

**Disclaimer:** This report, as required per 28 CFR §115.403, details the findings of an audit that was conducted by an outside contractor to determine the Federal Bureau of Prisons' (BOP) compliance with the Prison Rape Elimination Act (PREA). As the work product of independent auditors subcontracted by [PREA Auditors of America \(PAOA\)](#), the BOP is **not** responsible for grammatical or typographical errors. Additionally, any questions or comments regarding the discrepancies or inaccuracies found within this report should be directed to PAOA at [\(713\) 818-9098](#), or to the subcontracted independent auditor (name and email address can be found on page one of the report), for explanation and resolution.

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

☐ Interim      ☒ Final

Date of Interim Audit Report:      ☒ N/A  
Date of Final Audit Report:      April 6, 2022

## Auditor Information

Name: Robert Palmquist	Email: robert@preaauditing.com
Company Name: PREA Auditors of America	
Mailing Address: P.O. Box 1071	City, State, Zip: Cypress, Texas 77410
Telephone: 509-464-9736	Date of Facility Visit: March 15-17, 2022

## Agency Information

Name of Agency: Federal Bureau of Prisons			
Governing Authority or Parent Agency (If Applicable): United States Department of Justice			
Physical Address: 320 First St., NW		City, State, Zip: Washington DC 20534	
Mailing Address: 320 First St., NW		City, State, Zip: Wahington DC 20534	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal
Agency Website with PREA Information: <a href="https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp">https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp</a>			

## Agency Chief Executive Officer

Name: M.D. Carvajal	
Email: BOP-RSD-PREACoordinator@bop.gov	Telephone: (202) 307-2951

## Agency-Wide PREA Coordinator

Name: Catherine Spitz, National PREA Coordinator	
Email: BOP-RSD-PREACoordinator@bop.gov	Telephone: (202) 307-2951
PREA Coordinator Reports to:  Alix M. McLearen, Acting Assistant Director, Reentry Services Division	Number of Compliance Managers who report to the PREA Coordinator:  0

Facility Information			
Name of Facility: Federal Medical Center Carswell			
Physical Address: NAVAL AIR STATION J ST BLDG 3000		City, State, Zip: Fort Worth, Texas 76127	
Mailing Address (if different from above): P.O. BOX 27066		City, State, Zip: Fort Worth Texas 76127	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility Website with PREA Information: <a href="https://www.bop.gov/locations/institutions/crw/">https://www.bop.gov/locations/institutions/crw/</a>			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input checked="" type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: The Bureau subjects each of its programs to a thorough examination by organizationally independent, trained Bureau reviewers. Seventeen such reviews have occurred in the past three years.			
Warden/Jail Administrator/Sheriff/Director			
Name: Michael Carr, Warden			
Email: crw-preacompliancemgr@bop.gov		Telephone: 817-782-4000	
Facility PREA Compliance Manager			
Name: Amberly Newman, Associate Warden			
Email: crw-preacompliancemgr@bop.gov		Telephone: 817-782-4000	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Michaela Chano, Health Services Administrator			
Email: crw-preacompliancemgr@bop.gov		Telephone: 817-782-4000	
Facility Characteristics			
Designated Facility Capacity:		1230	

Current Population of Facility:	1196	
Average daily population for the past 12 months:	1373	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Which population(s) does the facility hold?	<input checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	20-87	
Average length of stay or time under supervision:	FMC 708.7 days/Camp 565.8 days	
Facility security levels/inmate custody levels:	Administrative/High/Low/Minimum; Maximum/In/Out/Community	
Number of inmates admitted to facility during the past 12 months:	1191	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1179	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1110	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input checked="" type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	455	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	42	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	8	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	113	

Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0
<b>Physical Plant</b>	
<b>Number of buildings:</b>  Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the Auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	25
<b>Number of inmate housing units:</b>  Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	21
Number of single cell housing units:	2
Number of multiple occupancy cell housing units:	16
Number of open bay/dorm housing units:	3
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	34
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: )	
<b>Investigations</b>		
<b>Criminal Investigations</b>		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: ) <input type="checkbox"/> N/A	
<b>Administrative Investigations</b>		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	253	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: ) <input checked="" type="checkbox"/> N/A	

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

### Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: 0

### Standards Met

Number of Standards Met: 45

### Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: 0

# Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	March 15, 2022
2. End date of the onsite portion of the audit:	March 17, 2022
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	The Women's Center, Director of Rape Crisis
Audited Facility Information	
4. Designated Facility Capacity:	1230
5. Average daily population for the past 12 months:	1373
6. Number of inmate/resident/detainee housing units:  DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	18
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)



Audited Facility Population on Day One of the Onsite Portion of the Audit	
<i>Inmates/Residents/Detainees</i>	
8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	1199
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	18
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	30
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	9
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	20
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	57
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	The facility does not track this data. Each inmate file would have to be reviewed to determine sexual orientation.
16. Enter the total number of inmates/residents/detainees who identify as transgender or intersex housed at the facility as of the first day of the onsite portion of the audit:	58
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	36
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	The facility does not track this data. Each inmate file would have to be reviewed to determine prior sexual victimization.
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0

<p><b>23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The facility does not maintain statistical data concerning sexual orientation or sexual victimization before incarceration. This information is determined by reviewing individual inmate files.</p>
<p align="center"><i>Staff, Volunteers, and Contractors</i>  <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i></p>	
<p><b>24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p align="center">446</p>
<p><b>25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p align="center">110</p>
<p><b>26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p align="center">0</p>
<p><b>27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>On the first day of the Audit, there were no volunteers in the facility.</p>
<p align="center"><b>Interviews</b></p>	
<p align="center"><b>Inmate/Resident/Detainee Interviews</b></p>	
<p align="center"><i>Random Inmate/Resident/Detainee Interviews</i></p>	
<p><b>28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p align="center">21</p>
<p><b>29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:</b></p>	<p> <input checked="" type="checkbox"/> Age  <input type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input type="checkbox"/> Gender  <input type="checkbox"/> Other (describe)  <input type="checkbox"/> None (explain) </p>
<p><b>30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?</b></p>	<p>The Auditor conducted 21 random inmate interviews. For the selection process, the Auditor requested an up-to-date roster from every housing unit and selected a minimum of one individual from the housing unit rosters provided;</p>

	the Auditor chose individuals of various ages and diversities.
<b>31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:</b>	N/A

<b>32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</b>  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	The Auditor was able to interview inmates during the onsite review. The selection of these inmates was not based on any specific criteria. During the onsite review, whenever the Auditor approached an inmate for a random interview, the staff escorts departed from the area to ensure the Auditor and the inmate had some privacy.
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*Targeted Inmate/Resident/Detainee Interviews*

<b>33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>  <i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide Auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i>  <i>For example, if an Auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.</i>  <i>If a particular targeted population is not applicable in the audited facility, enter "0".</i>	21
<b>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b>	0
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Federal Medical Center Carswell is an Adult Correctional facility. This facility does not incarcerate any youthful inmates.</p>
<p>35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>1</p>

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>2</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>

<b>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</b>	1
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	N/A
<b>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</b>	2
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	N/A
<b>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</b>	2
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	N/A
<b>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</b>	4

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:</p>	<p>4</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:</p>	<p>4</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The PAQ indicates the facility does not place inmates at risk of sexual victimization or who have allegedly suffered sexual abuse in segregated housing.</p>
<p>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The facility does not house youthful inmates, and the facility reported there were no inmates in segregated housing who were at high risk for victimization. As a result, four additional targeted interviews were conducted. One additional inmate who was limited English proficient, one additional inmate with a cognitive disability, one additional inmate who had Low vision, and one additional inmate who was transgender.</p>
<p align="center"><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p align="center"><i>Random Staff Interviews</i></p>	
<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p align="center">12</p>
<p>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (describe)</p> <p><input type="checkbox"/> None (explain)</p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other (describe)</p>
<p>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:</p>	<p align="center">N/A</p>
<p>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	
<p align="center"><i>Specialized Staff, Volunteers, and Contractor Interviews</i></p>	

*Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.*

50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	22
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	
54. Were you able to interview the PREA Compliance Manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation



	<input type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe)
<b>56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	2
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):</b>	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
<b>57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</b>  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	
<b>Site Review and Documentation Sampling</b>	
<b>Site Review</b>	
<p><i>PREA Standard 115.401(h) states, "The Auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.</i></p>	
<b>59. Did you have access to all areas of the facility?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If no, explain what areas of the facility you were unable to access and why.</b>	
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The Auditor toured the Federal Medical Center Carswell escorted by the Associate Warden, Institution PREA Compliance Manager (IPCM), and Facility Supervisors. The tour included the Special Housing Unit, Lieutenant's Office, Education/Cosmetology, X-ray, Financial Management, R&amp;D, Religious Services, Human Resources, Safety, Psychology, Health Services, Physical Therapy, each housing unit, including the Medical Units. On Wednesday, March 16, the Auditor toured the Camp. The Auditor was escorted by the Associate Warden, Institution PREA Compliance Manager (IPCM), and the Executive Assistant/Camp Administrator. The Auditor relied on the PREA Compliance Instructions for guidance during the tour. The areas visited included occupied housing units, medical area, intake and transfer, security control rooms, inmate classification, food service, laundry, library, educational, vocational, program areas, work assignment areas, and the Chapel. During the tour, the Auditor observed opposite gender announcements, viewed PREA Audit notifications posted throughout, and PREA educational material and contact information for rape crisis counseling and emotional support services. The Auditor observed the PREA information posted in each housing unit, common areas, program and educational areas and the facility lobby. The Auditor also observed multiple security cameras to include the camera angles, privacy, and line of sight for shower and toilets. The shower and bathroom areas were constructed in such a manner that provided privacy for inmates. The Auditor observed inmates participating in educational programs and inmates actively working at jobs throughout the facility. The Auditor observed interaction between staff and inmates. The Auditor was able to do informal interviews with staff and inmates during the tour.</p>
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### Documentation Sampling

*Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—Auditors must self-select for review a representative sample of each type of record.*

**65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an Auditor-selected sampling of documentation?**

☒ Yes      ☐ No

**66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

*Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*

The following is a sample of the documents requested during the on-site portion of the audit. 1. List of staff in the facility for selecting staff for interviews. 2. List of inmates by housing unit to select inmates for interviews. 3. Files of persons hired or promoted in the last to determine whether proper criminal record background checks have been conducted and questions regarding past conduct were asked and answered. 4. Files of personnel hired to determine that the agency has completed checks. 5. Documentation of background records checks of current employees at five-year intervals. 6. Documentation to corroborate that victims of sexual abuse have access to forensic medical examinations (BEMR). 7. Documentation of sexual abuse and harassment reports and documentation of investigations, including investigative reports. 8. Records for inmates admitted to the facility within the past 12 months for evidence of appropriate screening within 72 hours. 9. Records of initial assessment and reassessment for sexual victimization or abusiveness risk. 10. Records of inmates reassessed for risk of sexual victimization or abusiveness. 11. Sample of records of inmates who have been victims or perpetrators of sexual abuse for confirmation of reassessment. 12. Documentation of reassessment for transgender inmates. 13. Documentation of any monitoring efforts for inmates or staff. 14. Documentation of housing assignments of inmates who alleged to have suffered sexual abuse. 15. Sample of investigative reports for allegations of sexual abuse or sexual harassment. 16. DHO reports and documentation of sanctions imposed. 17. Documentation demonstrating notification to mental health practitioners for inmates who reported abuse during intake. 18. Medical records that indicate victims receive follow-up services. 19. Mental health records that demonstrate evaluation of inmate-on-inmate abusers.

### Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

#### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

*Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.*

Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

**67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:**

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual abuse</u>	12	0	8	0
<u>Staff-on-inmate sexual abuse</u>	14	9	3	0
Total	26	9	12	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

**68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual harassment</u>	8	0	2	0
<u>Staff-on-inmate sexual harassment</u>	1	0	0	0
Total	9	0	2	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

*Sexual Abuse Investigation Outcomes*

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

**69. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate sexual abuse</u>	0	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	9	9	0	0	0
Total	9	9	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

**70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

*Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.*

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual abuse</u>	0	4	2	2
<u>Staff-on-inmate sexual abuse</u>	2	0	1	0
Total	2	4	3	2

a. If you were unable to provide any of the information above, explain why this information could not be provided.

*Sexual Harassment Investigation Outcomes*

*Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.*

**71. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

*Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.*

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0	0
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

**72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

*Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.*

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual harassment</u>	0	1	0	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0
Total	0	1	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	
<i>Sexual Abuse and Sexual Harassment Investigation Files Selected for Review</i>	
<u><i>Sexual Abuse Investigation Files Selected for Review</i></u>	
73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	8
a. If 0, explain why you were unable to review any sexual abuse investigation files:	
74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	7
76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
<u><i>Sexual Harassment Investigation Files Selected for Review</i></u>	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
a. If 0, explain why you were unable to review any sexual harassment investigation files:	
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2

84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
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85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
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**Staff-on-inmate sexual harassment investigation files**

86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
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87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
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88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
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89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	The Auditor reviewed ten completed investigations. All ten were administrative, four of the ten cases were referred for a criminal investigation. The FBI declined to investigate three inmate-on-inmate cases, and the OIG declined to investigate the staff-on-inmate case.
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**Support Staff Information**

**DOJ-certified PREA Auditors Support Staff**

90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit?  <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	

**Non-certified Support Staff**

91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?  <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	

### Auditing Arrangements and Compensation

**92. Who paid you to conduct this audit?**

- ☐ The audited facility or its parent agency
- ☐ My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)
- ☒ A third-party auditing entity (e.g., accreditation body, consulting firm)
- ☐ Other



## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Program Statement 3420.11, Standards of Employee Conduct

Program Statement 5270.09, Inmate Discipline

Institution Supplement 5324.12, Sexually Abusive Behavior Prevention, & Intervention Program

Organization Charts for the Federal Bureau of Prisons and the Federal Medical Center Carswell were reviewed.

Interviews conducted with:

PREA Coordinator

Institution PREA Compliance Manager

Warden

In order to determine compliance, the following policies were reviewed. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-14, 24-28, and 49, Program Statement 3420.11, Standards of Employee Conduct, Pages 6-7, Program Statement 5270.09, Inmate Discipline, pages 44-49. Institution Supplement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 1-9. These policies provide the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. It has definitions of prohibited behaviors and sanctions for those prohibited behaviors. The policies provide strategies and responses to reduce and prevent sexual violence. The policies also include procedural guidelines, such as screening inmates upon intake, training (for both staff and inmates), reporting procedures (both staff and inmates), intervention procedures, and investigative guidelines. Finally, the policies provide for data collection and data reporting. Also, the Organization Charts for the Federal Bureau of Prisons and the Federal Medical Center Carswell were reviewed.

In order to determine compliance, interviews were conducted with the PREA Coordinator, the Institution PREA Compliance Manager, and the Warden. The PREA Coordinator indicated she had enough time to coordinate the agency's PREA compliance efforts. The Institution PREA Compliance Manager indicated she had enough time to coordinate the facility's PREA Compliance efforts. Both the PREA Coordinator and the Institution PREA Compliance Manager were knowledgeable concerning PREA. They articulated the vision of zero tolerance at the Federal Medical Center Carswell and throughout the Federal Bureau of Prisons.

In order to determine compliance, the following observations were made during the on-site tour of the facility: The housing units had signs informing inmates of their right to be free of sexual abuse. There were signs in both English and Spanish informing inmates about reporting incidents of sexual abuse.

The following describes how the evidence above was used to determine compliance. The Federal Medical Center Carswell has a zero-tolerance policy and training program that meets the requirements for this standard. The policies provide the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. It has definitions of prohibited behaviors and sanctions for those prohibited behaviors. The policies provide strategies and responses to reduce and prevent sexual abuse.

The overriding approach taken by Federal Medical Center Carswell to eliminate or prevent sexual abuse and sexual harassment of its inmates is to ensure uniformity of implementation of the agency's zero-tolerance policy in all areas of the facility. Including providing definitions of prohibited behaviors regarding sexual abuse and sexual harassment and prescribing sanctions against staff and inmates who engage in sexual abuse or sexual

harassment. In the event of an allegation of sexual abuse or sexual harassment, Federal Medical Center Carswell has developed a coordinated response plan that ensures the safety and security of the alleged victim while providing for a comprehensive and systematic investigation into the allegation.

The policies apply to all Federal Medical Center Carswell staff, including employees, volunteers, contractors, and inmates at Federal Medical Center Carswell.

