

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



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

Name of facility:	Federal Bureau of Prisons Federal Detention Center SeaTac		
Physical address:	2425 South 200 th Street, SeaTac, WA 98198		
Date report submitted:	August 13, 2014		
Auditor Information			
Address:	17566 E. 380 Road, Claremore, Oklahoma		
Email:	Pennylewis61@att.net		
Telephone number:	(918) 519-2149		
Date of facility visit:	September 24-26, 2013		
Facility Information			
Facility mailing address: (if different from above)	P. O. Box 13901, Seattle, WA 98198		
Telephone number:	(206) 870-5700		
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: David O. Carl			Title: Associate Warden
Email address: SET/PREAComplianceMgr@bop.gov			Telephone number: (206) 870-5700
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 Street., NW, Washington, DC 20534		
Mailing address: (if different from above)			
Telephone number:	(202) 307-3198		
Agency Chief Executive Officer			
Name: Charles E. Samuels	Title:	Director	
Email address: csamuels@bop.gov	Telephone number:	(202) 514-4919	
Agency-Wide PREA Coordinator			
Name: Alix McLearn	Title:	National PREA Coordinator	
Email address: BOP-CPD/PREA coordinator@bop.gov	Telephone number:	(202) 514-4919	

AUDIT FINDINGS

NARRATIVE:

The audit of FDC SeaTac in SeaTac, Washington was conducted on September 24-26, 2013 by Penny Lewis, ACA and Certified PREA auditor. The PREA audit for this facility was conducted in conjunction with the Intensive Review Program Audit, which requires a tour of the entire facility.

An entrance meeting was held with facility and bureau staff, to include the Bureau of Prison Program Reviewers. The following persons were in attendance: Jack Fox, Warden, Eloisa DeBruler, Associate Warden, David Carl, Associate Warden, Jill Sjodin, Unit Manager, Dr. Katherine Skillestad-Winans, Chief Psychologist, Josiephina Souza, Clinical Director, Michela Bowman, PREA Resource Center, Scott Catey, PREA Resource Center, Mohammed Adil, Examiner In Charge, Health Services Section, Program Review Division, Daniel De Jesus, Examiner, Health Services Section, Program Review Division Debora Ingram, Examiner, Health Services Section, Program Review Division Mahesh Patel, Health Services Administrator, FCC Lompoc, Luis V. Colcol, Assistant Health Services Administrator, FCC Lompoc, Chuck Ingram, Administrator, External Auditing Branch, Central Office and Michelle R. Hopple-Golliday, ACA Accreditation Manager, External Auditing Branch, Program Review Division.

Following the entrance meeting, the following staff accompanied me on the facility tour Tuesday, September 24th from 8:30 a.m. to 2:00 p.m., with completion of the housing units on September 25th from 7:00 a.m. to 1:30 p.m.: FDC SeaTac Jack Fox, Warden, Eloisa DeBruler, Associate Warden, David Carl, Associate Warden, Jill Sjodin, Unit Manager, Dr. Katherine Skillestad-Winans, Chief Psychologist, Chuck Ingram, Administrator, External Auditing Branch, Central Office, Michelle R. Hopple-Golliday, ACA Accreditation Manager, External Auditing Branch, Program Review Division, Michela Bowman, PREA Resource Center and Scott Catey, PREA Resource Center.

Upon completion of the tour the first day, I requested a listing of offenders by housing units and randomly selected two inmates from each housing area as well as any inmates who were limited English speaking or had hearing/vision impairment to be interviewed. In addition, I requested to interview any transgender/intersex, which none were at the facility at this time. Interviews were scheduled for inmates as well as interviews with staff, both random and specialized. Staff interviews were conducted on all shifts utilizing staffing rosters. All required interviews were conducted onsite with the exception of the investigator and the Human Resource Manager. These interviews were conducted via telephone on Friday, September 27, 2013.

