

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, Seagoville, TX		
Physical address:	2113 North Highway 175 Seagoville, TX 75159		
Date report submitted:	2/21/2015		
Auditor Information American Correctional Association: A. T. Aguirre			
Address:	206 North Washington Street, Suite 200, Alexandria, VA 22314		
Email:	sac@aca.org		
Telephone number:	703-224-0000		
Date of facility visit:	August 4-8, 2014		
Facility Information			
Facility mailing address: (if different from above)			
Telephone number:	972-287-2911		
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:	Barbara von Blanckensee	Title:	Associate Warden/PREA Coordinator
Email address:	Mgr@bop.gov	Telephone number:	972-287-2911
Agency Information			
Name of agency:	Federal Bureau of Prisons		
Governing authority or parent agency: (if applicable)	United States Department of Justice		
Physical address:	320 First St., NW, Washington, DC 20534		
Mailing address: (if different from above)			
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Agency Chief Executive Officer			
Name:	Charles E. Samuels, Jr.	Title:	Director
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Agency-Wide PREA Coordinator			
Name:	Alix McLearn	Title:	Administrator, Female Offender Branch, Reentry Services Division/National PREA Coordinator
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AUDIT FINDINGS

NARRATIVE:

The PREA audit of the Federal Correctional Institute in Seagoville, Texas, was conducted on August 5-8, 2014, by Ana T. Aguirre, Chair and Correctional Consultant. During the three days the auditor toured the complex, which consisted of the following institutions:

- Federal Correctional Institution (FCI);
- Federal Detention Center (FDC); and
- Satellite Prison Camp (SPC).

The auditor noted the prominent posting of the PREA audit notices posted throughout the complex. The auditor made every effort to apply the PREA standards individually to each institution by interviewing the appropriate staff and inmate population at each institution and reviewing policy and the application of the policy in each institution.

The audit team conducted both formal and informal staff and inmate interviews. The auditor team formally interviewed 16 inmates from all of the housing units; over 24 staff, of which over 22 were specialized staff. The inmate population was interviewed and questioned as to their knowledge of the PREA standards, their rights not to be sexually abused or sexually harassed, prohibited conduct and discipline, their knowledge on reporting options, proper protection and response to alleged victims of sexual abuse, not fearing retaliation, services available to victims of sexual abuse and/or sexual harassment, and information being provided to all and in their language. Staff were interviewed and questioned about PREA training, their familiarity with reporting requirements, responding to allegations and/or incidents of sexual abuse and sexual harassment, securing the scene and evidence collection and monitoring retaliation. During the conduct of the audit the following dignitaries were present: BOP Central Office Staff – Jason Stiles; IRP Team – Mark Simms, Reviewer-in-Charge (RIC), Central Office; Tom Barbee, Captain (Bastrop); Richard Robison, Lieutenant (Bastrop); Matthew Campbell, Lieutenant (Houston); and Kirk Fajkus, Security Officer (Houston). Also present were Eddy M. Mejia, Warden; Barbara von Blanckensee, Associate Warden; Kathy S. Ott, Superintendent of Industries; Ricky Burns, Executive Assistant; Osvaldo Arellano, SIS Technician; Dr. Melissa Albert, DAP & PREA Coordinator; and Dale Holzman, H.R. Specialist/Recorder.

