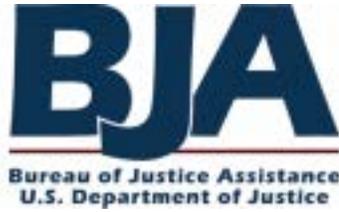


ADULT PRISONS & JAILS



Auditor Information			
Auditor name: E. Richard Bazzle			
Address: 11820 Parklawn Drive, Suite 240, Rockville.MD 20852			
Email: richard.bazzle@nakamotogroup.com			
Telephone number: 864-941-0383			
Date of facility visit: July 28-30, 2015			
Facility Information			
Facility name: Federal Correctional Institution-Texarkana			
Facility physical address: 4001 Leopard Drive, Texarkana ,TX 75503			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 903-838-4587			
The facility is:	<input checked="" type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Scott Young			
Number of staff assigned to the facility in the last 12 months: 297			
Designed facility capacity: 951			
Current population of facility: 1559			
Facility security levels/inmate custody levels: Low and Minimum / In, Out and Community			
Age range of the population: 20-86			
Name of PREA Compliance Manager: Richard A. Luna		Title:	Associate Warden
Email address: TEX/PREAComplianceMgr@bop.gov		Telephone number:	903-838-4587
Agency Information			
Name of agency: Federal Bureau of Prisons			
Governing authority or parent agency: <i>(if applicable)</i> U.S. Department of Justice			
Physical address: 320 First St. NW, Washington, DC 20534			
Mailing address: <i>(if different from above)</i>			
Telephone number: 202-307-3198			
Agency Chief Executive Officer			
Name: Charles E. Samuels, Jr.		Title:	Director
Email address: BOP-CPD/PREA Coordinator@BOP.GOV		Telephone number:	202-514-4919
Agency-Wide PREA Coordinator			
Name: Alix McLearen		Title:	National PREA
Email address: BOP-CPD/PREA Coordinator@BOP.GOV		Telephone number:	202-514-4949

AUDIT FINDINGS

NARRATIVE

The on-site visit for the initial Prison Rape Elimination Act (PREA) compliance audit for the Federal Correctional Institution-Texarkana was conducted on July 28-30, 2015. FCI-Texarkana is low and minimum / in, out, and community security level Bureau of Prisons (BOP) facility with a design capacity of 951 beds. On the first day of the audit, the facility population was 1559.

The standards used for this audit became effective August 20, 2012. Prior to the audit, the auditor received from the PREA Management Analyst of the Bureau of Prisons (BOP) Central Office and the PREA Compliance Manager FCI-Texarkana the Pre-Audit Questionnaire and secondary documentation supporting standard compliance. The on-site audit began with an in-briefing attended by the Warden, Associate Warden/PREA Compliance Manager, BOP Management Analyst and department heads. Following the in-brief, the auditor was escorted on a comprehensive tour of the facility which included all inmate housing units, educational and vocational areas, the food service area, and other facility support and administrative areas. During the tour staffing of areas and interactions between staff and inmates was observed, and informal interviews were conducted with both staff and inmates.

During the three- day audit process, discussions and interviews were held with the executive staff, department heads, numerous specialized staff and contractors, and security staff from all shifts. All staff interviewed, formally and informally, were extremely knowledgeable of their responsibilities relating to the PREA. The National PREA Coordinator and the Agency Contract Administrator were previously interviewed telephonically, as was a designee of the Director of the BOP.

A total of 30 inmates were formally interviewed during the audit. All were informed and knowledgeable concerning the PREA, their right not to be sexually abused or sexually harassed, how to report sexual abuse or sexual harassment, and their right not to be punished if they did so. FCI-Texarkana had eight alleged incidents of sexual abuse or sexual harassment during this reporting period. Seven were found to be unsubstantiated or unfounded. One was found to be substantiated, investigated, and appropriate action taken.

Through formal and informal interviews with staff, contractors and offenders, and a review of policy and documentation, it was evident that FCI-Texarkana has an effective program in place to effectively educate all concerned in the zero-tolerance policy against sexual abuse established by the Federal Bureau of Prisons.