There were four sexual assault/harassment allegation cases, all within the past year. All records were reviewed in relationship to the allegations.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Consistent with the BOP mission, the FDC SeaTac mission is to provide a safe and humane environment for inmates and staff. Opportunities for inmate self-improvement are provided through various programs to include; Education, Work Details, various religious practices, and Counseling for Drug Dependency, Anger Management, Victim

Impact Panel and Job Skills. These programs are designed to assist the inmates during confinement and upon release, as well as, facilitate the orderly operation of the institution.

As a Federal Detention Center, SeaTac has a multi-faceted detention mission which includes housing to include: Pre-Trial, those awaiting trial in the Western District Court in Washington; Holdover inmates, those waiting assignment to a designated facility; Work Cadre, minimum/low security inmates having less than 24 months remaining on their sentence; ICE, special needs cases that cannot be handled at the Northwest Detention Center; Airlift, the facility serves as the Western hub for US Marshal's airlift operation used to transport prisoners.

FDC SeaTac was activated on October 7, 1997 to serve as a facility for detainees awaiting Federal trial and for convicted criminals waiting to be transferred to a Federal Prison. The 355,064 square foot facility is located on 6.86 acres and is a ten-story building comprised of a four story circular base and three, six story, triangle shaped towers. The three towers provide the 502 cell housing units for the offenders assigned to this facility as well as associated management offices. Addition complements to the facility include health services, central laundry room, commissary, and the food service department. The base of the structure facilitates the warehouse for food service, mechanical rooms, freight deliveries through a controlled rear gate, as well as, the traffic for inmates received and discharged through the drive-in Marshals' gate. Other core services to the complex include administrative offices, public access areas/spaces, and inmate program rooms.

The three, triangle shaped six-level towers contain ten general housing units and two Special Housing Units (SHU). The structure provides that levels 2, 4, and 6 accommodate the general population inmates, levels 2 and 4 have three housing units each, comprised of 62 cells in a two-tier configuration. Level 6 has three single tier housing units with 30 cells each.

SUMMARY OF AUDIT FINDINGS:

On September 24-26, 2013, the on-site visit was completed at the FDC SeaTac, Washington. The results indicate FDC SeaTac, Washington compliance levels on the following number of standards.

Number of standards exceeded:	2
Number of standards met:	39
Number of standards not met:	1
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)

X 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 comments, including corrective actions needed if does not meet standard

There is now a zero tolerance policy 5324.11 dated January 6, 2014; which replaced PS 5324.09

§115.12 - Contracting with Other Entities for the Confinement of Inmates

X 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)

Federal Bureau of Prisons was proactive and renewed all existing contracts to include PREA requirements and policy. Contract monitoring is in the contract to be done through on site visits and PREA documentation/audits. No audit to date as the audit window has just opened up on 20 August 2013.

§115.13 – Supervision and Monitoring

Exceeds Standard (substantially exceeds requirement of standard)

X 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 procedures and practice does not create a staffing plan, nor does the plan calculate staffing levels using the criteria in 115.13(a). PREA Coordinator not involved in annual review as required by 115.13(c), it is done at region but no documentation provided.

During the corrective action period PREA auditor, David Hassenwriter interviewed staff at the central office and facilities; and reviewed additional documentation provided by FBOP Central Office. PS 5324.11 included a change that required the annual reviews are coordinated with the FBOP PREA Coordinator.

§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)

N/A No Youthful Offenders at this facility

§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)

115.15 (d) Windows in the cells prohibit the inmate to change clothes or perform bodily functions without being viewed. The facility has implemented a doorbell system (two significantly different sounds) which advises the population of entry into the unit. Interviews of the inmates indicate they feel this is a “notice” of someone entering. The inmates interviewed could not articulate the difference between the sounds or them being advised of the identifiers.

115.15 (e) and (f) is not covered in any BOP policy provided or researched. Staff did say during the interviews they would conduct a transgender search the same way they would search a female inmate. The standard requires “operationally, three options are in current practice for searches of transgender or intersex inmates/residents: 1) searches conducted only by medical staff; 2) searches conducted by female staff only, especially given there is no prohibition on the pat-searches female staff can perform (except in juvenile facilities); and 3) asking inmates/residents to identify the gender of staff with whom they would feel most comfortable conducting the search.”

