. The National PREA Coordinator reviews data compiled by the Regional PREA Coordinators and issues a report to the BOP Director on an annual basis. The data is securely retained and published on the BOP website. The reports cover all data noted in this standard, and is retained in a secured file.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



07/23/2015

Auditors Signature

Date