Federal Medical Center Carswell utilizes the following strategies to reduce and prevent sexual abuse and sexual harassment at the facility:

1. Designating a staff member at the Federal Medical Center Carswell, who will ensure that the Federal Medical Center Carswell fully complies with all PREA standards.
2. Training staff (including contractors and volunteers) to detect sexual abuse and sexual harassment.
3. Screening for risk of sexual victimization and abusiveness.
4. Requiring all staff (including contractors and volunteers) to promptly report all reported or suspected incidents of sexual abuse, sexual harassment, and retaliation.
5. Respond promptly and effectively to all reports of sexual abuse, sexual harassment, and retaliation by ensuring that staff (including contractors and volunteers) cooperates fully with any investigation.
6. Administering sanctions for those found to have participated in prohibited behavior.
7. Providing medical and mental health care to victims and abusers.
8. Performing an annual evaluation to assess how Federal Medical Center Carswell can improve its zero-tolerance policy and procedures.
9. Ensuring that the Federal Medical Center Carswell is audited for PREA compliance.

The Institution PREA Compliance Manager indicated she had enough time to manage and oversee the implementation of PREA standards. The Auditor reviewed several policies and the Federal Medical Center Carswell Organizational Chart. The Auditor conducted a facility tour to evaluate posted information throughout the facility. Also, interviews were conducted with the PREA Coordinator and the Institution PREA Compliance Manager and the Warden. The Warden supported the efforts of the PREA Coordinator and the Institution PREA Compliance Manager.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 1-14, 24-28, and 49, Program Statement 3420.11, Standards of Employee Conduct, Pages 6-7, Program Statement 5270.09, Inmate Discipline, pages 44-49. Institution Supplement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 1-9. address 115.11. (a,b,c)

Given the above, the Auditor finds Federal Medical Center Carswell substantially compliant with 115.11

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

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

#### **115.12 (a)**

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

#### 115.12 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The agency meets the requirements of this standard. A review of the documentation submitted confirmed the agency requires other entities contracted for the confinement of inmates (privatized prisons and residential reentry centers or "halfway houses") to adopt and comply with the PREA standards.

Each private facility under contract with the Bureau of Prisons has the following contract language: "The contractor shall develop policy and procedures for the establishment of a sexual abuse/ assault program and comply with the Prison Rape Elimination Act of 2003 and the national standards to prevent, detect and respond to prison rape as contained in 28 CFR Part 115, National Standards To Prevent, Detect, and Respond to Prison Rape; Final Rule, dated June 20, 2012." The contractor's policies and procedures are reviewed by Bureau subject matter experts who ensure appropriate adherence to national standards and regulations. The contractor shall notify the Bureau of Prisons of any PREA allegation and forward a copy of the allegation, the investigation, and the findings to the Bureau of Prisons oversight staff for review. Bureau of Prisons oversight staff and the respective Program Management Branch Health Systems Specialist review any PREA allegation to ensure compliance with PREA requirements. Such reviews are reflected in monitoring reports. Additionally, at least once a year, the Bureau of Prisons Quality Assurance Program reviews all of each contractor's PREA allegations to determine contract compliance.

According to the President's Executive Order on Reforming Our Incarceration System to Eliminate the Use of Privately Operated Criminal Detention Facilities, the agency reported the Attorney General shall not renew Department of Justice contracts with privately operated criminal detention facilities, as consistent with applicable law. As such, no new contracts have been executed since the date of the Executive Order, January 26, 2021. The Bureau of Prison's remaining private contract facilities have undergone at least an initial national PREA Certification, with subsequent re-certifications every three years. According to the Contract Administrator, compliance results were timely submitted to the Bureau of Prisons.

Based on the information provided by the Federal Bureau of Prisons Contract Administrator, there is substantial compliance with this standard.

## **Standard 115.13: Supervision and monitoring**

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

#### **115.13 (a)**

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No ☐ NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents:

Program Statement 3000.03, Human Resource Management Manual, chapter 3  
Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program  
Institution Supplement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program  
Salary Workforce Utilization Plan First Quarter Fiscal Year 2022 October 21, 2021 meeting minutes  
Salary Workforce Utilization Plan Second Quarter Fiscal Year 2021 March 23, 2021 meeting minutes  
Salary Workforce Utilization Plan First Quarter Fiscal Year 2021 October 29, 2020 meeting minutes  
Staffing Report Pay Period 1, January 2, 2022 – January 15, 2022  
Memorandum Dated February 1, 2022, Staffing Plan Deviations  
Memorandum Dated February 1, 2022, Compliance with the Staffing Plan  
Memorandum Dated June 7, 2021, Institution Duty Officer Responsibilities, page 3, paragraph 3  
Ten Duty Officer Reports documenting unannounced rounds December 2020 through December 2021

#### Interviews:

Institution PREA Compliance Manager  
PREA Coordinator  
Intermediate or higher-level staff

The following policies were reviewed to determine compliance, Program Statement 3000.03, Human Resource Management Manual, chapter 3, pages 8-12, 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 16, and Institution Supplement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 6. Additionally, the meeting notes, memorandums, and Duty Officer reports listed above were reviewed.

The Institution PREA Compliance Manager reviews the Annual Staffing Plan Assessment. The Institution PREA Compliance Manager reports the Federal Medical Center Carswell supervisors, develops, documents, and makes efforts to comply regularly with a staffing plan that provides adequate staffing levels. Also, video monitoring is utilized to protect offenders against sexual abuse, as noted in each workforce utilization plan.

The Auditor notes that the 11 factors identified for staffing plan development are addressed.

An interview was conducted with the Institution PREA Compliance Manager concerning staffing levels, staffing reports, and duty officer reports to determine compliance.

The Auditor observed appropriate staffing levels throughout the facility to determine compliance.

The following describes how the evidence above was used to conclude compliance. Federal Medical Center Carswell implements a staffing plan that provides adequate staffing levels. In addition to staff members, video monitoring protects inmates from sexual abuse. The staffing plan is reviewed by the Institution PREA Compliance Manager, the Warden, Associate Wardens, Human Resource Manager, Chief of Correctional Services (Captain), and the Business Manager. The facility staffing plan is reviewed quarterly, and these reviews include a vulnerability analysis that looks at the physical plant, video monitoring systems and the overall allocation of resources.

The Staffing plan review includes a review of any judicial findings (none) or inadequacies from federal investigative or internal/external oversight agencies (none). The plan reviews the facility's architectural weaknesses, the population statistics for the previous year, and an analysis of the population for the day in which the review took place.

The Institution PREA Compliance Manager reports the facility documents and justifies all deviations from the staffing plan. If any deviations from the staffing plan arise, explanations for deviations are documented. The Institution PREA Compliance Manager reports the deviations from the staffing plan in the past 12 months were the result of retirements, promotions, separations, funding, hiring freeze and the Covid-19 pandemic.

During the facility tour, the Auditor observed direct supervision in housing units. The Auditor observed staff members moving from room to room in program areas.

The Institution PREA Compliance Manager reviews the staffing plan to determine whether adjustments are needed, prevailing staffing patterns are considered, monitoring technology deployment is considered, and requests for video surveillance upgrades are made.

Intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Rounds are documented and cover all shifts. Facility policy does prohibit staff from alerting other staff of such unannounced rounds. The Auditor reviewed ten Duty Officer Reports documenting unannounced rounds. Institution Duty Officers conduct unannounced rounds throughout the institution, and they document the time each area is visited. The Duty Officer report is signed and delivered to the Institution PREA Compliance Manager for retention at the end of the week. The Auditor's review of Supervisor Unannounced Rounds logs (IDO reports) covering the time frames between December 2020 and March 2022 reveals substantial compliance with 115.1(d). Rounds cover each of the three shifts, and the logs include the supervisor's signature and corresponding dates. The intermediate or higher-level staff interviewees indicate they have conducted unannounced PREA rounds. The supervisors interviewed reported that checks are always random, staggered, and never predictable to prevent staff from alerting other staff. During the facility tour, the Auditor inquired of Unit Staff concerning a Duty Officer's presence in the Unit. The Unit Officer indicated a Duty Officer generally makes rounds during one of the three daily shifts.

Program Statement 3000.03, Human Resource Management Manual chapter 3, pages 8-12, Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page16, address 115.13 (a) and (b)

Salary Workforce Utilization Plan First Quarter Fiscal Year 2022 October 21, 2021, meeting minutes, Salary Workforce Utilization Plan Second Quarter Fiscal Year 2021 March 23, 2021, meeting minutes, Salary Workforce Utilization Plan First Quarter Fiscal Year 2021 October 29, 2020, meeting minutes, Staffing Report Pay Period 1, January 2, 2022 – January 15, 2022, Memorandum Dated February 1, 2022, Staffing Plan Deviations and Memorandum Dated February 1, 2022, Compliance with the Staffing Plan, address 115.13 (a) (b) and (c).



Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 16, and Duty Officer Reports documenting unannounced rounds December 2020 through December 2021 address 115.1(d).

Given the above, the Auditor finds the Federal Medical Center Carswell substantially compliant with 115.13.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

According to the Warden, Institution PREA Compliance Manager, and the Captain, no youthful inmates are housed at the Federal Medical Center Carswell.

Given the above, the Auditor finds Federal Medical Center Carswell substantially compliant with 115.14.

## Standard 115.15: Limits to cross-gender viewing and searches

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

#### 115.15 (a)

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

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

#### 115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

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

#### 115.15 (e)

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

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Program Statement 5521.06, Searches of Housing Units, Inmates and Inmate Work Areas

Memorandum Dated February 1, 2022, Cross-gender viewing and searches

Memorandum Dated February 1, 2022, Searching or physically examining Transgender or Intersex inmates.

Annual Training Curriculum: Escort procedure, Pat Searches, Visual Searches, Digital Searches.

Course completion records for Search and Restraint Procedures for Special Populations- BOP (CSV-5142-BXX)

Interviews:

Random Staff

Random Inmate

The PRE-Audit Questionnaire indicates that inmates' cross-gender strip or visual body cavity searches are not conducted at Federal Medical Center Carswell. Accordingly, no cross-gender strip or cross-gender body cavity searches of inmates were conducted at Federal Medical Center Carswell during the audit period.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 17, Program Statement 5521.06, Searches of Housing Units, Inmate and Inmate Work Areas, pages 1-5 address 115.15(a).

Strip searches, if warranted, are conducted by staff of the same gender as the inmates and are based on reasonable suspicion.

Strip searches are conducted by same gender staff. There is no instance at the Federal Medical Center Carswell in which a cross-gender strip search has been undertaken. Additionally, there have been no body cavity searches during the audit period.

The PRE-Audit Questionnaire indicates the facility does not permit cross-gender pat-down searches of female inmates. The Institution PREA Compliance Manager further asserts that zero cross-gender pat-down searches were conducted within the previous 12 months.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 17, Program Statement 5521.06, Searches of Housing Units, Inmate and Inmate Work Areas, pages 1-5 addresses 115.15(b).

All 12 random staff interviewees assert they are restricted from conducting cross-gender pat-down searches unless it was an exigent circumstance. Staff interviewees indicated that exigent circumstances were temporary unforeseen circumstances requiring immediate actions to combat a threat to security or institutional order.

All 21 random inmate interview participants indicated they were always searched by a staff member of the same gender.

The PRE-Audit Questionnaire indicates that all cross-gender strip searches and cross-gender pat-down searches are documented. The PRE-Audit Questionnaire indicates no cross-gender strip searches or cross-gender pat searches have occurred at the facility.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 17, 5521.06, Searches of Housing Units, Inmate and Inmate Work Areas, pages 1-5 addresses 115.15(c).

The PRE-Audit Questionnaire indicates that policies and procedures have been implemented at the Federal Medical Center Carswell that enable inmates to shower, perform bodily functions, and change clothing without a nonmedical staff of the opposite gender viewing their breasts and buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).

According to Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 18,

*Inmates are notified of the presence of opposite-gender staff members in several ways:*

*Inmates are advised of the requirement to remain clothed and the presence of cross-gender staff generally during the Intake Screening process and the Admission and Orientation process.*

*The following notice is posted on inmate bulletin boards and signs within housing units, including segregated housing areas: "NOTICE TO INMATES: Male and female staff routinely work and visit inmate housing areas."*

*For housing unit officers, an announcement is made at the beginning of primary shifts or other appropriate times to be determined locally. The verbal announcement to each housing unit, including segregated housing areas, will be "Notice: Opposite-gender staff will be in housing units during this shift." This announcement is made using the general public address system (e.g., from Control or Lieutenants' Office). If the public address system does not cover these areas, an individual announcement in each housing area, including segregated housing areas, is made.*

*For staff members with offices in the housing units, e.g., the Unit Team, the most recent schedule is posted in the unit, so inmates are aware when opposite-gender staff is present.*

*As the agency has provided at least four ways to notify inmates that opposite-gender staff are present in the housing units, the only time an announcement is made is if a public address system is not working, or an opposite-gender staff member comes into a unit area which is not the assigned housing unit officer, or unit team member working there, and must go into individual cells, showers, or bathroom areas.*

*Any other announcement mechanism at the local level will be determined through collective bargaining in the local Institution Supplement.*

At the Federal Medical Center Carswell, a general announcement is made via the public address system to the entire compound and each housing unit on each shift, stating: "Male and female staff routinely work and visit inmate housing areas." Additionally, opposite gender staff members who are not assigned as unit officers or unit team shall announce their presence when entering individual wings, restrooms and shower areas.

The Federal Medical Center Carswell has an "announce" procedure requiring a staff of the opposite gender to announce their presence or otherwise notify the inmates when entering an inmate housing unit. The Auditor observed male staff members announcing their presence when entering a housing unit.

All six random male staff interviewees indicate they announce their presence when entering a housing unit. All random staff interviewees indicated that inmates could dress, shower, and use the toilet without being viewed by a staff of the opposite gender.

Ten inmate interviewees indicated opposite gender staff members announce their presence when entering a housing area. Seven inmate interviewees indicated male staff does not announce their presence when entering the housing unit. These seven interviewees indicated an intercom announcement is heard informing all inmates that male staff members will be working in the housing areas throughout the shift.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 18, addresses 115.15(d).

The Institution PREA Compliance Manager reports consistent with Program Statement 5342.12, Sexually Abusive Behavior Prevention and Intervention Program, the Federal Medical Center Carswell has implemented procedures and staff training that enable inmates to shower, perform bodily functions, and change clothing without a nonmedical staff of the opposite gender viewing their buttocks or genital area, except in exigent circumstances or when such viewing is incidental to routine rounds in the housing unit. All 21 inmate interviewees stated they and their peers are never naked or in full view of opposite gender staff when they shower, use the toilet, or change clothes.

The PRE-Audit Questionnaire indicates that Federal Medical Center Carswell staff are prohibited from searching or physically examining a transgender/intersex inmate to determine the inmate's genital status. According to the Institution PREA Compliance Manager, no such searches have been conducted during the audit period.

All 21 random staff interviewees indicated the facility prohibits staff from searching or physically examining a transgender/intersex inmate to determine the inmate's genital status. All interviewees indicated they were well aware of the expectation.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 19, Annual Training Curriculum: Escort procedure, Pat Searches, Visual Searches, Digital Searches, Course completion records for Search and Restraint Procedures for Special Populations- BOP (CSV-5142-BXX) and interviews with staff members indicating the Federal Medical Center Carswell staff shall not search or physically examine a transgender person or intersex person for the sole purpose of determining the inmate's genital status address 115.1 (e).

The PRE-Audit Questionnaire indicates that all staff members have received training on conducting pat-down searches. The Auditor reviewed the Training Curriculum and the staff training rosters indicating the participation of the staff. The Auditor asserts that the Federal Medical Center Carswell is compliant with 115.15 (f).

Given the above, the Auditor finds Federal Medical Center Carswell substantially compliant with 115.15.

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

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

#### **115.16 (a)**

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

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

#### 115.16 (b)

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

## 115.16 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Institution Supplement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Federal Medical Center Carswell Inmate Handbook.

Bureau of Prisons PREA Pamphlet entitled "Overview for Offenders, Sexually Abusive Behavior, Prevention and Intervention".

Language line Interpreter Contract

#### Interviews:

Intake Staff

Random Inmate

Random Staff

The following policies and documentation were reviewed to determine compliance. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 19-20, Institution Supplement 5324.12, pages 2-3, Federal Medical Center Carswell Inmate Handbook, Bureau of Prisons PREA Pamphlet entitled "Overview for Offenders, Sexually Abusive Behavior, Prevention and Intervention," and the Language line Interpreter Contract.

An interview was conducted with one staff member who conducted initial intake interviews to determine compliance. The Auditor observed the intake paperwork the information provided concerning PREA and had staff explain what procedures would be followed if an inmate was experiencing difficulty understanding the material. Intake information is available in English and Spanish.