DESCRIPTION OF FACILITY CHARACTERISTICS

Located outside the city of Texarkana, Texas, the Federal Correctional Institution-Texarkana is a well maintained facility opened in 1940 as a 692 acre prison farm. After undergoing various mission changes, the FCI-Texarkana is currently a low security level facility. As a result of these mission changes, additional housing units were constructed as part of the main facility in 1967 and 1987. A satellite prison camp was opened in 1981.

The mission of the Federal Bureau of Prisons is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens. The mission of FCI-Texarkana is to provide a safe, secure, humane environment, while providing work and other self-improvement opportunities. This is accomplished by bilateral communicational respect, retention of personal dignity, courteous interpersonal interaction, and candor at all times.

FCI-Texarkana offers a wide variety of services and programs for inmates, including psychology/drug treatment, education/vocational instruction, religious services, recreation activities, and work opportunities.

The psychology staff provides mental health services designed to meet the immediate and long-range needs of the inmate population. All incoming inmates are assessed to gather historical information about their mental health, violent behavior, and substance use/abuse. Mental status presenting problems and programing needs are assessed at that time. All psychologists are doctoral-level clinicians licensed to practice psychology. All drug treatment specialists hold either a bachelor's or master's degree,

The education/vocational programs currently have an enrollment of over 40 percent of the inmate population in one or more programs offered through the education department. Programs in the education area include literacy, Adult Continuing Education (ACE), Pre-GED and GED, special needs learning , and life skills instruction. Vocational training programs include welding, graphic design, upholstery, business computer applications, culinary arts, and heating and air conditioning.

Facility chaplains help to lead regular religious services in their faith tradition, while also accommodating a variety of different faith groups through weekly scheduled worship services. Part of the department's strategic plan has been developed to recruit religious volunteers to help meet the diverse needs of the inmate population.

The recreation department provides a full range of active and passive leisure time activities that include athletic activities, fitness classes, and individual leisure time endeavors for the inmate population.

FCI-Texarkana requires all physically capable inmates to work. The Federal Prison Industries (FPI), better known as UNICOR, employs 17 percent of the facility's eligible inmates. FPI is a wholly-owned, self-sufficient government corporation whose mission is to train and employ inmates. Inmates who work in FPI learn marketable job skills, develop a strong work ethic, and are less likely to recidivate. Other work assignments within the facility include food service, mechanical services, sanitation and facility maintenance.

SUMMARY OF AUDIT FINDINGS

At the conclusion of the on-site portion of the audit, a meeting was held to discuss the overall audit process with the Warden, Associate Warden, BOP Management Analyst, and management staff of FCI-Texarkana.

After reviewing the documentation presented prior to the audit in the Pre-Audit Questionnaire, touring and inspecting the facility as it relates to PREA, and interviewing staff, contractors and inmates, the conclusion indicates compliance with all Prison Rape Elimination Act standards that are applicable to the facility.

Throughout the review process, it was evident that the leadership and staff of FCI-Texarkana are committed to a zero-tolerance policy for all forms of sexual abuse and sexual harassment. The facility staff was well informed as to their duties and responsibility as it relates to PREA.

Number of standards exceeded: 3

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

Standard 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.

BOP policy PS 5324.12, PS 3420.11, PS 5270.09 and TEX (local policy) 5324.11A address this standard. The Federal Bureau of Prisons and FCI-Texarkana exceed the requirements of the PREA zero-tolerance standard with comprehensive policies and procedures and commitment of staffing, training and technical resources. The BOP has designated a National PREA Coordinator and a PREA Compliance Manager assigned to each regional office, as well as a PREA Manager at each of its facilities to ensure adherence to PREA.

Standard 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 meets the requirements of this standard. A review of submitted documentation confirmed that all contracted entities for the confinement of inmates adopt and comply with PREA standards.

Standard 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.