FCI Seagoville is a low security level, male institution with an administrative security level facility and an adjacent minimum-security level, male satellite camp. It is located in Texas approximately 11 miles southeast of the Dallas/Fort Worth metropolitan area and dates back to 1938. FCI Seagoville has approximately 507,525 square feet under roof, consisting of 46 buildings. The site is 134 acres, with 46 acres located within the secure perimeter. There are two staff houses. Seagoville was initially designated as a Federal Women's Prison, and in July 1941, had received 218 female offenders. In 1942, the facility became a Federal Detention Station for the Immigration and Naturalization Services, housing families of German, Japanese and Italian origin. During those years, approximately 25% of families confined at the facility requested to be returned to their native counties and were so processed. Following World War II, the mission at changed again. The facility became a Federal Correctional Institution for minimum-security male inmates. The institution was staffed with 115 employees, and was largely self-sustained through livestock and vegetable farming. A small garment factory employed many of the inmates, and offered vocational training as well as hourly wages. In 1969, the FCI was designated to receive a new inmate population, with offenders sentenced under the Youth Corrections Act. The majority of inmates confined during this time were between 21 and 26 years of age. Programs available for the population focused primarily on academic and job skills training, drug and alcohol abuse education, and extensive community programming. In 1980, the facility became known as the Federal Prison Camp, and shortly thereafter, a perimeter fence was installed. The facility's security level was upgraded to the status of Federal Correctional Institution. The Federal Detention Center was opened in February 1996, and houses pretrial and holdover prisoners. These include individuals awaiting trial, sentencing, and designation to other federal institutions. The majority of the inmates are from the Dallas Division of the Northern District of Texas. However, Memorandums of Understanding have been established with the Eastern and Western Districts of Texas. The Detention Center is designed as a self-contained facility with limited programs due to its temporary population. The Satellite Camp opened on October 15, 2001. This facility is a Work Camp facility. These inmates are utilized to maintain the outside landscape and outside mechanical services/warehouse areas. On the first day of the audit, the following population counts were reported:

FCI: Population – 1574; Rated Capacity – 1288

FDC: Population – 235; Rated Capacity – 174

FPC: Population – 171; Rated Capacity – 102

DESCRIPTION OF FACILITY CHARACTERISTICS:

In analyzing the information reviewed and after conducting staff and inmate interviews, the auditor found the staff and inmates to be knowledgeable of the PREA standards and rules. The staff acknowledged the importance of PREA in maintaining a safe and secure facility. Staff, including one volunteer and one contractor, interviewed were aware of what actions they needed to implement in responding to allegations of sexual assault and/or sexual harassment, PREA reporting requirements, how to respond to the alleged victim and/or perpetrator in the event of an incident, related reporting requirements, the inmates' rights pertaining to PREA, evidence preservation requirements. The PREA coordinator, medical, mental health and investigative staff did not hesitate in their responses and were eager to provide related documentation to demonstrate the application of their knowledge and skills learned through their training.

SUMMARY OF AUDIT FINDINGS:

During the past 12 months, FCI Seagoville has had a total of one (1) allegation of sexual abuse and sexual harassment received. It was reported that the allegation was determined to be unfounded as a result of an investigation conducted by the Department of Justice, Office of the Inspector General, and after referral to the United States Attorney's Office for the Northern District. Overall, the interviews of inmates reflected all were aware of PREA, had received written material and acknowledged their familiarity with how they could report allegations of sexual abuse and sexual harassment. Staff (including specialized staff, one contractor and one volunteer) interviewed indicated they were knowledgeable about PREA and of their responsibilities related to reporting requirements as well as their awareness of the proper procedures to follow if they were the first responders to any PREA related allegation.

Number of standards exceeded:	0
Number of standards met:	42
Number of standards not met	0
Number of standards 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)

Standard compliance was demonstrated via Policy 5324.11, pg. 3, 14, 25, 27-29, and 49; Policy 3420.11, pg. 6-7; Policy 5270.09, pg. 44-46, and 48-49; and Policy SEA 5324.11(a), Pg. 1-2; the agency's organizational chart, the designation of an agency-wide PREA Coordinator and local PREA Compliance Manager, as well as a local PREA Coordinator and interviews of the PREA Coordinator and PREA Compliance Manager

§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)

Standard compliance was demonstrated via review of a random sample of contracts entered into between the BOP and private/other agencies on or after August 20, 2012, which included the language

reflecting the contract entity's obligation to adopt and comply with the PREA Standards. It was reported, to date, the agency administers 14 private facility contracts and also administers 185 Residential Reentry Center (RRC) contracts.