During the corrective action period, Policy 5324.11 was revised on January 6, 2014 to meet the standard requirements. “The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmate’s genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. This provision does not limit searches of inmates to ensure the safe and orderly running of the institution. The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The Correctional Services Branch updates and maintains training materials on conducting patdown searches of transgender and intersex inmates.”

§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)

FDC SeaTac is in compliance with this standard they have good practices in place for ensuring inmates with disabilities (including deaf; blind; low vision; intellectual, psychiatric or speech disabilities) have access to information pertaining to PREA and receive the appropriate training as required. There is a contract in place through the Language Line Services to provide interpreter services.

§115.17 – Hiring and Promotion Decisions

Exceeds Standard (substantially exceeds requirement of standard)

X 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 115.17 (h) requires unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Per interview of FDC SeaTac and BOP HRMD staff if an employer request information on an employee it is only provided if requestor has a release form from employee. According to the HRMD, the practice that many institutions are using at this time of requiring a release of information before responding to an inquiry is a safe practice that protects all from potential defamation lawsuits. Per BOP there is no policy to provide information sharing with other agencies.

During the corrective action period the FBOP changed the guidance for release of information on former employees. New guidance is upon receipt from an institutional employer, requests are forwarded to FBOP Office of Internal Affairs for review and to provide information as applicable. Per interview with FBOP Office of Internal Affairs, the information would be released under routine use if requests is from a federal, state, local, or private correctional agency/facility in connection with a hiring action. The former employer will not have to sign a release form.

§115.18 – Upgrades to Facilities and Technology

X 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)

FDC SeaTac is aggressive with technology. There are 183 cameras strategically placed throughout the entire compound inside and out to enhance security, with an active plan in place to enhance the cameras to a total of 260.

§115.21 – Evidence Protocol and Forensic Medical Examinations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

115.21 (b) - Protocol has not been adapted from most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

115.21 (d) and (e) FDC SeaTac had no information available or agreements in place for victim advocacy group or qualified person from a community based organization.

115.21 (f) During Corrective Action period received lesson plan and certification all OIG investigators have received required training as of January 24, 2014.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

115.22 (e) No documentation was provided to demonstrate Department of Justice components (FBI and OIG) responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails have in place a policy governing the conduct of such investigations.

§115.31 – Employee Training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

At the time of the audit, records for training did not document through staff signature or electronic signature that they "understand" the training "received." Rosters are signed at the beginning of the training day and at the end of the training to verify they attended the training but the form does not say they "received and understand" the training as required by the standard. In the interviews conducted, it is apparent they have received the required training they were able to articulate what they had been trained. During a discussion, it was suggested that a statement with that specific wording be added to the form.

During the corrective action period the facility provided documents demonstrating the staff understood the training they previously attended. The new sign in sheet included a statement that they understood the PREA training they received.

§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)

Contractor and volunteer sign-in sheets for training were reviewed.

§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)

Inmate education is provided upon arrival, during orientation within 14 days of arrival. This was articulated from staff and inmates during the interviews. All inmates view a video and receive a rulebook containing PREA information.

§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)

During the audit, FDC SeaTac staff interviews and training records indicated the investigators required PREA investigative training 115.34 (b) and training documentation for 115.24 (c). There was no documentation provided to verify the investigators received the specialized training to include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The investigators had certificates for PREA Investigative Reporting. The FBOP training lesson plan provided was for Investigative Intelligence Training which has one hour block for PREA, but it did not cover all the required topics in 115.34 (b). During the interview, one investigator stated he did not know what Garrity warnings were, nor did he use them in his investigations.

During the corrective action period, the facility provided documents demonstrating the facility investigators and other staff, to include the Warden, received the specialized investigator training developed by the MOSS Group from National PREA Resource Center website to supplement training previously received.

§115.35 – Specialized Training: Medical and Mental Health Care

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on interviews with the Assistant Warden, Chief Psychologist, and has, as well as review of mandatory training records and sign in sheets. All forensic examinations are performed with the contract hospital in SeaTac.