BOP PS 3000.03, PS 5324.12 and TEX 5324.11A address this standard. Policy requires each facility within the agency to review their respective staffing plans on an annual basis. In reviewing FCI-Texarkana Institution Salary Workforce meeting minutes and Staffing Report, compliance with PREA and other safety and security issues are always a primary focus and concern. FCI-Texarkana has been provided all the necessary resources to support the programs and procedures to ensure compliance with PREA. During the course of the audit, the video monitoring systems were examined, inmate access to a confidential e-mail system and ability to place confidential telephone calls to advocates were examined, and staffing rosters were reviewed. Required forms submitted by the Institution Duty Officer and logs documenting unannounced rounds covering all shifts were reviewed. Interviews with officers and inmates indicated that unannounced rounds were made weekly on all shifts.

Standard 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. FCI-Texarkana does not house youthful offenders.

Standard 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.

BOP PS 5324.12 and TEX 5234.11A address this standard. The facility does not allow cross-gender strip or frisk searches of inmates by non-medical staff, except in exigent circumstances. Interviews with staff indicated that cross-gender pat search training was received during facility familiarization training, at the BOP training academy, and/or during annual refresher training. Interviews with both officers and inmates indicated that inmates are always allowed to shower and use the toilet facilities in private, without being viewed by female staff. Announcements of female staff on a living unit are made over an intercom and made verbally by the female staff member upon entrance and signs are posted at entrance to living units to remind inmates of female staff presence.

Standard 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.

BOP PS 5324.12 addresses this standard. The facility takes necessary steps, through consultation between facility staff and responsible clinicians, to ensure inmates with disabilities and limited English proficiency have opportunity to participate in and benefit from the facility's effort to prevent, detect, and respond to sexual abuse and sexual harassment. Information concerning the PREA is distributed in English and Spanish on numerous postings, pamphlet handouts, and in the inmate orientation handbook. Facility staff were aware that prisoners are not allowed to be used as interpreters in dealing with any PREA-related matter. Staff have available a translation service through Language Line Solutions, if necessary.

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.

BOP PS 3000.03 and PS 3420.11 address this standard. The facility Human Resource Manager was interviewed and stated all components of this standard were in compliance. Background checks were completed on all employees, contractors and volunteers, and a tracking system was in place to ensure that background checks were conducted every five years. Applicants for employment with any background of sexual abuse or sexual harassment are not hired. Policy states that material omission or false information submitted by an applicant shall be grounds for termination.

Standard 115.18 Upgrades to facilities and technologies

- 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.

Since August 20, 2012, FCI-Texarkana has not had any upgrades to facilities and technologies. New video and other monitoring technology has been requested to upgrade the computer server in order to add additional video monitoring cameras in various locations throughout the facility.

Standard 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.

BOP PS 5324.12, PS 6031.03 and TEX 5324.11A address this standard. BOP and FCI-Texarkana policies are detailed in all areas of this standard. Interviews with staff, the SIS (Special Investigative Supervisor) investigator, and medical personnel indicated that all were well versed in their roles of following established protocols for protection of the victim and securing the crime scene, required medical examination protocol, and investigative procedures for collection of usable physical evidence for administrative and criminal prosecutions. Staff were aware that all allegations of sexual misconduct are referred to the SIS Lieutenant for investigation. The facility has available the services of Sexual Assault Nurse Examiners (SANEs) through a local medical facility. No SANE exams were conducted during this reporting period. If this service or any other relating to PREA is required, the inmate will incur no expense. The facility has attempted, but to date has been unsuccessful in obtaining a Gratuitous Service Agreement with a local rape crisis center. The facility has on staff a licensed psychologist and chaplain to provide victim advocate services, if needed.

Standard 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.

BOP PS 5324.12 and PS 5508.02 address this standard. Policy requires that administrative or criminal investigations be conducted on all allegations of sexual misconduct. Investigations are conducted by the facility Special Investigative Supervisor (SIS) and referred to the FBI, if necessary. An interview with the SIS Lieutenant indicated a high degree of knowledge and responsibility in conducting investigations relating to PREA. Eight investigations of alleged sexual misconduct were conducted during this reporting period. Seven were determined to be unsubstantiated or unfounded. One was determined to be substantiated following a thorough investigation, and appropriate action was taken. A review of the SIS investigative reports indicated that each was investigated timely and thoroughly completed.