The following describes how the evidence above was used to conclude compliance. Federal Medical Center Carswell has procedures to provide disabled inmates with the opportunity to participate in the facility's efforts to prevent and respond to sexual abuse and harassment. In addition to written and visual education materials, the Federal Medical Center Carswell has agreements with interpreters to provide effective communication for inmates who do not understand English. The Federal Medical Center Carswell does not rely on inmate interpreters.

The intake staff members are prepared to provide information in a format that will allow inmates with limited reading skills, hearing disabilities, intellectual disabilities, or low vision to know and understand all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Staff members will read information to the inmates for those with limited reading skills.

The Auditor conducted intake staff interviews; in each of the interviews, staff indicated they provided PREA information to inmates and took the time to ensure they understood the material provided. The staff indicated they were prepared to provide information concerning the entire intake process to inmates who were blind or Deaf. The Auditor formally interviewed one intake staff member and informally interviewed two intake staff members during the tour of R&D (Receiving and Discharge)

The Auditor reviewed samples of PREA Posters in both English and Spanish. The PREA information provided to inmates is also available in Spanish. These PREA Posters were located in every housing unit and contained information concerning at least four methods to report sexual abuse and sexual harassment incidents. Other posted information provides inmates with contact information for The Women's Center. This outside advocacy group is available to the inmate population if an inmate would like to seek emotional support services related to PREA related incidents. The phone number provided is toll-free (817-927-2737). Finally, interviews with facility staff indicate a variety of methods are available to ensure inmates understand the material presented to them.

The Auditor reviewed the intake procedures, the printed materials for inmates, and reporting mechanisms. Upon initial screening, the Federal Medical Center Carswell, intake, unit management and psychology staff members document whether an inmate displays a language barrier or other disability, preventing understanding of basic PREA provisions or sexual abuse/prevention/intervention information. As applicable, a follow-up plan is developed to foster communication.

According to the Institution PREA Compliance Manager, the Federal Medical Center Carswell provides the following to ensure inmates understand and can utilize information about sexual abuse and sexual harassment: printed copies of Admission and Orientation Handbooks in English and Spanish, the Director's Video on Sexual Abuse Prevention in English and Spanish, Language Line translator services, the SecureVRS a hearing-impaired telecommunication device, individualized intake screenings reviewing sexual abuse prevention information with a psychologist during the intake screening process, Psychology services information regarding Sexual Assault Prevention and Intervention presented to inmates during the Admission and Orientation lecture. These methods allow inmates with disabilities and those with limited English proficiency to understand their right to be free from sexual assault, sexual abuse, and sexual harassment. With the use of translated printed materials and the use of Language Line, a contracted interpretation service, the facility ensures that inmates with disabilities have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The agency has established a Blanket Purchase Agreement with LanguageLine Solutions (LLS) to assist inmates with limited English proficiency. The Federal Medical Center Carswell staff take appropriate steps to ensure the inmate can benefit from all aspects of the Bureau of Prisons' efforts to comply with PREA.

The Federal Medical Center Carswell does not utilize inmate interpreters. However, random staff interviews indicate that inmate information provided during an emergent situation (where an extended delay in obtaining a competent interpreter could compromise the inmate's safety) brief interpretation of the emergent situation would be allowed. At the same time, the staff indicated that the victim's protection was the most critical factor.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program page, 19-20, Institution Supplement 5324.12, pages 2-4, Bureau of Prisons PREA Pamphlet entitled "Overview for Offenders, Sexually Abusive Behavior, Prevention, and Intervention," and the Inmate Handbook page 27 (English and Spanish) addresses 115.16(a).

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 19-20, Bureau of Prisons PREA Pamphlet entitled "Overview for Offenders, Sexually Abusive Behavior, Prevention, and Intervention," address 115.16(b).

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 19-20, addresses 115.16(c).

Given the above, the Auditor finds the Federal Medical Center Carswell substantially compliant with 115.16.

## **Standard 115.17: Hiring and promotion decisions**

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

#### **115.17 (a)**

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

**115.17 (b)**

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

**115.17 (c)**

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

**115.17 (d)**

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

**115.17 (e)**

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

**115.17 (f)**

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

**115.17 (g)**

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

## 115.17 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents:

Bureau of Prisons application form  
Program Statement 3420.11, Standards of Employee Conduct  
Program Statement 3000.03, Human Resource Management Manual  
Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program  
Bureau of Prisons Recruitment Flyer  
Bureau of Prisons Pre-Employment Guide  
OPM's Public Trust Positions  
National Background Investigation Bureau Resources  
Two internal Bureau of Prisons memorandums detailing procedures for information sharing  
Declaration for Federal Employment optional form 306  
Standard Form 85 Public Trust Positions  
Review of employee Human Resource (HR) files

#### Interviews:

Human Resources Manager

The PRE-Audit Questionnaire indicates agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who:

- a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.

- b. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- c. Has been civilly or administratively adjudicated to have engaged in the activity described above.

The Auditor's review of the Bureau of Prisons application form reveals the three questions articulated in 115.17(a) are addressed. Additionally, Program Statement 3420.11, Standards of Employee Conduct, pages 6-7, Program Statement 3000.03, Human Resource Management Manual, pages 28, and 41-45 and Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 20-21, address 115.17(a).

The Human Resources interviewee asserts the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone or to enlist the services of any contractor who may have contact with inmates. The Auditor's random review of employee Human Resource files reveals reference checks of previous employers were completed. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 20-21, addresses this requirement. The Auditor finds the Federal Medical Center Carswell compliant with 115.17(b).

The Human Resource Manager asserts the facility performs criminal background record checks, consults appropriate child registries in the state or locality in which the employee will work, or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees who may have contact with inmates, who are considered for promotions. The same procedure applies to contractors who may have contact with inmates.

After the initial application, there is an initial interview, and criminal background record checks are completed. Forty-two full-time employees were hired within the past 12 months; all criminal background checks were completed appropriately.

Background checks are completed every five years for current employees. The Auditor reviewed 12 employee files and four contractor files. Initial criminal background checks and yearly criminal background checks had been completed. Employees who fail to disclose information concerning misconduct can be terminated from employment. The Human Resource Manager confirmed that background checks are completed every five years and that appropriate sanctions are available for staff members who fail to report misconduct.

As indicated by the Human Resource Manager, any deception, misinformation, or misinformation by the omission of information at any stage during the application and Employment Screening Process shall disqualify the applicant from employment.

The Background investigation includes a review of the following criteria: Criminal History/Activity: Any applicant with the following criminal/traffic conviction history or criminal/illegal activity shall typically be disqualified from employment. Any Conviction of any crime consisting of engaging or attempting to engage in sexual activity in the community by using force, overt, or implied threats of force or coercion is disqualified from employment. A National Crime Information Center (NCIC) criminal history check is completed on every applicant.

Federal Medical Center Carswell considers any incidents of sexual harassment during the application process.

The Auditor reviewed Program Statement 3420.11, Standards of Employee Conduct, pages 6-8, and Program Statement 3000.03, Human Resource Management Manual, Chapter 3, page 8, and Chapter 7, pages 41-45. The Auditor also reviewed the Bureau of Prisons Recruitment Flyer, page 1; the Bureau of Prisons Pre-Employment

Guide, page 2; OPM's Public Trust Positions, page 1; National Background Investigation Bureau Resources, page 11, section 6 Fingerprint Submissions; two internal Bureau of Prisons memorandums detailing procedures for information sharing and the Declaration for Federal Employment optional form 306.

All employees who have contact with inmates have had a full field background investigation in addition to fingerprinting and inquiry into the FBI's NCIC. Employee backgrounds are re-checked every five years. Contractors and volunteers who have regular contact with inmates also have criminal background checks completed before having contact with inmates. Volunteer and contractor background checks are repeated yearly.

The facility does not hire or promote anyone who may have contact with inmates and does not enlist the services of any contractor who may have contact with inmates who has engaged in any type of sexual abuse/harassment. Employees must disclose such misconduct, and material omissions regarding such misconduct would be grounds for termination. Any applicant's submission of false information is grounds for not hiring the applicant. The Human Resource Manager was interviewed and confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during an investigation of sexual abuse. The Human Resource Manager also confirmed that the agency, not the Federal Medical Center Carswell Human Resources Department, provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The agency, not the Federal Medical Center Carswell Human Resources Department, notifies appropriate licensing/certifying agencies when professional staff is terminated for substantiated sexual abuse or harassment allegations.

Program Statement 3420.11, Standards of Employee Conduct, pages 6-8, and Program Statement 3000.03, Human Resource Management Manual, Chapter 3, page 8, and Chapter 7, pages 41-45. The Bureau of Prisons Recruitment Flyer, page 1; the Bureau of Prisons Pre-Employment Guide, page 2; OPM's Public Trust Positions, page 1; National Background Investigation Bureau Resources, page 11, section 6 Fingerprint Submissions; and the Declaration for Federal Employment optional form 306; addresses 115.17(a) (b) (c) (d) (e) (f) and (g).

Two internal Bureau of Prisons memorandums detailing procedures for information sharing address 115.17(h).

In view of the above, the Auditor finds the Federal Medical Center Carswell substantially compliant with 115.17.

## **Standard 115.18: Upgrades to facilities and technologies**

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

#### **115.18 (a)**

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

#### **115.18 (b)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Interviews conducted with:

Agency Head

Warden

Program Statement 5324.12, Sexually Abusive Behavior Prevention, & Intervention Program states when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.

Program Statement 5324.12, Sexually Abusive Behavior Prevention, & Intervention Program states when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology; the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse.

During the on-site tour of the facility, the Auditor observed convex mirrors and security cameras in housing areas, food service, and throughout the facility.

The Agency Head stated that the Bureau of Prisons considers how modifications or expansions to a facility affect the ability to protect inmates from sexual abuse. The Agency Head stated that the PREA guidelines are considered in new facility designs. He further indicated technology upgrades enhance the Bureau's ability to protect against sexual abuse. Further, according to the Agency Head, all substantiated and unsubstantiated

cases of inmate sexual abuse are reviewed to determine if modifications to design or the addition or upgrade of technology would help prevent a similar occurrence.

The Agency Head explained that incident reviews are ongoing. Each facility examines the need for upgrades or additions to existing technology when sexual abuse occurs. Finally, the Agency Head indicated that video surveillance serves as a deterrent and allows the facility investigators to identify unreported victims and perpetrators of sexually abusive behavior.

During the on-site phase of the audit, the Auditor interviewed the Warden. During the interview, the Warden confirmed that when planning any expansion or modification of existing facilities, the facility considers the effect of the design, expansion, or modification on the facility's ability to protect inmates from sexual abuse. The Warden further indicated that video and surveillance technology is focused on areas where inmates are housed, work, and program, to enhance their protection from sexual abuse. Consideration is also given to camera placement to ensure the inmates' right to privacy when showering and changing clothes.

Upon reviewing the Program Statement and upon completion of the interviews conducted with the Agency Head and the Warden, the Federal Medical Center Carswell demonstrated facility-wide practices consistent with policy and the requirements of the PREA standard. The facility has had no substantial expansions or modifications since August 20, 2012. The facility has 126 convex mirrors to enhance the monitoring of certain facility areas. The Auditor notes Federal Medical Center Carswell's video coverage is substantial. A total of 242 cameras are utilized to provide video coverage of the facility in all critical areas. Workforce salary meeting minutes document the Institution PREA Compliance Managers' involvement in the process. Interviews with staff, observations, and an examination of video monitors and digital recording equipment confirm compliance with this standard. The Institution PREA Compliance Manager indicated the importance of utilizing technology to enhance the protection of inmates from incidents of sexual abuse.

The Auditor notes Federal Medical Center Carswell's video coverage is substantial. A total of 242 cameras are utilized to provide video coverage of the facility in all critical areas.

The Federal Medical Center Carswell is compliant with 115.18.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

##### 115.21 (a)

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

##### 115.21 (b)



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

#### 115.21 (c)

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

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

##### Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Program Statement 6031.04, Patient Care

First Responder Reference Guide-Sexual Assault Crisis Intervention

MOU Between Federal Bureau of Investigation and the Federal Bureau of Prisons

MOU Between the Office of Inspector General and the Federal Bureau of Prisons

MOU Between the Federal Medical Center Carswell and The Women's Center

##### Interviews conducted with:

Institution PREA Compliance Manager

Health Services staff

Special Investigative Agent

In order to make a determination of compliance, the following policies and documentation were reviewed:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 22-23 and 51; Program Statement 6031.04, pages 47-48; First Responder Reference Guide-Sexual Assault Crisis

Intervention; MOU between the Federal Bureau of Investigation and the Federal Bureau of Prisons; MOU between the Office of Inspector General and the Federal Bureau of Prisons and the information available concerning the Women's Center. This outside advocacy group is available to the inmate population if they want to seek emotional support services related to PREA related incidents.

The Auditor's review of the MOUs with the Office of Inspector General and the Federal Bureau of Investigation indicates both entities follow a uniform evidence protocol based on the DOJ's Office on Violence Against Women and the National Protocol for Sexual Assault Medical Forensic Examinations. Interviews with correctional and health services personnel confirmed that they were all knowledgeable of the required procedures for obtaining, preserving, and securing physical evidence, when sexual abuse is alleged. Staff members were aware the Special Investigative Agent (SIA), the Office of Internal Affairs (OIA), the Office of Inspector General (OIG), or the Federal Bureau of Investigation (FBI) conducted investigations relative to sexual abuse/harassment allegations.

The Federal Medical Center Carswell SIA is responsible for conducting administrative sexual abuse investigations. The Federal Medical Center Carswell SIA handles all the administrative investigations regarding PREA allegations. Criminal investigations are conducted by either the OIG or the FBI.

In the event of an incident, all victims are provided access to forensic medical examinations at John Peter Smith Hospital. According to the Bureau of Prisons procedures, all inmates who experience sexual abuse have access to forensic medical examinations at an outside facility without financial cost. Victims of sexual assault are referred to the Federal Medical Center Carswell health services for initial examination and treatment. Such treatment would be for stabilization only, and the victim would be transported to a John Peter Smith Hospital for examination, treatment, and forensic evidence gathering by a Sexual Assault Nurse Examiner (SANE). John Peter Smith Hospital is part of the Tarrant County Sexual Assault Response Team and provides care for adolescents and adult sexual assault victims. The program is staffed by registered nurses with advanced education and instruction in medical forensic examination and psychological and emotional trauma. SANE nurses provide emotional support, physical examination and wellness check, collection of medical-forensic evidence, assistance with reporting the crime, assistance with concerns about sexually transmitted infection and pregnancy, and post-assault medication administration. There have been three incidents at the Federal Medical Center Carswell that required a forensic medical exam in the past 12 months. The Auditor reviewed the electronic medical records for each of the three incidents. The electronic medical records included documentation concerning the forensic evaluation and follow-up orders from John Peter Smith Hospital.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 22-23; Program Statement 6031.04, Patient Care, pages 47-48 and the First Responder Reference Guide – Sexual Assault Crisis Intervention, addresses 115.21(a) and (b).

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 51, MOU Between Federal Medical Center Carswell and The Women's Center and the information provided by John Peter Smith Hospital address 115.21(c) (d) and e).

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and Intervention Program, page 22, and the MOUs between the FBI, the OIG, and the Federal Bureau of Prisons address 115.21(f).

Based on the policy review, a review of the MOUs, a review of the First Responder Reference Guide, interviews with the PREA Coordinator, medical staff, and correctional staff, the Auditor has determined the Federal Medical Center Carswell substantially complies with this standard.

## Standard 115.22: Policies to ensure referrals of allegations for investigations

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

### 115.22 (a)

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

### 115.22 (b)

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

### 115.22 (c)

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

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Program Statement 5508.02, Hostage Situations or Criminal Actions Requiring FBI Presence

Program Statement 1350.01, Criminal Matter Referrals

MOU Between Federal Bureau of Investigation and the Federal Bureau of Prisons

MOU Between the Office of Inspector General and the Federal Bureau of Prisons

Interviews conducted with:

Institution PREA Compliance Manager

Special Investigative Agent

In order to make a determination of compliance, the following policies were reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 43-45. Program Statement 5508.02, Hostage Situations or Criminal Actions Requiring FBI Presence, pages 1-2, and attachment A, pages 1-4. Program Statement 1350.01, Criminal Matter Referrals, pages 1-2. Additionally, the Auditor reviewed the MOU between the Federal Bureau of Prisons and the FBI and the OIG.

In order to determine compliance, interviews were conducted with the Institution PREA Compliance Manager and the Special Investigative Agent.