§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)

X Does Not Meet Standard (requires corrective action)

The BOP screening form (BP-A1030) identifies all items on the standard 115.41 but it is not asked to the inmate. The decisions on the items in 115.41 (d) (7) are based on inmates presentence report and “all other official documents available.”

115.41 (h) Prohibits disciplining the inmate if they refuse to answer certain questions. These items are not “asked” to the offender but obtained from documents.

During the corrective action period the FBOP updated PS 5324.11 (replaced PS 5324.09). In one part of the program statement it states inmates will not be disciplined if they refuse to answer or disclose information reference disabilities, LGBTI status, previous sexual victimization or self perception of vulnerability. In the instructions for the form it states LGBTI status is based on documents received or correctional judgment and mental, physical, developmental disability is based on “if apparent or identified as” through different medical and mental health codes. Neither criteria is in the section of the screen form/instruction page that states “answers to intake screening form.” Those questions/criteria are not asked to the inmate during the screen. Although, the Central office staff interpretation was those questions would not nor does the standard require they be asked, the intent is to provide the inmate the opportunity to disclose the information; the standard requires “is or perceived to be.” Whether direct or indirect, the question(s) should provide the screener with the ability to gather required information by determining, through an inmate response, whether he or she is gay, lesbian, or bisexual. The indirect question could provide the inmate the “opportunity,” by asking if they wish to identify his or her sexual orientation or gender identity. Additionally, the new screening instrument did include criteria based on presentence information; “Whether the inmate’s criminal history is exclusively nonviolent.”

§115.42 – Use of Screening Information

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

During the audit of FDC SeaTac interviews with Central Office staff indicated placement of transgender inmate is done based on genitalia (115.42 (c)). Interview with the AW stated she does take into consideration where the inmate feels they are best suited when a transgender or intersex inmate is received at the facility. The screening tool is used by facility to determine housing, security, and programming.

During the corrective action period the agency through interviews and documents provided demonstrated the FBOP considers on a case-by-case basis whether to assign a transgender or intersex inmate to a facility male or female inmates. PREA auditor, David Haasenritter, interviewed three members of the Gender Disphoria Subcommittee that reviews designation and placement of transgender and intersex inmates. The process starts with the initial classification into the FBOP system, and can be reviewed later during confinement by the facility. In both cases the Gender Disphoria Subcommittee reviews case individually and considers a number of criteria to include: custody; security, offense (violent crime/sex offense); medical needs/requirements; mental health care needs/requirements; and inmates input. The facility had no occurrence during this audit.

§115.43 – Protective Custody

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Form BP A1002 is completed when inmates are at risk, however to date no LGTBI inmate placed in segregation for sole purpose of being at high risk of sexual victimization. Staff interviewed stated these inmates would not be placed in segregation. Currently, there are no transgender or intersex inmates housed at FDC SeaTac.

§115.51 – Inmate Reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Addressed in PS5324.09 and based on staff interviews. Inmates can report through various methods to staff and outside the agency via TruLinks.

§115.52 – Exhaustion of Administrative Remedies

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

PS 1330.17 and 1330.13 cover this standard.

§115.53 – Inmate Access to Outside Confidential Support Services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

A memorandum dated August 2, 2013 to the facility Warden from the Chief Psychologist, states she was unable to establish an outside advocate for emotional support services for victims of sexual assault.

§115.54 – Third-Party Reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

§115.61 – Staff and Agency Reporting Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

PS 5324.09 Verified during interview with the Chief Psychologist and random staff interviews.

§115.62 – Agency Protection Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

§115.63 – Reporting to Other Confinement Facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

§115.64 – Staff First Responder Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

PS 5324.09

§115.65 – Coordinated Response

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

PS 5324.09

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Memorandum from the Administrator, External Auditing Branch, Central Office, dated September 10, 2013, advises there have been no new collective bargaining agreements since August of 2012.

§115.67 – Agency Protection Against Retaliation

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

PS 5324.09

§115.68 – Post-Allegation Protective Custody

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

§115.71 – 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)

During the audit of FDC SeaTac, records did not document PREA investigators training was documented and maintained (115.71 (b)).