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.

BOP PS 5324.12, TEX 5324.11A and the Annual Training Plan address this standard. All staff are required to attend and successfully complete training at the Federal Law Enforcement Training Center where extensive PREA standards training is provided. All volunteers and contractors receive PREA training relative to their responsibilities. The facility provides much of this training through BOP on-line courses. PREA refresher training is part of the annual training required to be taken by all employees. Training is documented through class rosters and signed statements signifying the training received and an understanding of the training.

Standard 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.

BOP PS 5324.12 and the Annual Training Lesson Plan (Sexually Abusive Behavior Prevention and Intervention) address this standard. All contractors and volunteers receive annual training related to their responsibilities concerning PREA (zero-tolerance, detection, prevention, response, and reporting requirements). This training is documented through training roster sign-in sheets and signed acknowledgment sheets stating training was received and understood.

Standard 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.

BOP PS 5324.12 and PS 5290.14 address this standard. Inmates receive information concerning the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicion of sexual abuse or sexual harassment during the Admission and Orientation (A&O) process upon arrival. This process is documented through signed rosters indicating the receiving and understanding of the information presented. Additional information is contained in the Inmate Orientation Handbook and a PREA pamphlet for inmates to keep for reference (both are in English and Spanish). Inmates are provided access to PREA information through numerous PREA posters throughout the facility and the TRU Links computer system, which also provides a direct and confidential e-mail link to the Office of the Inspector General to submit PREA concerns. Information is also provided for confidentially contacting facility officials, as well as Regional and Central Office personnel regarding PREA-related matters. To date, the facility has been unsuccessful in establishing a Gratuitous Service Agreement with a local victim advocacy agency. Interviews, formally and informally, with inmates indicated an understanding of their rights as it relates to the PREA.

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.

BOP PS 5324.12 and training lesson plans address this standard. A review of submitted documentation indicated that SIS staff and FBI criminal investigators have received specialized training relevant to PREA. The SIS Lieutenant was interviewed and presented, in detail, steps to be taken during a PREA-related investigation.

Standard 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.

BOP PS 5324.12 and training lesson plans address this standard. All mental health and medical staff have received specialized training on victim identification, interviewing, reporting, and clinical interventions. Lesson plans were reviewed, and annual refresher training is documented.

Standard 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.

BOP PS 5324.12, the PREA Intake Objective Screening Instrument and Psychological Assessment Logs address this standard. All inmates admitted to the facility are immediately assessed at intake by receiving staff for their risk of being sexually abused by other inmates or being sexually abusive towards other inmates. Other relevant information from other facilities is part of this assessment. An inmate identified as high risk for sexual victimization or at risk of sexually abusing other inmates is referred to a mental health professional for further assessment. An inmate so identified would be assigned to an appropriate housing area with additional supervision. Inmate reassessments occur after 90 days.

Standard 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.

BOP PS 5324.12 and TEX 5324.11A address this standard. Policy requires the use of a screening instrument to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risk of being sexually abused from inmates at high risk of being sexually abusive. Housing and program assignment is determined on a case-by-case basis.

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.

BOP PS 5324.12 addresses this standard. The FCI-Texarkana Special Housing Unit (SHU) is a separate unit within the facility. Policy states inmates at high risk of 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 and 30 days. During this reporting period, no inmates were placed in protective custody due to allegations of sexual assault.

Standard 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.

BOP PS 5324.12, the A&O Handbook, the BOP website and PREA postings address this standard. A review of documentation, interviews with staff and inmates and observation of postings indicated that there are multiple ways for inmates to report sexual misconduct verbally or in writing directly to staff, anonymously or through a third party. Staff are trained to immediately document and report any allegation of sexual misconduct submitted by an inmate or information received through a third party.

Standard 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.

BOP PS 1330.18 addresses this standard. Inmates may file a grievance concerning sexual misconduct without time limit constraints. However, when the grievance is received, it automatically opens a formal investigation, either administrative or criminal. The policy prohibits the grievance from being referred to a staff member who may be the subject of the complaint. There were no grievances filed involving PREA related issues during this reporting period.

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.