To determine compliance, the Auditor observed signs in both English and Spanish, informing inmates about reporting an incident of sexual assault or sexual harassment.

The following describes how the evidence above was used to conclude compliance. The Federal Medical Center Carswell ensures that administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. Appropriate procedures are in place to ensure the investigation will be completed. The Federal Medical Center Carswell has systems that require investigations by proper Law Enforcement Agencies, and staff at the Federal Medical Center Carswell have been trained to conduct administrative investigations involving sexual abuse or harassment. If an administrative investigation potentially involves criminal behavior, the investigation is referred to the FBI or the OIG. Both agencies follow a uniform evidence protocol that maximizes the potential for obtaining good physical evidence for criminal prosecutions and administrative proceedings, which occur after the criminal process is completed. The FBI would conduct criminal investigations for the facility involving inmates on inmates' sexual abuse, and the OIG would investigate staff on inmates' criminal sexual abuse. An investigation would never be terminated due to an inmate being transferred or released. The Federal Medical Center Carswell Special Investigative Agent is responsible for conducting administrative sexual abuse investigations.

The agency documents all referrals. The Bureau of Prisons Web site provides information concerning PREA, and the PREA Policy is posted on the Web site. The information presented indicates an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All claims of sexual abuse or sexual harassment are referred for investigation.

In the past 12 months, there have been 36 allegations of sexual abuse and sexual harassment. Twenty-one allegations resulted in an administrative investigation, and 13 were referred for criminal investigations.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 43-45 and Program Statement 5508.02, Hostage Situations or Criminal Actions Requiring FBI Presence, pages 1-2 and attachment A pages 1-4, address 115.22(a).

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 43-45, and the FBI and OIG MOUs address 115.22(b) (c).

Based on a review of the policy and interviews with the Institution PREA Compliance Manager, and the Special Investigative Agent, the Auditor concludes there is substantial compliance with standard 115.22.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
☒ Yes ☐ No

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Institution Supplement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

PREA PowerPoint presentation  
Course Completion records.  
Ten (10) Employee Training records.  
Interviews conducted with:  
Random staff

In order to make a determination of compliance, the following policy and other documentation were reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 13, 14, 24, 25, and 26 and Institution Supplement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 1-2. The Auditor reviewed the PREA PowerPoint presentation and the Course Completion records. Staff must acknowledge in writing their understanding of the PREA training. Finally, the Auditor reviewed 12 Employee Training records.

In order to determine compliance, interviews were conducted with 21 random staff.

To make a determination of compliance, the Auditor observed several informational signs throughout the facility detailing how to make a report of sexual assault or sexual harassment. In addition, the Auditor saw staff announcing their presence before entering a housing unit. Finally, the Auditor interviewed staff to determine their knowledge and understanding of their training.

The following describes how the evidence above was used to conclude compliance. The Federal Medical Center Carswell trains employees on zero tolerance and an employee's responsibilities to prevent, detect, report, and respond to sexual abuse and harassment incidents. Employees are informed of the inmates' right to be free from sexual abuse and retaliation for reporting sexual abuse and harassment incidents. Employees are trained on the dynamics of sexual abuse in confinement, the reactions of victims, and how to detect sexual abuse. Employees receive training on standards of conduct, inappropriate relationships with inmates, and communication with all inmates effectively. In addition, mandatory reporting laws are reviewed. The training is tailored to the inmates at Federal Medical Center Carswell. The Federal Medical Center Carswell houses female inmates. All employees have been trained, they are trained annually, and the Auditor confirmed the employees' training records. All staff interviewed confirmed their participation in PREA training and their knowledge of the training curriculum.

Employees are aware of the Federal Medical Center Carswell's current sexual abuse and sexual harassment policies and standard operating procedures. Federal Medical Center Carswell documents that employees understand the training they have received. The Auditor reviewed employee training records.

The Auditor reviewed 12 Employee Training records, and each file reviewed contained documentation on the date of hire, PREA Training Dates, and Acknowledgement documents. The training records indicate that PREA training occurred in 2020 and 2021.

Staff members who the Auditor interviewed indicated a clear understanding of the Prison Rape Elimination Act. The random staff interviewed were able to recall information from the training, such as the zero tolerance for sexual assault and sexual harassment, professional and gender-specific pat search procedures, how to respond to sexual assaults and duties of the first responder. Staff members recalled how to avoid inappropriate relationships with inmates, the dynamics of sexual abuse in prison, and how to detect signs of sexual abuse. All employees have been trained, and the Auditor confirmed the employees' training records. All staff interviewed confirmed their participation in PREA training and their knowledge of the training curriculum.



The Federal Medical Center Carswell's Institution Supplement 5324.12, page 2, specifically indicates that Psychology Services or the Institution PREA Compliance Manager will train new employees during Introduction to Correctional Techniques on PREA related information. This procedure ensures that all new employees are provided PREA Training before their contact with inmates.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 13, 14, 24, 25, and 26 and Institution Supplement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 1-2, address 115.31(a).

The PREA PowerPoint presentation and the Sexually Abusive Behavior Prevention and Intervention Program Annual Training 2021 Instructor Notes (Curriculum) address 115.31(b).

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program Program, page 25 addresses 115.31(c)

Training Records with signatures, including the "I understand caveat," address 115.31(d).

The Federal Medical Center Carswell complies with this standard.

## **Standard 115.32: Volunteer and contractor training**

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

#### **115.32 (a)**

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

#### **115.32 (b)**

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

#### **115.32 (c)**

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

### **Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

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

### Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Volunteer/Contractor Annual Training Curriculum for 2021

Volunteer/Contractor training forms

Four Contractor Training records

Interviews conducted with:

Volunteer

The following documentation was reviewed to determine compliance: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 26. The Auditor reviewed the Volunteer/Contractor Annual Training Curriculum for 2020. The Auditor reviewed the Volunteer/Contractor training forms; participation in training is documented through signature and indicates that the volunteer/contractor understood the training they have received. Finally, the Auditor reviewed four Contractor Training records.

The following describes how the evidence above was used to conclude compliance. The Auditor reviewed the training material and the documentation that each contractor or volunteer must complete. Federal Medical Center Carswell trains the volunteers and contractors on zero tolerance and responsibilities to prevent, detect, report, and respond to sexual abuse and harassment incidents. Volunteers and Contractors are informed of the inmates' right to be free from sexual abuse and retaliation for reporting sexual abuse and harassment incidents. Volunteers and Contractors are trained on the dynamics of sexual abuse in confinement, the reactions of victims, and how to detect sexual abuse. Standards of Conduct are reviewed as well as inappropriate relationships with inmates and how to communicate with all inmates effectively. The Auditor interviewed two volunteers. Each of the volunteers had received training within the past 12 months. Each was able to recall information from the training, such as responsibilities for recognizing potential sexual harassment issues or sexual assault issues, their responsibility to report any concerns, inappropriate relationships, and zero tolerance.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 26, and the Volunteer/Contractor Annual Training Curriculum form address 115.32(a).

The Volunteer/Contractor Annual Training Curriculum for 2021 addresses 115.32(b).

Training Records with signatures, including the "I understand caveat," addresses 115.32(c).

The Federal Medical Center Carswell complies with this standard.

## Standard 115.33: Inmate education

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

**115.33 (a)**

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

**115.33 (b)**

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

**115.33 (c)**

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  
☒ Yes ☐ No

**115.33 (d)**

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

**115.33 (e)**

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program  
 Program Statement 5290.14, Admission and Orientation Program  
 Pamphlet entitled Sexually Abusive Behavior Prevention and intervention: An Overview for Offenders  
 Inmate Handbook  
 Prison Rape Elimination Acknowledgement form  
 Receiving and Discharge form signed by inmates acknowledging receipt of the handbook  
 Orientation Acknowledgement  
 PREA Video Acknowledgement form  
 Informational flyers/brochures concerning sexual assault, zero tolerance, and reporting information  
 20 inmate files documenting admission dates, orientation dates, and comprehensive education dates  
 Interviews conducted with:  
 intake staff  
 Staff who conduct Risk Assessments  
 Inmates

In order to make a determination of compliance, the following policies and other documentation were reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 26 and 27, Program Statement 5290.14, Admission and Orientation Program, page 10, The pamphlet entitled Sexually Abusive Behavior Prevention and intervention: An Overview for Offenders, which is available in both English and Spanish. The Auditor reviewed the Inmate Handbook; the Prison Rape Elimination Acknowledgement form signed by inmates during intake, the Receiving and Discharge form signed by inmates

acknowledging receipt of the handbook, the Orientation Acknowledgement signed by inmates, the PREA Video Acknowledgement form signed by inmates and informational flyers/brochures concerning the sexual assault zero tolerance and reporting information. Finally, the Auditor reviewed 20 inmate files documenting admission dates, orientation dates, and comprehensive education dates.

In order to make a determination of compliance, interviews were conducted with intake staff, staff who conduct Risk Assessments, and inmates.

In order to make a determination of compliance, the following observations were made during the on-site tour of the facility: Throughout the facility, there is information posted about PREA, Zero Tolerance, and how to report incidents of sexual abuse. This information is presented in both Spanish and English. This information is visible and readily available.

The following evidence was used to conclude compliance. A staff member conducts an education program regarding the PREA for all inmates within 30 days of their arrival at the facility. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies, and reporting methods. Inmates also view a comprehensive orientation video that explains the facility's zero-tolerance policy and covers the inmate's right to be free from sexual abuse, sexual harassment, and retaliation. Inmates also have access to TRULINCS, a computer program that provides PREA information and a reporting outlet. Staff interpreters and telephonic translation services are available to inmates who are not proficient in English. The Federal Medical Center Carswell utilizes a Video Relay Service (VRS) for inmates with hearing disabilities. The Video Relay Service is a form of Telecommunications that enables persons with hearing disabilities who use American Sign Language to communicate with voice telephone users through video equipment rather than typed text. Video equipment links the VRS user with a communications assistant so that the VRS user and the communications assistant can see and communicate with each other in a signed conversation. Staff members conduct periodic group meetings with inmates in a housing unit to address issues. During these meetings, PREA information is exchanged with the unit populations. Random inmate interviews confirmed that inmates receive PREA information, and inmates were aware of multiple reporting methods, including anonymous and third-party reporting. The Auditor observed PREA education posters in all housing units, unit offices, program rooms, and in the visiting room.

Inmates receive information on zero tolerance, how to report sexual abuse and harassment incidents, their right to be free from sexual abuse and harassment, and to be free from retaliation for reporting incidents. In addition, inmates are informed about how the Federal Medical Center Carswell will respond to such events.

Intake Staff interviews verify that inmates receive the appropriate information. In addition to this information, inmates are provided a handbook that includes information concerning Zero Tolerance and how to report sexual abuse and harassment. The Auditor confirmed that all inmates receive this information. Interviews with inmates also confirm that Federal Medical Center Carswell Staff provides information on reporting incidents of sexual abuse. The facility documents the receipt of this information. Interpretation services are offered to inmates who may not understand the presented material. Inmate education is provided in formats accessible to all inmates, including limited English proficient, deaf, visually impaired, or otherwise disabled, and inmates who have limited reading skills.

The Auditor also reviewed a random sample of inmate files, and each file reviewed contained documentation to support an inmate's initial intake and the information concerning PREA that was provided during intake and information concerning the inmate's participation in the comprehensive PREA education. During the random inmate interviews, all inmates indicated they had received a handbook and information concerning PREA.

The Auditor's review of 60 Admission and Orientation Education forms reveals that inmates received comprehensive PREA Education at the Federal Medical Center Carswell. The inmate signs and dates the form, affirming receipt and understanding of the training.

The Institution PREA Compliance Manager reports all inmates received within the last 12 months have been educated within 30 days of Intake.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 26 and 27 and Program Statement 5290.14, Admission and Orientation Program, page addresses 115.33(a) (b) (c) and (d).

Admission and Orientation Education Form Acknowledgement form addresses 115.33(e).

The Auditor's observation of posters in housing units, receiving and discharge, and program/operational areas address 115.33(f)

In view of the above, the Auditor finds the Federal Medical Center Carswell substantially complies with 115.33.

## **Standard 115.34: Specialized training: Investigations**

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

#### **115.34 (a)**

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

#### **115.34 (b)**

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

#### **115.34 (c)**

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

##### Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program  
 Course Completion document for Prison Rape Elimination Act (PREA), Investigating Sexual Abuse in a Confinement Setting

##### Interviews conducted with:

Special Investigative Agent

In order to make a determination of compliance, the following policy was reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 28. The Auditor reviewed a Course Completion document for Prison Rape Elimination Act (PREA), Investigating Sexual Abuse in a Confinement Setting. The Auditor notes the curriculum for Investigating Sexual Abuse in Confinement Settings is designed to address the requirements outlined in the Prison Rape Elimination Act (PREA) standard 115.34, requiring specialized training for individuals tasked with investigating alleged incidents of sexual abuse in confinement settings. Additionally, this curriculum contains the information fundamental to understanding the concepts required by PREA standard 115.34.

An interview was conducted with the Special Investigative Agent (SIA) for the Federal Medical Center Carswell to determine compliance.

The following describes how the evidence above was used to conclude compliance. The Federal Medical Center Carswell conducts administrative investigations involving sexual abuse and sexual harassment. The SIA has received training in conducting investigations in confinement settings. The training title is "Investigating Sexual

Abuse in a Confinement Setting.” That training includes the proper use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative action or criminal referral. The Auditor reviewed the training certificate and interviewed the SIA. The SIA participated in training that covered all areas of the investigative process, including interviewing techniques, evidence collection, evidence protection, and victim advocacy, securing and processing the scene for evidence, securing all evidence maintaining the integrity of the evidence and seeing to the needs of the victim, providing advocacy support from the Mental Health Staff. The SIA stated she would review memorandums, collect as much data as possible, and write a report. The training reviewed good interpersonal communication skills with inmate victims, assailants, and witnesses, understanding the dynamics of inmate sexual violence, and establishing good working relationships with outside agencies, hospitals, prosecutors, and other investigators.

The SIA noted that Anonymous or third-party reports would be thoroughly investigated as soon as possible. A third party or an anonymous tip would be treated the same as a direct report. The SIA indicated that if the incident were criminal in nature, she would not collect specific physical and DNA evidence, she would aid the investigating agency by providing victim and perpetrator information such as any pertinent central file information, information concerning prior complaints and reports of previous sexual abuse and she would provide any information on prior investigations involving either the victim or the perpetrator.

The NIC Course taken by the SIA provides 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. In addition to the NIC Course, the SIA participated in Special Investigative Supervisor – Special Investigative Agent (SIS-SIA) Training. This training course provides specific information concerning the role of the investigator and what steps are involved in criminal or administrative investigations. Additionally, the course provides training on interviewing techniques, documenting evidence, and the appropriate use of the Garrity warning (BUREAU OF PRISONS Form A0194). The Auditor reviewed the PowerPoint presentation utilized by the Bureau of Prisons Office of Internal Affairs. This training also provides guidance on interviewing techniques and potential Union representation issues.

In addition to the SIA interview, the Auditor was provided documentation to substantiate the training for the SIA. The agency provided information concerning OIG and FBI investigators' training. The documentation indicated the OIG and the FBI staff had received PREA specialized training through the Department of Justice. Administrative investigations are conducted by trained investigators who are full-time employees of the Federal Medical Center Carswell. When criminal investigations are indicated, they are conducted by the FBI or the OIG.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 28, addresses 115.34(a).

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 28, and the SIA's training certificates indicating completion of the training courses “Investigating Sexual Abuse in a Confinement Setting” and SIS- SIA Training, addresses 115.34 (b and c).

Based on the review of the training record, the SIA interview, Program Statement 5324.12, and the training curriculum, the Auditor determines there is substantial compliance with this standard.

## **Standard 115.35: Specialized training: Medical and mental health care**

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



#### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

#### 115.35 (b)

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

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  
☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program  
Curriculum for specialized training for the medical and mental health staff  
Training records medical and mental health staff  
Interviews conducted with  
Health Services Administrator  
Nursing staff  
Psychology staff

The following policy was reviewed to determine compliance: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 28 – 29. Additionally, the Auditor reviewed the specialized training for the medical and mental health staff. This curriculum included victim identification, interviewing, reporting, and required clinical interventions. Further review of training records confirmed that all mental health and medical staff received specialized training.

Interviews were conducted with Mental Health Staff, the Health Services Administrator, and nursing staff to determine compliance.