§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)

The agency reported, in preparation for PREA, the Captain, Alternate PREA Compliance Manager, and Facilities Manger toured all areas of the institution to include the FCI, FDC, FPE, and outside areas. The purpose was to ensure compliance with the PREA standards. It was determined that additional cameras would be needed, but due to cost constraints, in the meantime It was decided to place mirrors in areas with potential blind spots or areas that could benefit from the added security measures in an effort to protect inmates and staff from being sexually assaulted. As a result of this review, the institution staff requested 61 mirrors to be ordered and placed throughout the facility. The mirrors were ordered and installed prior to the PREA audit.

A request to purchase cameras was made. The Regional Office approved a request for \$27,000 to install cameras to enhance security and assist with the staff's efforts in deterring sexual assaults. As of the week of the PREA audit, 40 cameras had been ordered and received. Contractors were scheduled to begin the installation of the monitors and equipment in the Control Center on August 25, 2014. This equipment is needed to be installed before the cameras can be installed. Once this step is completed, the Facilities Department will begin installing the cameras. This is phase one of the camera expansion plan. The institution has also requested \$150,000.00 for phase two and \$165,000.00 for phase three of the camera expansion plan. A memo dated September 22, 2014, noted the installation of the monitors and Digital Video Recorders (DVRs) has been completed. The next step in installing the camers is to run cable and conduit throughout the institution and underground. The Facilities Department is currently preparing to begin that step in the process. The funds requested for the second and third phases of the camera expansion plan have not been approved as of the date of the September memo.

Standard compliance was demonstrated via review of the staffing plan development process (PS3000.03, pg. 8-12) and the agency's staffing plan, policy and interview of the Warden, the PREA Compliance Manager, PREA Coordinator, and random sample of higher-level supervisor and a review of related random samples of documentation logs of un-announced rounds in all shifts. Additionally, as of the date of the on-site PREA audit, the Correctional Services Department has nine correctional officer vacancies. The September 22, 2014 memo reflected the Correctional Services Department is currently staffed at 100%. The staff hired to fill the vacancies began work on September 8, 2014.

§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)

Not Applicable- No one under 18 years of age at this facility

§115.15 – Limits to Cross-Gender Viewing and Searches

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

115.15(b) is **Not Applicable** as it applies in the future – starting 2015 for facilities with 50 or more inmates. Standard 115.15(b) which prohibits cross-gender pat-down searches of female inmates has not been implemented by policy. Additionally, FCI Seagoville is an all male facility.

Standard compliance was demonstrated via Policy 5324.11, pg. 18; and Policy SEA 5324.11(a and d), pgs. 2, 4 and 18; agency memo dated June 12, 2014; a review of the lesson plan curriculum, training agenda, participant sign-in sheets, a course completion report, and interviews of the following: transgender/Intersex/gay/bisexual inmates, and a random sample of staff and inmates. The facility reported there were no cross-gender strip and visual body cavity searches of inmates in the past 12 months.

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

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

Standard compliance was demonstrated via Policy 5324.11, pg. 20; agency memo dated June 12, 2014; the translation of PREA posters and inmate handbooks. The BOP (FCI Seagoville) has a contract with Advanced Language Systems International, Inc., through June 17, 2015, to provide interpretational services. For inmates who cannot read or have limited reading skills, the information is presented verbally. For the hearing impaired inmates, there are written materials and if necessary sign language will be used to convey the information. For visually impaired inmates, the information is also presented verbally. The auditor also verified standard compliance by interviewing a random sample of staff and inmates with disabilities or who are limited English proficient. The inmates reported the proper accommodations are made to ensure they are informed of PREA.