During the corrective action period, documents demonstrating the facility investigators and other staff received the specialized investigator training developed by the MOSS Group from National PREA Resource Center website to supplement training previously received.

Review of training indicated investigators did not weigh the credibility by the person's status as inmate or staff. (115.71 (k)).

§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)

Determined by interview with SIS Investigator.

§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)

During the audit of FDC SeaTac, interviews indicated that when there is a substantiated sexual misconduct from staff, the inmate is notified only that the allegations were substantiated. The inmate is not informed of the requirements in 115.73(c).

During the corrective action period documentation demonstrating inmates are informed as to whether the allegation had been determined to be substantiated, unsubstantiated, or unfounded. Per the investigator, he would inform the inmate if a sexual abuse by a staff member was alleged, the status of the staff member in writing to include whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

§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)

During the audit of FDC SeaTac a review of PS 3420.09 which provides offenses and disciplinary sanctions for staff. No document found or referred to states (b) Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse as required under 115.76(b). No disciplinary action has been taken in the past 12 months.

During the corrective action period the FBOP updated PS 5324.11 to include the required information.

§115.77 – Corrective Action for Contractors and Volunteers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

There have been no allegations to date. This is covered in PS 5324.09 as written in standards and PS 3420.09 states applicability to contractors and volunteers.

§115.78 – Disciplinary Sanctions for Inmates

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Covered in PS 5324.09 as written in standards and PS 5270.09 – Inmate Disciplinary Program. Addressed "(g) An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced; There is no "consensual" sexual activity permitted in BOP facilities between inmates or between staff and inmates. Inmate-on-inmate sexual activity will result in an incident report for violation of Code 205 - Engaging in Sexual Acts. Staff-on-inmate sexual activity will be subject to disciplinary action and/or criminal prosecution, as appropriate." PS 5324.09

§115.81 – Medical and Mental Health Screenings; History of Sexual Abuse

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Covered in PS 5324.09 as written in standards and expanded a little. Psychology has a Psychological Services PREA Tracking Form. Notes on cases were observed. Follow-up meetings also documented in BOP Sexually Abusive Behavior Prevention and Intervention Handout provided to the auditor.

§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)

Covered in PS 5324.09 as written in standards. Interviews with AW and Chief Psychologist provided the same.

§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)

Covered in PS 5324.09 as written in standards. Interviews with HAS and Chief Psychologist.

§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)

PS 5324.09 and review of Sexual Abuse Incident Reviews to the Warden from the Chief Psychologist.

§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)

During the audit, data was not provided to the Department of Justice as required.

Data is collected from a number of sources, main source being TRUIINTEL system. This system collects data on inmate on inmate sexual assault and harassment cases. OIA has a separate system on staff on inmate sexual cases. The Office of Internal Affairs (OIA) has a separate system on staff on inmate sexual cases, and the privatization office has a system for collecting data on these incidents. PREA Coordinator has access to information in TRUIINTEL and gets other information upon requests from OIA and privatization staff. The information is aggregated for all to be placed in DoJ BJS Report.

§115.88 – Data Review for Corrective Action

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

During the audit, reviews were conducted and submitted the BOP but, as required by 115.88, not all requirements of the standard are being met.

Annual report covered August 2012-December 2012 because "that was when standard became applicable." System is in place to do a comparison and all information is aggregated.

§115.89 – Data Storage, Publication, and Destruction

Exceeds Standard (substantially exceeds requirement of standard)

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

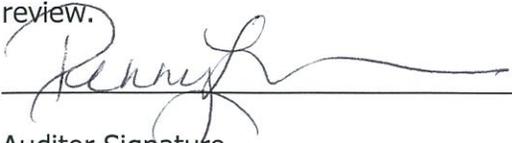
Does Not Meet Standard (requires corrective action)

During the audit, there was no aggregate data is available on the web site or published as required by 115.89.

System is in place, information is aggregated, and report is posted on website (2014).

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.



Auditor Signature

August 13 2014

Date