The following describes how the evidence above was used to conclude compliance. The Federal Medical Center Carswell provides PREA training to the medical and mental health practitioners who work in the facility. The training includes detecting signs of sexual abuse/harassment, preventing the destruction of evidence, responding to victims, and reporting allegations or suspicions of sexual abuse and sexual harassment. Additionally, medical and mental health staff receive training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations of sexual abuse and sexual harassment. The Auditor confirmed that training was provided to the Medical and Mental Health staff. Interviews with the Mental Health staff and Medical staff confirmed the practice. The Health Services Administrator indicated the agency provides training on PREA and, more specifically, responding to incidents of sexual assault. During the interview, the Health Services Administrator clearly understood the

Federal Medical Center Carswell Zero Tolerance policy and appropriate protocols for dealing with sexual assault and sexual harassment incidents. As noted in the PRE-Audit Questionnaire, the Facility medical staff do not conduct forensic examinations.

Mental Health Staff members have received specialized training in detecting signs of sexual abuse and how to respond effectively to victims of sexual abuse.

All Mental Health staff and Medical Staff participate in annual training provided by the Federal Medical Center Carswell, covering the PREA in detail.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 28 –29 address 115.35(a).

Federal Medical Center Carswell medical staff do not conduct Forensic Evaluations, as noted in the Pre-Audit Questionnaire and by the Health Services Administrator. (Addresses 115.35(b))

A review of training records confirmed that all mental health and medical staff received specialized training addresses 115.35(c).

Based on the interviews conducted with medical and mental health staff and the documentation concerning the training they had received from the Federal Medical Center Carswell, there is substantial compliance with this standard.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?  
☒ Yes ☐ No

#### 115.41 (f)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒  
Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒  
Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  
☒ Yes ☐ No

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Program Statement 5290.15, Intake Screening

Institution Supplement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Intake Screening Form

PREA Intake Objective Screening Instrument

Psychology Services Risk of Sexual Victimization form

20 Inmate files

Interviews conducted with:

Intake staff

Staff who conduct screening for risk of victimization and abusiveness

Random inmate interviews

In order to determine compliance, the following policies were reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 28 –29, and Program Statement 5290.15, Intake Screening, pages 2-6. The Intake Screening Form, the PREA Intake Objective Screening Instrument, and the Psychology Services Risk of Sexual Victimization form were reviewed.

In order to determine compliance, interviews were conducted with staff who conduct screening for risk of victimization and abusiveness. In addition, interviews were conducted with inmates.

In order to determine compliance, the Auditor observed the Receiving and Discharge area and was provided an overview of the intake process by the Institution PREA Compliance Manager.

The following describes how the evidence above was used to conclude compliance. All inmates are provided; Risk Assessments upon intake; these assessments are done almost immediately. The intake interview is conducted in a private area by a staff member who has been trained in intake screening. The interviewer reviews SENTRY information (Bureau of Prisons Inmate Database System) and the Inmate Central File or Presentence Investigation Report (PSI), if available, and decides whether the inmate is suitable for placement in the general population. During the intake screening process, the interviewer reviews the PSI and the Inmate Central File for any documentation indicating the inmate has a history of sexually aggressive behavior or has recently been the victim of a sexual assault. The assessment includes a determination of the inmates' mental health and physical health, the age of the inmate, the physical build of the inmate, previous incarcerations, criminal history, prior sex offenses, whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming, prior sexual victimization and the inmate's perception of their vulnerability. Inmates are reassessed within 30 days or if additional information is received. All information gathered during intake is shared with only those staff that need to know. Sensitive information is not shared unnecessarily. Interviews with Intake officers confirmed the use of the assessment tools and the confidentiality of the information. In addition, inmate interviews indicated the use of the assessment tools.

The Intake Officers noted the need to provide safe housing and program resources that ensured a safe environment for all inmates. The Auditor reviewed the files of several inmates. The files contained the appropriate Intake forms and Assessment forms; they were signed and dated by both staff and inmates.

The Auditor interviewed three staff members who conduct risk assessments. The Auditor notes that inmates identified as vulnerable to sexual abuse or harassment or at high risk of being sexually abusive are referred to Psychology Services for appropriate follow-up and/or assessment, as noted in Program Statement 5290.15, Intake Screening, page 3. The Intake Form is forwarded to the Psychology Services Department to ensure further mental health screening and evaluation is completed. The Auditor reviewed the Psychology Services Risk of Sexual Victimization form. Each of the staff members interviewed was aware of their responsibilities in conducting risk assessments. Mental Health staff members indicated they conduct face-to-face interviews, and they consider all aspects, suicide, mental health, drug issues, sexual assault victim, gang activity, physical build, verbal and social skills, special needs, and safety.

Random inmate interviewees assert when they first came to Federal Medical Center Carswell, they were asked questions like whether they have ever been sexually abused, whether they identify as being lesbian/gay/bisexual/transgender (LGBTI), whether they have any disabilities, and whether they think they might be in danger of sexual abuse at the Federal Medical Center Carswell. Interviewees were asked these questions during intake and their follow-up interviews.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 29-35; Institution Supplement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 2-3 and Program Statement 5290.15, Intake Screening, pages 2-4 addresses the requirements of 115.41(a) (b) and (c)

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 31, the Intake Screening Form, the PREA Intake Objective Screening Instrument, and the Psychology Services Risk of Sexual Victimization form address the requirements of 115.41(d) and (e).

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 32, addresses the requirements of 115.41(f) (g) (h) and (i).

Based on a review of the intake process, a review of the risk assessment forms, and interviews with Intake staff, Mental Health specialists, and inmates, there is substantial compliance with this standard.

## **Standard 115.42: Use of screening information**

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

#### **115.42 (a)**

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

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for



the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program  
Institution Supplement, 5324.12(A) Sexually Abusive Behavior Prevention and Intervention Program  
Program Statement 5200.08, Transgender Offender Manual

#### Interviews conducted with:

Institution PREA Compliance Manager  
Staff who conduct risk assessments  
Transgender inmate interviews

In order to determine compliance, the following policies were reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program page 33; Institution Supplement, 5324.12(A) Sexually Abusive Behavior Prevention and Intervention Program page 3 and Program Statement 5200.08, Transgender Offender Manual, pages 5-8.

In order to make a determination of compliance, interviews were conducted with the Institution PREA Compliance Manager and staff who conduct risk assessments.

In order to make a determination of compliance, the Auditor observed inmates meeting with Mental Health staff, Medical Staff, and Case Management during the time of the on-site visit.

The following describes how the evidence above was used to conclude compliance. The Federal Medical Center Carswell utilizes the intake information to make decisions on housing assignments. The needs of each inmate are taken into consideration. The Institution PREA Compliance Manager stated the facility would consider a transgender or intersex inmate's views concerning safety. Transgender or intersex inmates would be involved in decisions concerning housing placement. Through a review of screening forms and inmate and staff interviews, it was determined the Federal Medical Center Carswell uses the screening information to determine housing, bed, work, education, and program assignment to keep inmates at high risk of being sexually victimized separate from those at high risk of being sexually abusive. The decisions are made on a case-by-case basis; various instruments are utilized to accomplish this task as well as sound professional judgment. Once an inmate has been identified as a victim or perpetrator or as "at-risk" for victimization or perpetration, the Unit Management teams review classification options. These options may include transfer to a special treatment program (e.g., Sex Offender Management Program), transfer to a greater or lesser security facility, application of a Public Safety Factor, such as sex offender, or changes in housing units, cell assignments, work assignments, and/or education assignments.

The Bureau of Prisons utilizes a Transgender Executive Council (TEC) to determine initial designations to Bureau facilities. The Transgender Executive Council (TEC) consists of staff members from the Health Services Division, the Women and Special Populations Branch, Psychology Services, the Correctional Programs Division, the Designation and Sentence Computation Center (DSCC), and the Office of General Counsel. The TEC conducts quarterly meetings to offer advice and guidance on unique measures related to the treatment and management needs of transgender inmates and/or inmates with Gender Dysphoria, including designation issues. The Federal Medical Center Carswell utilizes a multi-disciplinary approach to managing transgender inmates, which ensures transgender inmates have access to services.

Inmates identified as transgender or gay are not housed in a dedicated housing area. Transgender or intersex inmates' views concerning their own safety are given consideration when making housing and programming assignments. Transgender and intersex inmates are allowed to shower separately from other inmates.

Interviews with Risk assessment staff, intake staff, and the Institution PREA Compliance Manager confirm the facility's efforts to ensure a safe living environment for all inmates; there is substantial compliance with this standard.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 33, and Institution Supplement, 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 3 and Program Statement 5200.08, Transgender Offender Manual, pages 5-8, addresses the requirements of 115.42(a) (b) (c) (d) (e).

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 33 and Program Statement 5200.08, Transgender Offender Manual, pages 5-8, addresses the requirements of 115.42(f) and (g).

Based on the above information, the Federal Medical Center Carswell is compliant with this standard.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Program Statement 5270.11, Special Housing Units

Program Statement 3420.11, Standards of Employee Conduct

Bureau of Prisons Form BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation

#### Interviews conducted with:

Warden

Staff who supervise inmates in segregated housing

Institution PREA Compliance Manager

Unit management staff

In order to determine compliance, the following policies were reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 33-34, Program Statement 5270.11, Special Housing Units, pages 1-18, Program Statement 3420.11, Standards of Employee Conduct, page 2. Additionally,

the Bureau of Prisons Form BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation, was reviewed.

The following describes how the evidence above was used to draw a conclusion regarding compliance. The Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 33-34, indicates inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there are no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. The Warden must assess and consider all appropriate alternatives for safeguarding alleged inmate victims. Placing an inmate in protective custody or transferring the inmate to another federal, state, or local correctional facility remain viable options to safeguard an inmate. However, staff must first consider other alternatives based on the circumstances of the allegations.

If inmates are placed in segregated housing involuntarily, they shall have access to programs, privileges, education, and work opportunities. If an inmate is restricted from participating in activities, staff must document the reason for the restriction and the duration of the restriction. Inmates are provided an in-person review every 30 days to determine if there is a continuing need for separation from the general population. (Program Statement 5270.11, Special Housing Units, pages 1-18)

Interviews of the Warden, Institution PREA Compliance Manager, and unit management staff indicate that no inmates at high risk for sexual victimization had been placed in involuntary segregated housing during the past 12 months.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 33-34., Program Statement 5270.11, Special Housing Units, pages 1-18, and the Bureau of Prisons Form BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation, addresses the requirements of 115.43(a) (b) (c) (d) (e).

Based on the above information, there is compliance with this standard.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Program Statement 3420.11, Standards of Employee Conduct

BP-A0165, Acknowledgement of Receipt of Standards of Employee Conduct

## Inmate Handbook

Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders pamphlet

BUREAU OF PRISONS Website: [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

Interviews conducted with:

Random staff

Random Inmates

In order to determine compliance, the following policies were reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention, and Intervention Program, pages 35-36; and Program Statement 3420.11, Standards of Employee Conduct, pages 5-6. Additionally, the Bureau of Prisons Form BP-A0165, Acknowledgement of Receipt of Standards of Employee Conduct, was reviewed. The Auditor reviewed the Inmate Handbook and the Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders pamphlet. Finally, the Auditor reviewed the Bureau of Prisons website, which includes information on reporting an act of sexual harassment or sexual abuse.

In order to make a determination of compliance, interviews were conducted with both random staff and inmates.

In order to make a determination of compliance, the following observations were made during the on-site tour of the facility: The housing units, program areas, and the intake area (Receiving and Discharge) had signs informing inmates of their right to be free of sexual abuse. There were signs informing inmates about how to report incidents of sexual abuse. The signs were posted in both English and Spanish. The Auditor notes that inmates also have access to TRULINCS, a computer program that provides PREA information and a reporting outlet. Through TRULINCS, the inmate can contact the Office of the Inspector General anonymously, and the email is untraceable at the institution level. Several TRULINCS computers were observed in each housing unit during the facility tour.

Inmates have multiple ways to report allegations of sexual abuse and sexual harassment at the Federal Medical Center Carswell; specifically, Inmates are encouraged to report pressure immediately, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other inmates or employees for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates who are victims of sexual abuse have the option to report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: Write directly to the Warden, Regional Director or Director; file an Administrative Remedy; write the Office of the Inspector General (OIG); E-mail the OIG.; or have someone file a third-party report at Bureau of Prisons public website. ([https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp))

The website provides the following information concerning reporting: Reporting Allegations of Sexual Abuse/Sexual Harassment.

### *How to report allegations of inmate abuse*

*To initiate an investigation, please provide information about the incident(s), including the dates, times, and locations where each incident took place; names of the inmate, staff, or others who were involved; and their identifying information. Any detail you can provide will greatly assist our investigation. Send your information to one of the addresses below:*

*Inmate abuse of other inmates: Federal Bureau of Prisons, National PREA Coordinator, Reentry Services Division, 400 First St. NW, Room 4027, Washington, DC 20534*

*Staff abuse of inmates: Federal Bureau of Prisons, Office of Internal Affairs, 320 First St. NW, Room 600, Washinton, DC 20534*

These multiple reporting methods are posted throughout the facility; they are available in the PREA information provided to inmates and are reviewed with the inmate during intake. Inmate interviews confirm knowledge of the reporting procedures.

Staff reporting requirements are addressed in the Program Statement 3420.11, Standards of Employee Conduct. Staff may contact any supervisory staff at the local institution, Regional staff, or Central Office staff, including the Regional PREA Coordinators and the National PREA Coordinator. As appropriate, allegations involving staff members may also be reported to the Office of Internal Affairs or the Office of Inspector General. All staff must acknowledge receipt of the Standards of Employee Conduct. This acknowledgment is documented on the Bureau of Prisons Form BP-A0165, Acknowledgement of Receipt of Standards of Employee Conduct. Staff interviews confirm knowledge of reporting procedures.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 35-36; and Program Statement 3420.11, Standards of Employee Conduct, pages 5-6. addresses the requirements of 115.51(a) (b) (c) and (d)

Inmates and staff at the Federal Medical Center Carswell have several methods available to make reports concerning sexual abuse or sexual harassment. There is substantial compliance with this standard.

## **Standard 115.52: Exhaustion of administrative remedies**

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

#### **115.52 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No

#### **115.52 (b)**

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

#### **115.52 (c)**



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

#### 115.52 (d)

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

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents:

Program Statement 1330.18, Administrative Remedy Program

Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders pamphlet

Inmate Handbook

In order to determine compliance, the following policy was reviewed: Program Statement 1330.18, Administrative Remedy Program.

Program Statement 1330.18, Administrative Remedy Program, addresses the standard's requirements. Grievances (administrative remedies) filed alleging sexual abuse or sexual harassment would immediately open a formal investigation. The agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. The agency procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse, regardless of when the incident is alleged to have occurred. The agency procedure does not require an inmate to use an informal grievance process or otherwise attempt to resolve an alleged incident of sexual abuse with staff. The procedure requires that an inmate grievance alleging sexual abuse will not be referred to the staff member who is the subject of the complaint. The agency procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the grievance filing. The agency always notifies the inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made.

Agency procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist the inmate in filing requests for administrative remedy relating to allegations of sexual abuse and to file such requests on behalf of inmates. Agency procedure requires that the agency documents the inmate's decision to decline if the inmate declines to have third-party assistance in filing a grievance alleging sexual abuse.

The agency has a procedure for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The agency procedure for emergency grievances alleging a substantial risk of imminent sexual abuse requires an initial response within 48 hours. Agency procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires a final agency decision issued within five days. Best efforts are made to provide Regional Office and Central Office expedited appeal responses within five calendar days. If an inmate reasonably believes the issue is sensitive and the inmate's safety or well-being would be placed in danger if the remedy became known at the institution, the inmate may submit the remedy directly to the appropriate Regional Office.

The agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates the inmate filed the grievance in bad faith.

The Auditor's review of the Inmate Handbook and the Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders pamphlet reveals an overview of reporting sexual abuse/harassment via the formal grievance procedure.

The Institution PREA Compliance Manager reports there have been no instances in which a final decision related to an inmate's sexual abuse grievance was not reached in 90 days. During the past 12 months, there have been no instances in which written notification of a time frame extension was necessary. One grievance has been filed in the last 12 months alleging sexual abuse. The Auditor reviewed the grievance and determined all appropriate time frames were followed.

Program Statement 1330.18, Administrative Remedy Program addresses 115.52 (a), (b), (c), (d), (e), (f), and (g). There is substantial compliance with this standard.

## Standard 115.53: Inmate access to outside confidential support services

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

#### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

#### 115.53 (b)

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

#### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program  
Institution Supplement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program  
Inmate Handbook  
Sexually Abusive Behavior Prevention and Intervention An Overview for Offenders  
MOU Between Federal Medical Center Carswell and The Women's Center  
Interviews conducted with  
Mental Health Staff  
Victim Advocate from The Women's Center  
Random Inmates

In order to determine compliance, the following policies were reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 36, and Institution Supplement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 3. Additionally, the Auditor reviewed the Inmate Handbook, the Sexually Abusive Behavior Prevention and Intervention pamphlet for inmates, and the MOU Between the Federal Medical Center Carswell and The Women's Center.