§115.17 – Hiring and Promotion Decisions

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

Standard compliance was demonstrated via Policy PS3000.03, pg. 9, 28 and 41-45; Policy PS 3420.09, pg. 8; Policy 3420.11, pg. 6-7; BOP Recruitment Flyer, pg. 1; BOP Pre-Employment Guide, pg. 2; and the Questionnaire for Public Trust Positions Form; and interview of random sample of staff. A review of a random sample of background records checks indicated one employee record without a completed

background check. Subsequent documentation was provided that reflected the background check was completed and met standards compliance.

§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)

The agency reported, in preparation for PREA, the Captain, Alternate PREA Compliance Manager, and Facilities Manager toured all areas of the institution to include the FCI, FDC, FPE, and outside areas. The purpose was to ensure compliance with the PREA standards. It was determined that additional cameras would be needed, but due to cost constraints, in the meantime It was decided to place mirrors in areas with potential blind spots or areas that could benefit from the added security measures in an effort to protect inmates and staff from being sexually assaulted. As a result of this review, the institution staff requested 61 mirrors to be ordered and placed throughout the facility. The mirrors were ordered and installed prior to the PREA audit.

A request to purchase cameras was made. The Regional Office approved a request for \$27,000 to install cameras to enhance security and assist with the staff's efforts in deterring sexual assaults. As of the week of the PREA audit, 40 cameras had been ordered and received. Contractors were scheduled to begin the installation of the monitors and equipment in the Control Center on August 25, 2014. This equipment is needed to be installed before the cameras can be installed. Once this step is completed, the Facilities Department will begin installing the cameras. This is phase one of the camera expansion plan. The institution has also requested \$150,000.00 for phase two and \$165,000.00 for phase three of the camera expansion plan. Standard compliance was also demonstrated via the interview with the Warden.

A memo dated September 22, 2014, noted the installation of the monitors and Digital Video Recorders (DVRs) has been completed. The next step in installing the camers is to run cable and conduit throughout the institution and underground. The Facilities Department is currently preparing to begin that step in the process. The funds requested for the second and third phases of the camera expansion plan have not been approved as of the date of the September memo.

§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)

Standard compliance was demonstrated via Policies 5324.11, pgs. 23-24; Policy 6031.03, pgs. 42-43; and Policy SEA 5324.11(a), pg. 6; agency memo dated June 12, 2014; the ONESource Checklist EOD:1.16.14, the Admission and Orientation (A&O) Inmate Information Handbook, pg. 28; copy of the DOJ/OIG Training Topic List dated January 14, 2014; a list of OIG agents that completed PREA training; and interviews with the PREA Coordinator, and a random sample of staff.

In response to 115.21(c-d), the contract with Parkland Rape Crisis Center was renewed on August 19, 2014.

In response to 115.21 (f-g), two pieces of documentation was provided in the form of a memo (FBI) dated April 2, 2014 and an email (OIG) dated January 24, 2014, reflected a response to the BOP's request that the external investigative entities provide documentation reflecting the PREA standards are followed.

§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)

Standard compliance was demonstrated via Policy 5324.11, pg. 44-46; Policy PS5508.02, pg. 2; a memo from the U.S. Office of the Attorney General dated 4-12-02 regarding the Duty to Report Misconduct and Cooperate with Investigators; an MOU between the BOP and the FBI dated 8-23-96 related to the interagency operational procedures guidelines regarding violations of federal criminal statutes occurring in BOP facilities or properties and involving BOP staff; 71 FR 54412 regarding "Reporting Violations to the Office of the Inspector General and the Office of Professional Responsibility; Delegations of Authority"; copy of the DOJ/OIG Training Topic List dated January 14, 2014; a list of OIG agents that completed PREA training; and interviews of the Agency Head, and Investigative Staff.

In response to 115.22(d-e), two pieces of documentation was provided in the form of a memo (FBI) dated April 2, 2014 and an email (OIG) dated January 24, 2014, reflected a response to the BOP's request that the external investigative entities provide documentation reflecting the PREA standards are followed, as well as a link to the following website:

http://www.bop.gov/inmate_programs/sa_prevention.reporting.jsp

§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)

Standard compliance was demonstrated via Policy 5324.11, pgs. 25-27; review of training curriculum and related training documentation tracking forms; review of random sample of staff training records; and interviews of random sample of staff. The agency reported 315 employees were trained on the PREA requirements.