BOP PS 5324.12 and the Inmate Handbook addresses this standard. Inmates are provided information on how to place a toll-free telephone call to several state and national advocacy groups that provide free confidential support to victims of sexual misconduct, as well as mailing addresses to several others. Additionally, confidential e-mail access to the Office of Inspector General of the Department of Justice to report incidents regarding any PREA related matter is provided through the inmate TRU Links computer system. Inmates interviewed were knowledgeable of how to access these services.

Standard 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 website and FCI-Texarkana public postings address this standard. Information regarding third party reporting of sexual abuse or sexual harassment on behalf of inmates is posted on the BOP national website. Additionally, information regarding third party reporting is publicly posted in the facility's visiting room.

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.

BOP PS 5324.12 addresses this standard. Interviews with staff at all levels confirmed that they were acutely aware of their responsibility to immediately report and document any allegation of sexual abuse, harassment, retaliation against individuals who report such incidents or any staff neglect or violations of responsibilities that may have contributed to an incident or retaliation. Information relating to a report of sexual abuse is limited to those with a need to know. All allegations of sexual misconduct are forwarded to the Special Investigative Supervisor for investigation.

Standard 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.

BOP 5324.12 addresses this standard. All staff interviewed were knowledgeable of required duty and responsibility to protect an inmate if they became aware he was at substantial risk of imminent sexual abuse. During interviews, staff described steps to be taken to protect the inmate and their reporting duties.

Standard 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.

BOP PS 5324.12 addresses this standard. Policy requires the warden of FCI-Texarkana to report any PREA related allegation by an inmate that occurred at another facility to the warden of the facility where the alleged incident occurred as soon as possible, but at least within 72 hours of receiving the allegation. Policy also requires the facility receiving the information to investigate the allegation. FCI-Texarkana has provided one written notification to another confinement facility during this reporting period, and conducted an investigation.

Standard 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.

BOP PS 5324.12 addresses this standard. All staff and contractors are trained in duties of first responders. Staff and contractors interviewed were very knowledgeable of their responsibilities as first responders. There were eight PREA incidents reported requiring first responder duties during this reporting period, three of which were performed by non-security staff members. All incidents were responded to by both security and non-security personnel appropriately as required by the PREA.

Standard 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.

TEX 5324.11A addresses this standard. Policy describes in detail the actions to be taken by staff in the event any PREA-related incident occurs. Annual training is required of all personnel to ensure each is familiar with their duties and responsibilities. Interviews with staff, formally and informally, indicated a clear understanding of their responsibilities relating to the PREA.

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.

FCI-Texarkana submitted documentation for review which stated that the facility had not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012.

Standard 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.

BOP PS 5324.12 and TEX 5324.11A address this standard. Agency policy forbids any type of retaliation to any staff member or inmate who has reported an incident of sexual abuse or sexual harassment or who has cooperated with an investigation into such matters. The Associate Warden/PREA Compliance Manager monitors all possibilities of retaliation and, at a minimum, would follow-up with a staff member or inmate who may have been victimized or reported victimization at least every 30 days for 90 days following an allegation. Depending on the circumstances, these checks may occur more frequently or be extended beyond 90 days. There have been no incidents of retaliation reported during this reporting period.

Standard 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.

BOP PS 5324.12 addresses this standard. Agency policy prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and there is no available alternative means of separation from likely abusers. During this reporting period, no inmate was placed in involuntary segregated housing.

Standard 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.

BOP PS 5324.12 addresses this standard. Investigations of alleged sexual misconduct are investigated by the SIS unit to determine if the allegation is substantiated, unsubstantiated or unfounded. If the allegation appears to be criminal in nature, the SIS will refer the incident to the FBI for investigation. There was one substantiated PREA allegation referred for prosecution during this reporting period. The incident was thoroughly and objectively investigated, and appropriate action was taken.

Standard 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.

BOP PS 5324.12 addresses this standard. Agency policy establishes the evidence standard as a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73 Reporting to 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.