The Women's Center is an outside advocacy group available to the Federal Medical Center Carswell inmate population. The Center provides emotional support services related to PREA related incidents confidentially. The phone number provided is toll-free (817-927-2737). Victim Advocates accompany victims of sexual assault who arrive at John Peter Smith Hospital for a forensic examination following a sexual assault allegation.

In order to make a determination of compliance, interviews were conducted with random inmates and mental health staff. Facility staff members, including mental health treatment providers, have also been trained as victim advocates.

In order to make a determination of compliance, the following observations were made during the on-site tour of the facility: The housing units, Receiving and Discharge area, and programming areas all had signs/posters informing inmates of their right to be free of sexual abuse. There were signs informing inmates about how to report incidents of sexual abuse. The signs were posted in both English and Spanish.

Inmates are informed as part of their orientation process that all telephone calls (except properly placed legal calls) are subject to monitoring and recording and that all mail, except for legal mail, is subject to monitoring. Inmates are informed that emails to the Office of the Inspector General through TRULINCS are not monitored by the facility or the Bureau of Prisons.

The Auditor interviewed the Director of the Rape Crisis Center from the Women's Center on February 22, 2022. During the interview, the Director stated the organization was available to assist victims at the facility. In addition, inmates could contact the Women's Center directly from the facility. The Director stated all of the Women's Center Victim Advocates had received Sexual Assault Advocacy Training. The training included: How to detect and assess signs of sexual abuse and sexual harassment; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The Director indicated that at the initiation of services to an inmate, the Women's Center staff member would disclose the limitations of confidentiality and their duty to report. Further, victims of sexual abuse would receive timely and unimpeded access to emergency medical treatment and crisis intervention services, and the nature and scope of the services would be determined according to the

professional judgment of the SANE and Advocacy staff. Finally, follow-up services would be provided as necessary, and the level of care was consistent with community standards.

All inmates interviewed indicated they had confidential access to their attorneys before any hearings. Additionally, all inmates interviewed stated they are allowed to visit with family members depending on the Covid-19 status of the facility.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 36, and Institution Supplement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 3, The Inmate Handbook, the Sexually Abusive Behavior Prevention and Intervention An Overview for Offenders pamphlet for Inmates, the MOU between Federal Medical Center Carswell and The Women's Center, addresses the requirements of 115.53 (a) (b) and (c).

Based on the above information, there is substantial compliance with this standard.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Sexually Abusive Behavior Prevention and Intervention An Overview for Offenders

Bureau of Prisons website [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

Interviews conducted with:

Random Inmates

The following policy was reviewed to determine compliance: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 37. The Auditor reviewed the Bureau of Prisons website, which provides information to the public on how to report sexual abuse or sexual harassment on behalf of an inmate. Finally, the Auditor reviewed the Sexually Abusive Behavior Prevention and Intervention An Overview for Offenders pamphlet.

To determine compliance, the Auditor observed signs in both English and Spanish, informing inmates about reporting an incident of sexual assault or sexual harassment.

In order to make a determination of compliance, interviews were conducted with random inmates who confirmed their knowledge of third-party reporting capabilities.

The following describes how the evidence above was used to draw a conclusion regarding compliance. The Bureau of Prisons has established a method to receive third-party reports of sexual abuse. This information is available on the Bureau of Prisons website ([https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)). Information is available to the public on how to report sexual abuse or sexual harassment on behalf of the inmates.

The Federal Medical Center Carswell provides a pamphlet for inmates. This pamphlet includes specific information about PREA, contact information, and reporting information. The Auditor examined the pamphlet and website. Inmate interviews confirm awareness of the third-party reporting capabilities.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 37, and the Bureau of Prisons website address 115.54 (a) requirements.

Given the above, the Auditor finds Federal Medical Center Carswell substantially compliant with 115.54.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

##### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Program Statement 3420.11, Standards of Employee Conduct

#### Interviews conducted with:

Institution PREA Compliance Manager

Random Staff



In order to determine compliance, the following policies were reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 37 and 38, and Program Statement 3420.11, Standards of Employee Conduct, pages 5-6.

In order to make a determination of compliance, the Auditor interviewed random staff and the Institution PREA Compliance Manager.

The following describes how the evidence above was used to draw a conclusion regarding compliance. The Federal Medical Center Carswell requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility. All staff members are also required to report any retaliation against inmates or staff who have reported an incident of sexual assault or sexual harassment. Regardless of its source, Federal Medical Center Carswell employees who receive information concerning sexual misconduct at the Federal Medical Center Carswell, or who observe an incident of sexual misconduct or have reasonable cause to suspect an inmate is a victim of sexual misconduct, must immediately report the information or incident directly to their immediate Supervisor.

Any Federal Medical Center Carswell employee who fails to report an allegation or coerces or threatens another person to submit inaccurate, incomplete, or untruthful information with the intent to alter a report may face disciplinary action, up to and including termination of employment. Staff members are required to report any violation of responsibilities that may have contributed to an incident or retaliation. All Federal Medical Center Carswell staff have a duty to report any allegation of sexual abuse as required by mandatory reporting laws. Inmates are informed of the limitations of confidentiality between inmates and staff.

Aside from reporting to the designated supervisors or officials and designated State or local service agencies, the Federal Medical Center Carswell prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and additional security and management decisions.

Although no complaints have been received from a member of the public, a procedure has been established for third-party reporting (see 115.54).

The Bureau of Prisons requires that immediate action is taken to protect inmates from sexual abuse. Staff interviewed are aware of their reporting requirements and the steps that need to be taken to ensure the inmate's safety. All 12 random staff interviewees assert they received training regarding reporting sexual abuse/harassment and compliance with applicable mandatory reporting laws.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program pages 37-38, address the requirements of 115.61 (a) (b) (c) (d) and (e).

Given the above, the Auditor finds the Federal Medical Center Carswell substantially compliant with 115.61.

## **Standard 115.62: Agency protection duties**

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

#### **115.62 (a)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Interviews conducted with:

Institution PREA Compliance Manager

Random staff

In order to determine compliance, the following policy was reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 38 and 39.

In order to make a determination of compliance, the Auditor interviewed random staff and the Institution PREA Compliance Manager.

The following describes how the evidence above was used to draw a conclusion regarding compliance. A review of policy and interviews with the Institution PREA Compliance Manager and Random Staff demonstrated the appropriate protective measures that would be taken if an inmate was at imminent risk of sexual abuse. Additionally, all staff interviewed indicated specific knowledge of the protective measures that should be taken in the event an inmate was subject to a substantial risk of imminent sexual abuse.

The Auditor reviewed Program Statement 5324.12; The program statement outlines how staff members respond to any allegation of sexual misconduct. As stated, in the procedures, in cases where the alleged perpetrator is another inmate, the Operations Lieutenant is notified immediately and immediately safeguards the inmate victim (which will vary depending on the severity of the alleged sexually abusive behavior and could include monitoring the situation, changing housing assignments, and changing work assignments. The Operations Lieutenant promptly refers all inmates reported or suspected of being the victim of sexually abusive behavior to Psychology Services for an assessment of vulnerability and treatment needs. The Operations Lieutenant also notifies the Institution PREA Compliance Manager.

If the alleged perpetrator is a staff member, all options for safeguarding the inmate victim should be considered as described. The decisions made to safeguard the inmate should take the impact on staff members into account, according to the Master Agreement. Removal from the facility is an extreme measure, and other options include reassignment to another unit or post or other measures that will effectively separate the staff member from the inmate.

If the alleged perpetrator is an inmate and a staff member is the subject of abuse or harassment, all safeguarding options should be considered. Options should include reassignment of the inmate to another housing unit, writing incident reports, and criminal prosecution if appropriate (Program Statements 5270.09, Inmate Discipline Program, and Special Housing Units, 5270.11).

The Institution PREA Compliance Manager reports nine inmates were subject to a substantial risk of imminent sexual abuse in the past 12 months. In each instance, the inmates were immediately (without unreasonable delay) referred to Psychology services for evaluation and a determination of protective measures. The staff interviewed are aware of their reporting requirements and the steps that need to be taken to ensure the inmate's safety.

The Institution PREA Compliance Manager asserts that when it is learned an inmate is subject to a substantial risk of imminent sexual abuse, the potential victim is immediately removed from the danger zone and placed in a safe environment.

Twelve random staff interviewees assert if they learn an inmate is at risk of imminent sexual abuse, they immediately remove the inmate from the danger zone and place the potential victim under direct staff supervision to ensure safety.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 38 and 39, addresses 115.62(a).

In view of the above, the Auditor finds Federal Medical Center Carswell substantially compliant with 115.62.

## **Standard 115.63: Reporting to other confinement facilities**

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

#### **115.63 (a)**

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

#### **115.63 (b)**

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

#### **115.63 (c)**

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

#### **115.63 (d)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Notifications to Facility CEO's concerning allegations of sexual abuse/harassment

#### Interviews conducted with:

Institution PREA Compliance Manager

Warden

In order to determine compliance, the following policy was reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 39 and 40.

In order to make a determination of compliance, interviews were conducted with the Institution PREA Compliance Manager and the Warden.

According to Program Statement 5324.12, in cases where there is an allegation that sexually abusive behavior occurred at another Bureau facility, the Warden (or designee) of the victim's current facility reports the allegation to the Warden of the identified institution. In cases alleging sexual abuse by staff at another institution, the Warden of the inmate's current facility refers the matter directly to the Office of Internal Affairs.

For non-Bureau secure privatized facilities, jails, and Residential Reentry Centers, the Warden will contact the appropriate office of the facility and notify the Privatization Management or the Residential Reentry Management Branches as appropriate.

For non-Bureau facilities, the Warden (or designee) contacts the appropriate office of that correctional agency.

The Institution PREA Compliance Manager stated during the past 12 months, there have been five documented situations in which another institution was notified concerning an inmate's allegation of sexual abuse. The Institution PREA Compliance Manager stated the notifications occurred within 72 hours of the time frame. The Auditor reviewed the documentation and found it compliant with the 72-hour time frame.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 39 and 40. addresses 115.63(a) (b) (c) and (d).

In view of the above, the Auditor finds Federal Medical Center Carswell substantially compliant with 115.63.

## **Standard 115.64: Staff first responder duties**

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

#### **115.64 (a)**

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

#### **115.64 (b)**

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

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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

Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

One Source First Responder Reference Guide, Sexual Assault Crisis Intervention checklist

Interviews conducted with: Random Staff during Site Review

In order to determine compliance, the following policy and other documentation were reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 40 and the One Source First Responder Reference Guide, Sexual Assault Crisis Intervention checklist.

In order to determine compliance, during the tour, informal discussions were conducted by the Auditor with the Federal Medical Center Carswell custody staff concerning how they would respond to different situations involving allegations of sexual assault or sexual harassment. In each of these informal discussions, staff indicated the most crucial step was to keep the victim safe, believe what the victim had stated, and take action as necessary to ensure the victim's safety.

The following describes how the evidence above was used to draw a conclusion regarding compliance. The Auditor interviewed a First Responder Security staff member concerning first responder responsibilities during the onsite tour. The staff member was aware of their duty in this area. The staff member interviewed indicated a need to separate the victim from the abuser, preserve and protect the crime scene, advise the victim not to take any action that would compromise the evidence, and, if possible, ensure the alleged abuser did not take any action that would compromise any evidence. In addition, the staff member was aware that they needed to contact the Operations Lieutenant.

The staff interviewed indicated they had received training that included the duties of a first responder.

Any employee who discovers or learns of sexual abuse, or an allegation of sexual abuse, shall ensure that the following actions are accomplished: The alleged victim is kept safe, prevent any contact with the alleged perpetrator, preserve the crime scene, contact the Operations Lieutenant. Ensure the alleged victim does not take any actions that could destroy physical evidence.

Interviews with random staff indicate they understand the duties of a first responder. Additionally, the policy clearly describes the steps to be taken in response to an allegation of sexual abuse, assault, or harassment. Those steps include separating the parties, cell reassignment, securing the scene, following evidentiary practices, and medical evaluation. During the past 12 months, the Federal Medical Center Carswell has had 36 reported allegations that an inmate was sexually abused. Of those 36 cases, three were within a time period that allowed for the collection of physical evidence. The Auditor reviewed the One Source First Responder Reference Guide, Sexual Assault Crisis Intervention Checklist for each of the three incidents that involved evidence collection.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 40, and the One Source First Responder Reference Guide, Sexual Assault Crisis Intervention checklist. address 115.64 (a) and (b).

Based on the interviews and the information available to staff concerning their duties as first responders, there is substantial compliance with this standard.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

One Source First Responder Reference Guide, Sexual Assault Crisis Intervention checklist.

Interviews conducted with:

Institution PREA Compliance Manager

Warden

Random Staff

In order to determine compliance, the following policy and other documentation were reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 40-42. The Auditor reviewed the One Source First Responder Reference Guide, Sexual Assault Crisis Intervention checklist.

In order to make a determination of compliance, the Auditor interviewed random staff, the Institution PREA Compliance Manager, and the Warden.

In order to determine compliance, during the tour, informal discussions were conducted by the Auditor with Federal Medical Center Carswell Custody staff concerning how they would respond to different situations involving allegations of sexual assault or sexual harassment. In each of these informal discussions, staff

indicated the most crucial step was to keep the victim safe, believe what the victim had stated, and take action as necessary to ensure the victim's safety.

The following describes how the evidence above was used to draw a conclusion regarding compliance.

All staff report incidents of sexual abuse to the Operations Lieutenant. The Operations Lieutenant immediately safeguards the inmate. The Operations Lieutenant promptly refers all inmates reported or suspected of being victims of sexually abusive behavior to the Health Services Unit for physical assessment and documentation of injuries. The Operations Lieutenant promptly refers all inmates reported or suspected of being the victim of sexually abusive behavior to Psychology Services for an assessment of vulnerability and treatment needs. In addition, during business hours, the Operations Lieutenant ensures that the SIA, Chief of Correctional Services, Institution PREA Compliance Manager, and Warden are notified. During non-business hours, the Operations Lieutenant ensures that the SIA, Chief of Correctional Services, Institution PREA Compliance Manager, Duty Officer, Health Services staff, and on-call Psychologist are notified.

The Institution PREA Compliance Manager reviews relevant factors and decides whether or not to proceed with full activation of the Response Protocol. Not all allegations of sexually abusive behavior require full activation of the protocol. In cases where more information is needed or when there is a credible and severe allegation or instance of sexually abusive behavior, the full Response Protocol must be implemented. Once the Institution PREA Compliance Manager determines that the intervention should continue, a sensitive and coordinated response is necessary. Services will be provided in an environment that meets both security and therapeutic needs.

The full Response Protocol, monitored by the Institution PREA Compliance Manager, involves the following components: Correctional Services, safeguard the inmate; engage in evidence collection and preservation at the institution, including inmate clothing and footwear; investigate cases involving inmate perpetrators; arrange for outside medical trips if necessary; ensure that Security Threat Group categories for victims and predators are entered into SENTRY.

Psychologists are responsible for crisis intervention, assessment of treatment needs, documentation of the evaluation results, treatment, psychiatric referral, and other treatment options related to the alleged victim. Psychologists also notify the qualified agency staff member or the outside victim advocate, if necessary, to assist the inmate.

Properly trained Health Services clinicians are responsible for assessment, examination, documentation, and treatment of inmate injuries arising from incidents of sexual abuse, including testing when appropriate for pregnancy, HIV, and other sexually transmissible infections.

Based on the interviews with random staff, the Institution PREA Compliance Manager, and the Warden; a review of the Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 40-42, and a review of the One Source First Responder Reference Guide, Sexual Assault Crisis Intervention checklist, the Auditor asserts there is substantial compliance with this standard.

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

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

#### **115.66 (a)**



- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

#### 115.66 (b)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

##### Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program  
Federal Bureau of Prisons and Council of Prison Locals American Federation of Government Employees' bargaining agreement

##### Interviews conducted with:

Agency Head

In order to determine compliance, the following policy was reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 42. Additionally, the Auditor reviewed the Federal Bureau of Prisons and Council of Prison Locals American Federation of Government Employees' bargaining agreement, Article 30(g).