§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)

Standard compliance was demonstrated via Policy 5324.11, pg. 27; review of training curriculum; review of training agenda and sign-in sheets for volunteer training conducted January 23, 2014; a review of a randomly selected completed volunteer Training Confirmation documentation; and interviews of random sample of contract and volunteer staff who have contact with inmates.

§115.33 – Inmate Education

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

Standard compliance was demonstrated via Policy 5324.11, pg. 27-28, and Policy 5290.14, pg. 10; PREA posters, FCI Seagoville Admission and Orientation Inmate Handbooks (English and Spanish), Admission and Orientation (A&O) Packet, the US DOJ BOP Sexually Abusive Behavior Prevention and Intervention: An Overview for Offenders Handbook (English and Spanish); interviews (formal and informal) random sample of A&O staff, interview random sample of inmates, and review random sample of inmate intake records.

§115.34 – Specialized Training: Investigations

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

Standard compliance was demonstrated via Policy 5324.11, pg. 29; training agenda for the PREA Video Conference on 10-29-12; curriculum and training aids (Power Point Presentations); employee training participation records; and interview of investigative staff. In response to 115.34(d), documentation provided included the DOJ/OIG PREA Training Topic List for 1-14-14; and a memo (FBI) dated April 2, 2014 and an email (OIG) dated January 24, 2014, reflected a response to the BOP's request that the external investigative entities provide documentation reflecting the PREA standards are followed.

§115.35 – Specialized Training: Medical and Mental Health Care

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

Standard compliance was demonstrated via policy 5324.11, pgs. 29-30; interviews of random sample of medical and mental health staff, interviews of random sample of inmates, review of random sample of medical/mental health staff training attendance records; and the Health Services and Psychology PREA Specialty Training Agenda for 8-14-13.

§115.41 – Screening for Risk of Victimization and Abusiveness

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

Standard compliance was demonstrated via Policy 5324.11, pgs. 30-33; interviews of PREA Coordinator, PREA Compliance Manager, staff responsible for risk screening (including A&O staff), and random sample of inmates; review of a random sample of inmate records; and review of Screening Form.

§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)

Standard compliance was demonstrated via Policy 5324.11, pg. 34; and Policy SEA 5324.11(a), pgs. 2-3; agency memos dated June 12, 2014; interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for risk screening, random sample of transgender/intersex/gay inmates; and memos addressing standards compliance, including advisement that FCI Seagoville has not had any transgender or intersex inmates at the facility.

§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)

The Warden reported there have not been any inmates who have been involuntarily segregated who are at high risk for sexual victimization. Standard compliance was demonstrated via Policy 5324.11, pgs. 34-36; agency memo dated June 12, 2014; interviews of Warden and random sample of staff responsible for supervising inmates in segregated housing, and interviews of random sample of inmates in segregated housing. It was noted the inmates interviewed in segregated housing were not identified as being at risk of sexual victimization and did not report concerns of sexual victimization nor had reported allegations of having suffered sexual abuse to the auditor.

§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)

Standard compliance was demonstrated via Policy 5324.11, pgs. 36, Policy P3420.11, pg. 5, and Policy SEA 5324.11(a), pg. 2, and 5-6; agency memo dated April 23, 2014; a review of the A&O inmate handbooks (English/Spanish); review of the lesson plan used when presenting information to the inmates; PREA posters (English and Spanish); interviews with random sample of staff and interviews of random sample of inmates. Established inmate reporting options include: verbal or electronic message to any staff at any facility, via phone, via TRULINCS (inmate e-mail), via third party, in writing to the Warden, Regional Director, the Director or Office of Inspector General, or file a Request for Administrative Remedy. In response to 115.51(b), the contract with Parkland Rape Crisis Center was renewed on August 19, 2014.