BOP PS 5324.12 addresses this standard. Following an investigation into an inmate's allegation that they have suffered from sexual abuse in the facility, the inmate is notified in writing by the SIS Lieutenant as to whether the allegation was substantiated, unsubstantiated or unfounded. Documentation reviewed indicated that inmates were notified in writing by the SIS Lieutenant.

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.

BOP 5324.12 addresses this standard. Policy states that staff are subject to administrative action, up to and including removal, for violation of the agency's zero tolerance policy regarding sexual misconduct. During this reporting period, one staff member was reported to law enforcement following their resignation for violation of the agency's zero tolerance policy for sexual abuse or sexual harassment.

Standard 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.

BOP PS 5324.12 addresses this standard. During this reporting period, there were no allegations of sexual misconduct with an inmate involving contractors or volunteers.

Standard 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.

BOP PS 5324.12 addresses this standard. During this reporting period, there were no disciplinary sanctions against inmates issued as a result of sexual misconduct with other inmates or staff at FCI-Texarkana. Inmates are not disciplined for allegations of sexual misconduct made in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegations.

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.

BOP PS 5324.12 addresses this standard. Screening of inmates for sexual abuse begins during the initial intake process at FCI-Texarkana. Both medical and mental health personnel take part in the intake process and utilize information from an in-depth screening instrument and interview with inmate to assess if the inmate has a history of sexual abuse. Any inmate with a history of sexual abuse receives a follow-up review within 14 days with psychology services. Treatment services are offered at no financial cost to the inmate.

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.

BOP PS 5324.12 and TEX 5324.11A address this standard. Policy states that health services personnel are responsible for ensuring that examination, treatment and documentation of injuries sustained by an inmate from sexually abusive behavior be conducted by a Sexual Assault Nurse Examiner (SANE) at a local medical facility. Health services personnel will treat and stabilize any immediate life-threatening injuries and prepare the inmate to be received by the SANE nurse. Inmates requiring emergency medical treatment and crisis intervention receive services at no financial cost. No inmate at FCI-Texarkana has required the service of a SANE nurse during this reporting period.

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.

BOP PS 5324.12 addresses this standard. Policy states medical and mental health evaluation and, as appropriate, treatment, is offered to all inmates who have been victimized by sexual abuse in prison, jail, lock-up, or juvenile facility. Evaluation and treatment include follow-up services, a treatment plan and, if necessary, referrals for continuing care following transfer or release.

Standard 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.

BOP PS 5324.12 addresses this standard. Policy requires a review team to meet at the conclusion of an investigation determining the allegation to be substantiated or unsubstantiated. The team is convened to consider whether the allegation indicates the need to change policy or practice, and to consider other factors that may have impacted the allegation. Recommendations of the team are implemented or reasons for not doing so are documented. A review of reports indicated policy was being adhered to.

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.

BOPS 5324.12 addresses this standard. FCI-Texarkana collects accurate, uniform data for every allegation of sexual misconduct using a standard instrument and set of definitions from the most recent version of the Summary of Sexual Violence (SSV) conducted by the Department of Justice. This information is forwarded to the BOP Central Office, which aggregates all data and reviews it annually.

Standard 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.

BOP PS 5324.12 addresses this standard. FCI-Texarkana Associate Warden/PREA Compliance Manager ensures the data collected on sexual abuse for inmate-on-inmate cases is forwarded to the respective Regional PREA Coordinator annually. The BOP reviews all data collected to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, and to identify problem areas and take corrective action. An annual report is prepared and published on the BOP website.

Standard 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.

BOP PS 5324.12 addresses this standard. The National PREA Coordinator reviews data compiled by the Regional PREA Coordinators, the Information, Policy, and Public Affairs Division, and the Office of Internal Affairs, and issues a report to the Director on an annual basis. The data is securely retained and published on the BOP website. The required reports cover all data noted in this standard and are retained in a file.

AUDITOR CERTIFICATION

I certify that:

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

E. Richard Bazzle
Digitally signed by E. Richard Bazzle
DN: cn=E. Richard Bazzle, o, ou,
email=richard.bazzle@nakamotogroup.com, c=US
Date: 2015.08.20 21:55:56 -04'00'

August 20, 2015

Auditor Signature

Date