The Federal Medical Center Carswell has no limit on its ability to remove alleged sexual abusers from contact with any inmates pending an investigation. As indicated in the interview with the Agency Head, the collective bargaining agreement (Article 30 (g)) permits the agency to remove an employee from an institution when an allegation adversely affects the agency's confidence in the employee or the institution's security. The employee may be removed from the institution setting "pending an investigation and resolution of the matter, in accordance with applicable laws, rules, and regulations."

In view of the above, the Auditor finds Federal Medical Center Carswell substantially compliant with 115.66.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

#### 115.67 (b)

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

#### 115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Interviews conducted with:

In order to determine compliance, the following policy was reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 42-43.

In order to make a determination of compliance, the Auditor interviewed the Institution PREA Compliance Manager. The Federal Medical Center Carswell reports zero incidents of retaliation have occurred at the facility in the past 12 months.

The following describes how the evidence above was used to draw a conclusion regarding compliance. The Federal Medical Center Carswell prohibits retaliation against inmates and staff who report sexual abuse or sexual harassment or cooperate with investigations. The Institution PREA Compliance Manager is the staff designated to monitor retaliation. Multiple measures are available that include the removal of alleged staff and alleged inmate abusers, housing changes, and advocate support. Monitoring can last for at least 90 days and includes periodic status checks.

The Institution PREA Compliance Manager indicates the facility monitors the conduct and treatment of inmate(s) or staff who reported sexual abuse and of inmate(s) who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The Institution PREA Compliance Manager further stated that the facility monitors the conduct or treatment for as long as necessary and promptly remedies any such retaliation. The facility continues monitoring beyond 90 days if the initial monitoring indicates a continuing need. There were no incidents of retaliation during the last 12 months.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 42-43 and the interview with the Institution PREA Compliance Manager addresses 115.67 (a) (b) (c) (d) and (e)

In view of the above, the Auditor finds Federal Medical Center Carswell substantially compliant with 115.67.

## **Standard 115.68: Post-allegation protective custody**

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

#### **115.68 (a)**

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

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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

Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program  
Bureau of Prisons Form BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation

In order to determine compliance, the following policies were reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 42-43. Additionally, the Bureau of Prisons Form BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation, was reviewed.

The Institution PREA Compliance Manager asserts there were no circumstances within the last 12 months wherein isolation was used to protect an inmate who was alleged to have suffered sexual abuse. The Institution PREA Compliance Manager further asserts that inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separation from likely abusers.

Inmates who allege to have suffered sexual abuse may not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there are no available alternative means of separation from likely abusers. To the extent possible, access to programs, privileges, education, and work opportunities are not limited for those inmates placed in the Special Housing unit for protective custody. The facility would document the reasons for restricting access and the length of time the restrictions would last.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 42-43, and the Bureau of Prisons Form BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation, addresses 115.68 (a).

In view of the above, the Auditor finds Federal Medical Center Carswell substantially compliant with 115.68.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

##### 115.71 (a)

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

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

NIC Training Certificate for the investigator

Interviews conducted with:

Special Investigative Agent

In order to determine compliance, the following policy was reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 43-45. The Auditor also reviewed the NIC Training Certificate for the investigator.

In order to determine compliance, the Auditor interviewed the Federal Medical Center Carswell Special Investigative Agent (SIA).

The following describes how the evidence above was used to draw a conclusion regarding compliance. The Federal Medical Center Carswell conducts administrative investigation allegations of sexual abuse and sexual harassment. The investigations begin upon staff notification. Third-party reports, if received, are investigated in the same manner as a direct report. Any report of sexual abuse that appears to be criminal is referred to the FBI or the OIG. The FBI would conduct criminal investigations for the facility involving inmate on inmate sexual abuse, and the OIG would investigate staff on inmate sexual abuse

The SIA would gather and preserve direct and circumstantial evidence; crime scenes are secured to prevent contamination. The SIA collects all electronic monitoring data, records, inmate files, staff memorandums and provides that information to the lead Law Enforcement agency. The SIA would interview alleged victims, suspected perpetrators, and witnesses for administrative investigations. Under normal circumstances, the lead Law Enforcement agency will conduct its own interviews during a criminal investigation.

The SIA does not conduct compelled interviews; if necessary, those interviews would be conducted by the lead Law Enforcement agency in consultation with the principal Prosecutors office. During his interview, the SIA stated that the credibility of an alleged victim, suspect, or witness was based on the individual and not on his status as an inmate or staff member.

Inmates are not subject to a polygraph examination or other truth-telling devices.

Administrative investigations are thorough and provide information detailing staff actions in response to an incident and whether staff actions contributed to the abuse. All administrative investigations are documented in written reports and include investigative findings based on information provided by the evidence collected.

Criminal investigations are documented and maintained by the lead Law Enforcement agency. The SIA would be provided a summary of the case and the case disposition. The lead Law Enforcement agency maintains all evidence collected during a criminal investigation. The lead Law Enforcement agency will refer cases for criminal prosecution based on their investigations. Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

The Federal Medical Center Carswell retains all written investigative reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. An investigation is never terminated due to the departure of the alleged abuser or victim. If a staff member is terminated or resigns, the investigation continues until resolution.

The SIA works with the lead Law Enforcement agency and fully cooperates with that agency during the investigation.

The Federal Medical Center Carswell has several individuals who have completed specialized training. However, only one individual is responsible for conducting investigations at the facility, specifically the SIA. The SIA has participated in training for conducting sexual abuse investigations as required by PREA standard 115.34. Additionally, the SIA has participated in Investigative Intelligence Training and TruIntel Investigative Report Training. The SIA operates under the Office of Internal Affairs guidance, and all of her investigations are closely



monitored by the Office of Internal Affairs. Upon completing an administrative, the SIA will do a follow-up investigation for Human Resource action as necessary.

The SIA indicated during her interview that the training she received included good interpersonal communication skills with inmate victims, assailants, and witnesses. Understanding of the dynamics of inmate sexual violence. Establishing good working relationships with outside agencies, hospitals, prosecutors, and investigators and establishing procedures for evidence collection. She indicated the training also included information on the proper use of the Miranda and Garrity warnings.

The Auditor reviewed the NIC curriculum, Specialized Training: Investigating Sexual Abuse in Confinement Settings. This training is designed to address the requirements outlined in the Prison Rape Elimination Act (PREA) standard 115.34, requiring specialized training for individuals tasked with investigating alleged incidents of sexual abuse in confinement settings. Additionally, this curriculum contains the information fundamental to understanding the concepts required by PREA standard 115.34 and best practices in investigating incidents of sexual abuse. The course provides legal issues, liability training, trauma and victim response, medical and mental health care, first response and evidence collection, adult and juvenile interviewing, and report writing. In addition to the NIC Course, the SIA participated in Investigative Intelligence Training and TruIntel Investigative Report Training. These training courses provide specific information concerning the role of the investigator and what steps are involved in criminal or administrative investigations.

During the 12 months prior to the audit, the Federal Medical Center Carswell reported 36 allegations of sexual abuse and sexual harassment. The Auditor reviewed ten administrative investigations. The Auditor reviewed each case thoroughly and systematically to ensure each case contained all the correct procedures and documentation.

One investigation of sexual abuse involved staff-on-inmate, seven investigations of sexual abuse involved inmate-on-inmate and two investigations of sexual harassment involved inmate-on-inmate. Four investigations were referred to either the Federal Bureau of Investigation (3) or the Office of the Inspector General (1) for investigation. In each case, the request for an investigation was declined, and the facility completed an administrative investigation.

The Auditor found each closed case contained all the appropriate documentation and determined that each incident was investigated promptly, thoroughly, and objectively by a qualified Special Investigative Agent who has received training and education and has the authority to conduct such investigations. The Auditor noted each file contained documentation to include but not limited to the initial incident report, SIS report, PREA OneSource Checklist, Memorandums, Institution Medical Assessment, Psychology Report, Hospital Report (if applicable), 30 Day Sexual Abuse Incident Review, 90-day Retaliation Checks, Photographs, Crime Scene log, Chain of Custody, SENTRY documentation, and Victim Notification. The Auditor noted each case file was well organized, extremely detailed, and contained all the required documentation.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 43-45, a review of the investigative files and the training records for the SIA, address 115.71(a-l).

Based on the review of the program statement, the interview with the SIA, a review of the training records, and a review of the investigative file, there is substantial compliance with Standard 115.71

## **Standard 115.72: Evidentiary standard for administrative investigations**

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

## 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

#### Interviews conducted with:

Special Investigative Agent

In order to determine compliance, the following policy was reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 43-45.

In order to determine compliance, the Auditor interviewed the SIA.

The following describes how the evidence above was used to draw a conclusion regarding compliance. The SIA was interviewed concerning the evidential standard for administrative investigation. Her response to the question of the evidential standard for an administrative investigation was, "The evidence standard for administrative investigation is a "preponderance of the evidence." The SIA specialized training is relevant to PREA. Specifically, "Investigating Sexual Abuse in a Confinement Setting." The SIA was interviewed and explained to the Auditor the steps to be taken during a PREA related investigation. Additionally, Program Statement 5324.12 explicitly indicates on page 45, "The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated."

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 45. addresses 115.72 (a)

In view of the above, the Auditor finds the Federal Medical Center Carswell substantially compliant with 115.72.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

#### 115.73 (d)

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

alleged abuser has been convicted on a charge related to sexual abuse within the facility?

☒ Yes ☐ No

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

10 Investigative Files

In order to determine compliance, the following policy was reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 45-46.

The following describes how the evidence above was used to draw a conclusion regarding compliance. Inmates are informed of the results of the investigation. That information includes whether the staff member is or is not allowed to work in the inmate's unit; the staff member is or is not employed; the staff member has been indicted, or the staff member has been convicted. In addition, if the alleged abuser is an inmate, the inmate victim would be informed if the alleged abuser was indicted and or convicted. All notifications are documented.

The Program Statement indicates: Following an investigation into an inmate's allegation that they suffered sexual abuse at the facility, the inmate shall be informed whether the allegation has been substantiated, unsubstantiated or unfounded. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the inmate.

Following an inmate allegation that an employee has committed sexual abuse against the inmate, the facility shall subsequently inform the inmate (unless the facility has determined that the allegation is unfounded) whenever: The employee is no longer posted within the inmate unit as a result of the findings of the

investigation; The employee is no longer employed at the facility as a result of the allegation; The facility learns that the employee has been indicted on a charge related to sexual abuse within the facility, or The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility.

Following an inmate's allegation that they have been sexually abused by another inmate, the facility shall subsequently inform the alleged victim whenever: The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All inmate notifications or attempted notifications shall be documented. The agency's obligation to notify the inmate shall terminate if the inmate is released from custody.

In the past 12 months, there have been 36 allegations of sexual abuse and sexual harassment. The Auditor reviewed ten investigative files. The review of the investigative files included the date of the allegation, date of investigation initiation, whether it involved staff or inmate or both. The classification of sexual abuse or sexual harassment, the case disposition, was the disposition justified, who the investigating officer was, and the date of notification to the inmate.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 45-46. address 115.7(a-e).

In view of the above, the Auditor finds Federal Medical Center Carswell substantially compliant with 115.73.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program  
Program Statement 3420.11, Standards of Employee Conduct

In order to determine compliance, the following policies were reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 47, and Program Statement 3420.11, Standards of Employee Conduct, pages 6-7.

The following describes how the evidence above was used to draw a conclusion regarding compliance. The Federal Medical Center Carswell staff are subject to disciplinary sanctions, including termination for violating agency sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of the Standards of Employee Conduct relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of the Standards of Employee Conduct, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was not criminal, and to any relevant licensing bodies. The Bureau of Prisons tracks all staff terminations and licensing notifications. The Institution PREA Compliance Manager indicated there had been no staff terminations for violations of agency sexual abuse or sexual harassment policies at the Federal Medical Center Carswell in the past 12 months. The Institution PREA Compliance Manager stated appropriate notifications would be made to licensing boards or other agencies by the Bureau of Prisons according to Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 47.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 47, and Program Statement 3420.11, Standards of Employee Conduct, pages 6-7 addresses 115.76 (a-d)

In view of the above, the Auditor finds the Federal Medical Center Carswell substantially compliant with 115.76.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program  
Program Statement 3420.11, Standards of Employee Conduct

In order to determine compliance, the following policies were reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 47, and Program Statement 3420.11, Standards of Employee Conduct, pages 1 and 6-7.

The following describes how the evidence above was used to draw a conclusion regarding compliance. Program Statement 3420.11, page 1 states: "Contractors and volunteers working in Bureau facilities also are expected to conduct themselves by these standards, where applicable."

Any volunteer or contractor who engages in sexual abuse or sexual harassment shall be prohibited from contacting inmates and reporting to law enforcement agencies and any relevant licensing body. Any other violation of the Standards of Conduct policy by a volunteer or contractor will result in further prohibitions. The Institution PREA Compliance Manager stated appropriate notifications would be made to licensing boards or other agencies by the agency according to Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 47.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 47, and Program Statement 3420.11, Standards of Employee Conduct, pages 1, 6-7 address 115.77(a-b).

The Institution PREA Compliance Manager reports there have been no incidents of contractors or volunteers violating the Standards of Conduct at the Federal Medical Center Carswell within the past 12 months.

In view of the above, the Auditor finds Federal Medical Center Carswell substantially compliant with 115.77

## **Standard 115.78: Disciplinary sanctions for inmates**

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

#### **115.78 (a)**

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

#### **115.78 (b)**

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

#### **115.78 (c)**

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

#### **115.78 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require



the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

#### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

##### Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Program Statement 5270.09, Inmate Discipline Program

Bureau of Prisons form BP-A0293, Notice of Rights at Discipline Hearing

##### Interviews conducted with:

Mental Health Specialist

In order to determine compliance, the following policies were reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 48-49, Program Statement 5270.09, Inmate Discipline Program, Chapter 3, page 21, Appendix C, Inmate Rights, and Responsibilities, and Table 1, Prohibited

Acts and Available Sanctions. The Auditor also reviewed the Bureau of Prisons form BP-A0293, Notice of Rights at Discipline Hearing. Additionally, the Auditor interviewed a Mental Health Specialist who indicated during his interview that inmates would be provided the opportunity to meet with a Mental Health Specialist to correct underlying reasons or motivations for abuse.

The following describes how the evidence above was used to draw a conclusion regarding compliance. Inmates are subject to disciplinary sanctions following an administrative finding of sexual abuse or following a criminal finding of sexual abuse. The penalties are commensurate with the circumstances of the abuse committed. Appropriate rights and responsibilities are afforded to the inmate during the disciplinary hearing process. Inmates could be disciplined for sexual contact with staff if the staff member did not consent to such contact. The Bureau of Prisons prohibits all sexual activity between inmates and disciplines inmates for such action.

In the past 12 months, there have been two Disciplinary Hearing findings of inmate-on-inmate sexual abuse, and there have been zero criminal findings of guilt for inmate-on-inmate sexual abuse. The Auditor reviewed the Disciplinary Hearing information and noted that all inmates involved were allowed to meet with a Mental Health Specialist.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, page 48-49, Inmate Discipline Program, Chapter 3, page 21, Appendix C, Inmate Rights and Responsibilities, and Table 1, Prohibited Acts and Available Sanctions. The Bureau of Prisons form BP-A0293, Notice of Rights at Discipline Hearing, and the interview with the Mental Health Specialist addresses 115.78(a-g).

Given the above, the Auditor finds Federal Medical Center Carswell substantially compliant with 115.78.

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

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

##### 115.81 (b)

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

##### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

##### Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Program Statement 1351.05, Release of Information, pages 19-20 and 26-27

Intake Screening Form

PREA Intake Objective Screening Instrument

Psychology Services Risk of Sexual Victimization form

Interviews conducted with:

Mental Health Specialist

In order to determine compliance, the following policies were reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 29-32 and 49 and Program Statement 1351.05, Release of Information, pages 19-20 and 26-27. The Intake Screening Form, the PREA Intake Objective

Screening Instrument, and the Psychology Services Risk of Sexual Victimization form were reviewed. Finally, the Auditor interviewed a Mental Health Specialist who indicated that inmates who experienced prior sexual victimization are provided the opportunity to meet with a Mental Health Specialist within 14 days of intake screening.

The following describes how the evidence above was used to conclude compliance. The Federal Medical Center Carswell staff (Intake Officers) arrange a follow-up meeting with a mental health practitioner for inmates who disclose any prior sexual victimization during screening.

During his interview, the Mental Health staff member indicated that sexual harassment or abuse victims are offered treatment. Treatment plans and information related to sexual victimization are limited to mental health practitioners as necessary. Applicable rules concerning private medical information are strictly enforced. Inmates are made aware of the reporting requirements and what is considered protected information.