§115.52 – Exhaustion of Administrative Remedies

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

Standard compliance was demonstrated via policy 1330.18, pgs. 1-2, 4, 6-7 and 14-16; and policy SEA 1220.17(a), pg. 1; agency memos dated June 12, 2014; and a review of the A&O inmate handbooks (English/Spanish). The facility reported no inmates have filed grievances alleging sexual abuse in the past 12 months.

§115.53 – Inmate Access to Outside Confidential Support Services

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

Standard compliance was demonstrated via Policy 5324.11, pg. 37, and Policy SEA 5324.11(a), pg. 6; a review of the A&O inmate handbooks (English/Spanish); and interviews of random sample of inmates. In response to 115.53(a and c), the contract with Parkland Rape Crisis Center was renewed on August 19, 2014.

§115.54 – Third-Party Reporting

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

Standard compliance was demonstrated via the posting of the Zero Tolerance Posters (English and Spanish) throughout the facilities, which include information and instructions for third party reporting. Additionally, the BOP posts third-party reporting information on its public website

§115.61 – Staff and Agency Reporting Duties

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

Standard compliance was demonstrated via policies 5324.11, pgs 38-39; a review of the Psychology Services Inmate Questionnaire Form (BP-A0519); and interviews of Warden and random sample of staff, including medical/mental health staff.

§115.62 – Agency Protection Duties

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

Standard compliance was demonstrated via Policy 5324.11, pg. 39; agency memo dated 6-12-14; a review of the Screening and Intake Forms and sample electronic inmate records; and interviews of the Warden and random sample of staff. The agency reported FCI Seagoville has not learned of any inmate being subjected to a substantial risk of imminent sexual abuse in the past 12 months.

§115.63 – Reporting to Other Confinement Facilities

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

Standard compliance was demonstrated via Policy 5324.11, pg. 40; interview of the Warden and review of electronic communication regarding two reported incidents.

§115.64 – Staff First Responder Duties

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

Standard compliance was demonstrated via Policy 5324.11, pgs. 40-41; and interviews of a random sample of security staff first responders and random sample of staff.

§115.65 – Coordinated Response

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

Standard compliance was demonstrated via Policy SEA 5324.11(a), pgs. 4-7, which includes the written institutional plan; and interview of the Warden.

§115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers

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

Standard compliance demonstrated via interview of agency head as part of the central office audit process; and a memo dated June 12, 2014, indicating no collective bargaining agreements have been entered into or renewed since August 20, 2012.

§115.67 – Agency Protection Against Retaliation

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

Standard compliance was demonstrated via Policy 5324.11, pgs. 43-44; and Policy SEA 5324.11(a), pg. 9; interviews of Warden, PREA Compliance Manager, and random sample of inmates in segregated housing (inmates were not in segregation due to risk of victimization), and random sample of staff designated with monitoring retaliation. The agency reported there were no incidents of retaliation reported in the past 12 months.

§115.68 – Post-Allegation Protective Custody

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

Standard compliance was demonstrated via Policy 5324.11, pg. 44; agency memo dated June 12, 2014, indicating no inmates who had alleged to have suffered sexual abuse had been placed in involuntary segregated housing as a result of the allegation, therefore there has been no need for an assessment of all available alternatives; interview of Warden and random sample of inmates in segregated housing (inmates were not in segregation due to risk of victimization).

§115.71 – Criminal and Administrative Agency Investigations

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

Standard compliance was demonstrated via Policy 5324.11, pgs. 44-46; a copy of the DOJ/OIG Training Topic List dated January 14, 2014; a list of OIG agents that completed PREA training; and interviews with the Warden, PREA Compliance Manager, PREA Coordinator, and a random sample of investigative staff.