The Federal Medical Center Carswell staff (Intake Officers) and Mental Health staff members work together to collect and monitor information that indicates prior sexual victimization. Any information about victimization is limited to a need-to-know basis. Unit staff members are informed of the information for housing placement. Interviews with staff confirm compliance with this standard.

Relevant information is used to inform mental health treatment plans and security decisions, such as housing and program assignments. Mental Health clinical notes are maintained separately from the inmates' central file.

The Institution PREA Compliance Manager indicated that Federal Medical Center Carswell ensures that inmates who have previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner. Mental health staff members maintain secondary materials (e.g., screening assessment, treatment documentation) that document all inmates who have disclosed any prior sexual victimization during a screening pursuant to 115.41. Inmates are offered a follow-up meeting with a medical or mental health practitioner. Information related to sexual victimization or abusiveness that occurred in the institutional setting is strictly limited to medical and mental health practitioners. The Federal Medical Center Carswell ensures that inmates who have previously been victims of sexual abuse outside of an institutional setting are offered supportive services and that the information related to their prior victimization is not disclosed without their consent. Mental Health and Medical staff inform all inmates through standard confidentiality disclosures as part of their routine practices.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 29-32 and 49 and Program Statement 1351.05, Release of Information, pages 19-20 and 26-27. addresses 115.81 (a) (b) (c) (d) and (e).

Based on the interview with the Mental Health professional, a review of the relevant Program Statements and a review of the relevant intake forms, there is substantial compliance with standard 115.81.

## **Standard 115.82: Access to emergency medical and mental health services**

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

#### **115.82 (a)**

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

medical and mental health practitioners according to their professional judgment?

☒ Yes ☐ No

#### 115.82 (b)

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

#### 115.82 (c)

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

#### 115.82 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

##### Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Program Statement 6031.04 Patient Care

One Source First Responder Reference Guide, Sexual Assault Crisis Intervention checklist.

##### Interviews conducted with:

Institution PREA Compliance Manager

Health Services Administrator

Sexual assault advocate from the Women's Center

In order to determine compliance, the following policies were reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 50-51, and Program Statement 6031.04 Patient Care, pages 9-10. Additionally, the Auditor reviewed the One Source First Responder Reference Guide, Sexual Assault Crisis Intervention checklist.

In order to determine compliance, the Auditor interviewed the Institution PREA Compliance Manager, the Director of the Rape Crisis Center, and a Medical Staff member.

In order to determine compliance, the following observations were made during the on-site tour of the facility: The Auditor observed the information provided to the inmates concerning the Women's Center.

The following describes how the evidence above was used to conclude compliance.

The Bureau of Prisons procedures for access to emergency and mental health services are well documented. Medical staff members are responsible for examining, documenting, and treating inmate injuries arising from sexually abusive behaviors, including testing when appropriate for pregnancy and sexually transmissible infections (STIs), including HIV. When an inmate self-reports or is referred to Health Services, medical staff notify Psychology Services and Correctional Services before conducting an injury assessment. The injury assessment, and the inmate's subjective/objective findings, are documented fully in the electronic health record. Health Services staff perform the injury assessment without compromising forensic evidence.

Qualified sexual assault examiners perform the forensic examination (e.g., Sexual Assault Nurse Examiner, Forensic Nurse Examiner, or Sexual Assault Forensic Examiner). Where indicated, Health Services staff with appropriate qualifications may conduct a forensic examination at the institution. At institutions where Health Services staff are neither trained nor certified in forensic examinations, the inmate is examined at the institution by a qualified health care professional from the community or at a local community facility (e.g., local hospital or rape crisis center) equipped to conduct such examinations. The forensic examination should occur as soon as practicable, but within 72 hours of Bureau of Prisons, staff becoming aware that an inmate reported involvement in a sexually abusive assault. An inmate's refusal of a forensic examination is documented in the electronic health record.

When community care is completed, institution providers render follow-up care, including screening for infectious disease (HIV, viral hepatitis, or other sexually transmissible infections), pregnancy testing for female victims, and administration of prophylactic medication (if exposure to bloodborne pathogens is suspected) if these services were not already rendered during the community visit.

Health Services clinicians also perform a physical injury assessment on any alleged inmate perpetrators without compromising forensic evidence. Providers document the assessment in the electronic health record. Forensic examinations of inmate perpetrators will be in consultation with relevant law enforcement agencies and consistent with applicable laws and policies.

Information and access to care are offered to all inmate victims, as clinically indicated. Bureau of Prisons policies concerning inmate co-pays for medical treatment is not applied to victims of sexual abuse.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 50-51, and Program Statement 6031.04 Patient Care, pages 9-10, address 115.82 (a) (b) (c) and (d).

Based on interviews with the Institution PREA Compliance Manager, the Director of the Rape Crisis Center, and a Medical Staff member and a review of the relevant Program Statements, there is substantial compliance with 115.82.

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

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

#### **115.83 (a)**

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

#### **115.83 (b)**

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

#### **115.83 (c)**

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

#### **115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

#### **115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

#### **115.83 (f)**

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

#### **115.83 (g)**

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Interviews conducted with:

Institution PREA Compliance Manager

Mental Health Specialist

Health Services Administrator

In order to determine compliance, the following policy was reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 51 and 52. In addition, the Auditor interviewed the Institution PREA Compliance Manager, a Mental Health Staff member, and a Medical Staff member.

The following observations were made during the on-site tour of the facility to determine compliance: The Auditor observed the information provided to the inmates concerning The Women's Center and the phone number to contact The Women's Center.

The following describes how the evidence above was used to draw a conclusion regarding compliance. The Federal Medical Center Carswell provides ongoing medical and mental health care for sexual abuse victims through facility and community health providers. Appropriate follow-up services, treatment plans, and continuing care are available. If necessary, pregnancy tests and follow-up care would be provided. Appropriate



STD tests as medically indicated would be provided. There would be no cost to the inmate for this care. Information and access to care are offered to all inmate victims, as clinically indicated. Bureau of Prisons policies concerning inmate co-pays for medical treatment is not applied to victims of sexual abuse.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 51 and 52 address 115.83(a) (b) (c) (d) (e) (f) and (g), and (h).

The Auditor reviewed the relevant Program Statement and interviewed the Institution PREA Compliance Manager, a Medical Staff member, and a Mental Health Staff member. Based on the information provided in the Program Statement and the interviews, the Auditor finds sufficient services are available for victims of sexual assault.

The Federal Medical Center Carswell is substantially compliant with standard 115.83

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

##### 115.86 (a)

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

##### 115.86 (b)

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

##### 115.86 (c)

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

##### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program  
Institution PREA Compliance Manager Information Tracking Log  
Incident Executive Staff Review (IESR) Form.

In order to determine compliance, the following policy was reviewed: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 52 and 53. In addition, the Auditor reviewed the Institution PREA Compliance Manager Information Tracking Log and the Incident Executive Staff Review (IESR) Form.

The following describes how the evidence above was used to draw a conclusion regarding compliance.

The Warden will ensure that a post-investigation review (IESR) of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. In addition to the Warden, the incident review team shall include upper-level facility management and the Institution PREA Compliance Manager, with input from line supervisors, investigators, and medical or mental health practitioners. Such a review shall ordinarily occur within thirty (30) days of the conclusion of the

investigation. The review team shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI and/or Gender Non-Conforming identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in that area during different shifts, and Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

All findings and recommendations for improvement will be documented on the IESR. The IESR form will be forwarded to the Institution PREA Compliance Manager and the PREA Coordinator. The facility shall implement the recommendations for improvement or shall document reasons for not doing so.

The Federal Medical Center Carswell reports that in the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents, is five. Upon review, the Auditor determined each of these incidents was reviewed within 30 days of the completion of the investigation.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 52 and 53. The Institution PREA Compliance Manager Information Tracking Log and the IESR Form, address 115.86(a-e).

Given the above, the Auditor finds Federal Medical Center Carswell substantially compliant with 115.86.

## **Standard 115.87: Data collection**

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

#### **115.87 (a)**

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

#### **115.87 (b)**

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

#### **115.87 (c)**

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

#### **115.87 (d)**

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

#### **115.87 (e)**

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

#### 115.87 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

##### Documents:

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Program Statement 1351.05, Release of Information

PREA definitions

Federal Bureau of Prisons Annual PREA Report

In order to determine compliance, the following policies were reviewed, Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 54-55 and Program Statement 1351.05, Release of Information, pages 1 and 4-6. In addition, the Auditor reviewed the PREA definitions and the Federal Bureau of Prisons Annual PREA Report.

The following describes how the evidence above was used to conclude compliance. The Annual PREA report is compiled following the United States Department of Justice (DOJ) Prison Rape Elimination Act (PREA) National Standards. The report reviews the incident-based and aggregated data for the calendar year and compares aggregated data for previous calendar years. The reports provide corrective actions developed to reduce further sexual abuse and sexual harassment within the Federal Bureau of Prisons facilities.

The Federal Bureau of Prisons utilizes an Incident Report Database to record and track all PREA incidents from the initial report made at the facility level through the investigative and review process. Data is gathered consistent with the definitions found in the United States Department of Justice PREA Standards. Annually, the National PREA Coordinator reviews the 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. The aggregated data includes all categories of data necessary to respond to the Survey of Sexual Violence as directed by the Department of Justice. Data collected for this purpose is securely stored and retained. All case records associated with claims of sexual abuse, including incident reports, investigative reports, inmate information, case disposition, medical and counseling evaluation findings, and recommendations, are to be retained for at least ten years after the date of the initial collection. The National PREA Coordinator makes all aggregated sexual abuse data available to the public annually through the Federal Bureau of Prisons website. Before making aggregated sexual abuse data publicly available, the Federal Bureau of Prisons removes all personal identifiers.

The annual review is posted online and was reviewed by the Auditor.

The annual report from 2020 is available on the website.

[https://www.bop.gov/inmates/custody\\_and\\_care/docs/fbop\\_annual\\_prea\\_report\\_2020.pdf](https://www.bop.gov/inmates/custody_and_care/docs/fbop_annual_prea_report_2020.pdf)

Based on the Auditor's review of the uniform data collected and reported, there is substantial compliance with this standard.

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 54-55 and Program Statement 1351.05, Release of Information pages 1 and 4-6, addresses 115.87(a-f).

Given the above, the Auditor finds Federal Medical Center Carswell substantially compliant with 115.87.

## **Standard 115.88: Data review for corrective action**

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

#### **115.88 (a)**

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

#### **115.88 (b)**

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

#### **115.88 (c)**

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

#### 115.88 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In order to determine compliance, the following documentation was reviewed: the data collection instrument and the Federal Bureau of Prisons Annual PREA Report.

The following describes how the evidence above was used to draw a conclusion regarding compliance. The Bureau of Prisons National PREA Coordinator, with the assistance of the Regional PREA Coordinators, and Facility Institution PREA Compliance Managers, reviews the data and identifies problem areas, identifies the corrective actions taken at the facility level, and prepares a final report. The report provides an assessment of the agency's progress in addressing sexual abuse. The Agency Head reviews the report, and it is available online.

The Auditor did review the Annual Report for 2020. The reports capture the Bureau of Prisons' strategies in terms of establishing a healthy staff and inmate sexual safety culture, inclusive of zero tolerance for sexual abuse and sexual harassment.

The National PREA Coordinator indicated that incident-based sexual abuse data statistics are evaluated to identify and assess any patterns. Adjustments to staff training, inmate education, the staffing plan, policies, and programming/operations routines are considered for implementation based on the assessments. Additionally, the National PREA Coordinator indicated the Bureau complies with FOIA and all other applicable laws, rules, and regulations. No information that identifies victims or perpetrators is included in the report, nor is any information that could potentially threaten the security of an institution. If information needs to be redacted, the nature of the redacted material would be indicated

As an agency, the Bureau of Prisons has initiated several corrective actions in the previous year. The Bureau of Prisons internal audits, combined with the DOJ audits by certified PREA Auditors, provided valuable information

to identify areas that require corrective action. When layered with Sexual Abuse Incident Reviews conducted at the facility level, these audits resulted in improvements being made to the Bureau of Prisons PREA Program. The Bureau of Prisons' adherence to a strict zero-tolerance policy for sexually abusive behavior and the continued emphasis of this policy with staff and inmates has resulted in an overall culture that is less accepting of abusive or even questionable behavior. Inmates are more likely to report possible sexually abusive behavior when it occurs, as is reflected by an increase in allegations. Behavior or comments that may have resulted in discomfort to the victim but ultimately did not meet the definitions for PREA may have been reported in part due to the belief that institution staff would not tolerate it and would properly investigate and address it. A significant number of inmate witnesses came forward to corroborate allegations and provide eyewitness statements to investigators. More inmates than in previous years admitted to engaging in inappropriate behavior. This may be due to the perpetrators recognizing that inmate witnesses are more likely to cooperate. It also may be attributed to investigators conducting thorough investigations that substantiate some aspects of the case resulting in the perpetrator having to change his story over time, ultimately leading to the acknowledgment of the behavior.

The National PREA Coordinator reports that demographics are maintained regarding allegations and investigations. The documentation is securely maintained at the facilities level, the Regional Office level, and the Central Office. Data is maintained in locked files or on computer databases that are user ID and password protected.

Given the above, the Auditor finds Federal Medical Center Carswell substantially compliant with 115.88.

## **Standard 115.89: Data storage, publication, and destruction**

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

#### **115.89 (a)**

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

#### **115.89 (b)**

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

#### **115.89 (c)**

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

#### **115.89 (d)**

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

### **Auditor Overall Compliance Determination**



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

### Instructions for Overall Compliance Determination Narrative

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

In order to determine compliance, the following policies were reviewed, Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 56-57 and Program Statement 1240.05, Records and Information Management Programs.

The following describes how the evidence above was used to draw a conclusion regarding compliance. Required data is collected, maintained, and is available online. The Bureau complies with the Federal Privacy Act, Freedom of Information Act, and all applicable laws, rules, and regulations. The data collected includes incident reports, investigation reports, electronic evidence, law enforcement referrals, criminal investigation reports, administrative investigation reports, PREA review committee reports, and retaliation monitoring reports. Personal identifiers are removed before any publication of data. The data collected is securely retained in locked files or on computer databases that are user ID and password protected.

All case records associated with claims of sexual abuse are retained in accordance with the Federal Privacy Act and Freedom of Information Act and the Bureau of Prisons' Records and Information Disposal Schedule (BUREAU OF PRISONS-RIDS), as noted in Program Statement 1240.05, Records and Information Management Programs.

The Auditor did not observe any personal identifiers in the statistics reflected on the website.

The Auditor finds Federal Medical Center Carswell is substantially compliant with 115.89.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note:*



*The response here is purely informational. A "no" response does not impact overall compliance with this standard.)* ☒ Yes ☐ No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☒ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

#### 115.401 (h)

- Did the Auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

#### 115.401 (i)

- Was the Auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

#### 115.401 (m)

- Was the Auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The Federal Medical Center Carswell participated in its first PREA Audit in May 2016. The facility had its second PREA Audit conducted on May 14 - 16, 2019. This audit was the facility's third audit.

The Auditor was provided access to and observed all facility areas. The Auditor was permitted to request and receive copies of any relevant documents.

The Auditor was permitted to conduct private interviews with inmates and staff. The Auditor verified the posting of the audit notifications, housing units and common areas accessible to inmates and staff. Through inmate interviews, the Auditor verified that inmates were permitted to send confidential correspondence in the same manner as if they were communicating with legal counsel.

During the three-year period starting on August 20, 2013, and during each three year period thereafter, the Bureau of Prisons has ensured that each facility operated by the agency or by a private organization on behalf of the agency has been audited at least once. In August 20, 2019, the Bureau of Prisons contracted with PREA Auditors of America, LLC to conduct audits in the facilities operated by the agency.

The Auditor reviewed the relevant agency-wide policies, Federal Medical Center Carswell Institution Supplements, procedures, reports, internal and external audits, and accreditations for the facility. The Auditor was provided a sampling of relevant documents for the most recent one-year period. The Auditor was permitted access to and observed all areas of the Federal Medical Center Carswell. The Auditor was permitted to request and receive copies of all relevant documents. The Auditor interviewed staff, supervisors, and administrators. The Auditor was permitted to conduct private interviews with inmates. Inmates were allowed to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor was able to interview community-based victim advocates.

## **Standard 115.403: Audit contents and findings**

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

#### **115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

### **Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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

The Bureau of Prisons publishes PREA Audit Reports for all facilities within the organization on the agency website. During the pre-on-site phase of the audit, Auditor reviewed the agency's prior PREA Audit Reports.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

Robert Palmquist

March 24, 2022

**Auditor Signature**

**Date**

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

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