In response to 115.71 (k), two pieces of documentation was provided in the form of a memo (FBI) dated April 2, 2014 and an email (OIG) dated January 24, 2014, reflected a response to the BOP's request that the external investigative entities provide documentation reflecting the PREA standards are followed.

§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)

Standard compliance was demonstrated via Policy 5324.11, pg. 46; and interview of random sample of investigative staff.

§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)

Standard compliance was demonstrated via Policy 5324.11, pg. 46-47; interviews of Warden and random sample of investigative staff. The agency reported one allegation of abuse was investigated by an outside agency but was completed after the inmate making the allegation was released from custody of the BOP. It was reported that the allegation had been determined to be unfounded.

§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)

Standard compliance was demonstrated via Policy 3420.11, pgs. 6-7; and agency memo dated June 12, 2014. The agency reported no staff had violated agency sexual abuse or sexual harassment policies in the past 12 months.

§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)

Standard compliance was demonstrated via Policy 3420.11, pgs. 6-7; and agency memos dated June 12, 2014. The agency reported no contractors or volunteers have violated any aspect of the agency's sexual abuse or sexual harassment policy, therefore there has been no need for the facility to take any remedial measures or consider whether to prohibit further contact with inmates, nor has any contractor or volunteer been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates in the past 12 months.

§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)

Standard compliance was demonstrated via Policy 5324.11, pg. 49; agency memo dated June 12, 2014; interviews of Warden and medical/mental health staff; and review of the A&O inmate handbooks (English and Spanish). The agency reported there have no administrative or criminal findings of inmate-on-inmate sexual abuse that occurred at the facility and no incidents requiring disciplinary action against an inmate for engaging in sexual conduct with a staff member.

§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)

Standard compliance was demonstrated via Policy 5324.11, pgs. 30-33, and 50; and Policy SEA 5324.11, Pg. 9; agency memo dated June 12, 2014; a review of a sample of the medical/mental health screening tool and random sample of electronic copies of inmate's health screening records; and interviews of random sample of medical/mental health staff and random sample of inmates who disclosed sexual victimization during the risk screening. The agency reported there have been no instances of medical or mental health practitioners reporting information about prior sexual victimization that did not occur in an institutional setting.

§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)

Standard compliance was demonstrated via Policy 5324.11, pg. 52; and Policy SEA 6031.03(b); agency memo dated June 12, 2014; review of A&O inmate handbooks (English and Spanish), and interviews of random sample of medical/mental health staff and random sample of security staff first responders. The agency reported there have been no sexual abuse incidents in the past 12 months.

§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)

Standard compliance was demonstrated via Policy 5324.11, pgs. 52-53; review of A&O inmate handbooks (English and Spanish); and interviews of random sample medical/mental health staff.

§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)

Standard compliance was demonstrated via Policy 5324.11, pg. 53; agency memo dated June 12, 2014; and interviews of the Warden, PREA Compliance Manager and member of the Incident Review Team. The agency reported there have been no sexual abuse investigations that were determined to be substantiated or unsubstantiated; therefore there have no sexual abuse incident reviews in the past 12 months.

§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)

Standard compliance was demonstrated via Policy 5324.11, pgs. 55-56; and BOP 2012 Survey of Sexual Violence annual report reflecting outcome of aggregate data collected.

§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)

Standard compliance was demonstrated via Policy 5324.11, pg. 57; interviews of PREA Compliance Manager and PREA Coordinator; and BOP annual report reflecting findings from data reviews and corrective actions; and report is posted on the BOP public website. An electronic copy of the report was provided. It was reported that the facility is not listed in the report since there were no reported incidents of sexual abuse or sexual harassment.

§§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)

Standard compliance was demonstrated via Policy 5324.11, pg. 57-58; and interview of the PREA Coordinator; and BOP annual report is posted on the BOP public website. An electronic copy of the report was provided. It was reported that the facility is not listed in the report since there were no reported incidents of sexual abuse or sexual harassment.

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.



Ana T. Aguirre, Auditor Signature

February 21, 2015

Date