

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



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

<b>Name of facility:</b>		FCC Forrest City	
<b>Physical address:</b>		1301 Dale Bumpers Road, P.O. Box 7000, Forrest City, AR 72336	
<b>Date report submitted:</b>		25 August 2014	
<b>Auditor Information</b>			
<b>Address:</b>		P. O. Box 296, Rudyard, MI 49780	
<b>Email:</b>		jpallen@lighthouse.net	
<b>Telephonenumber:</b>		906-478-5841, Cellphone 906-298-1339	
<b>Date of facility visit:</b>			
<b>Facility Information</b>			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>		870-494-4200	
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input checked="" type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Name of PREA Compliance Manager:</b>		<b>Title:</b>	Associate Warden
Billy Keith			
<b>Email address:</b> : <a href="mailto:BXKEITH@BOP.GOV">BXKEITH@BOP.GOV</a>		<b>Telephone number:</b>	870-494-4200
<b>Agency Information</b>			
<b>Name of agency:</b>		Federal Bureau of Prisons	
<b>Governing authority or parent agency:</b>		U.S. Department of Justice	
<b>Physical address:</b>		320 First St., NW Washington, DC 20534	
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b>	Charles E. Samuels	<b>Title:</b>	Director
<b>Email address:</b>	<a href="mailto:COORDINATOR@BOP.GOV">BOP-CPD/PREA COORDINATOR@BOP.GOV</a>	<b>Telephone number:</b>	202-514-4919

<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b>	Alix McLearen	<b>Title:</b>	National PREA Coordinator
<b>Email address:</b>	<a href="mailto:BOP-CPD/PREA.COORDINATOR@BOP.GOV">BOP-CPD/PREA COORDINATOR@BOP.GOV</a>	<b>Telephone number:</b>	202-514-4919

## **AUDIT FINDINGS**

### **NARRATIVE:**

On August 12-14, 2014, an audit was conducted at the Federal Correctional Complex, Forrest City, Arkansas to determine compliance with the Prison Rape Elimination Act standards finalized August 2012.

A complete tour of the facility including FCI Medium, FCI Low, and FPC Camp was conducted on August 12-13, 2014. The following areas and operations were visited and observed: Inmate Living Areas, Medical Operations, Chapel Area, Admissions & Discharge, Business Office, Education Areas, Food Service, Facility Maintenance Operations, Records, and all Administrative areas.

Documents reviewed for this audit included Policies, Institutional Supplements, Contracts, Staff Training Records, Personnel Files, Volunteer Training Records, Sexual Abuse & Harassment complaints, Training Curriculums. Formal interviews were scheduled through random selection of staff and inmates from schedules and rosters provided by the staff on the first day of the audit. The interviews were conducted with the following: Warden, PREA Compliance Manager/Coordinator (facility), three Medical Staff, Human Resources Manager, Corrections Officers from all areas of the complex three from the morning watch, three from the evening watch, and three from the night watch), Supervisors, Facility Investigators, Staff who conduct intake and screening, 32 randomly selected inmates from all complex locations, one segregation inmate, two disabled inmates, one inmate who spoke limited English, and lastly, spontaneous interviews of staff and inmates were conducted during the tour of the facility locations. The Agency Head and the Agency PREA Coordinator were not interviewed as they participated in an interview at a previous Bureau of Prisons PREA Audit.

### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

FCC Forrest City, Located 50 miles west of Memphis, Tennessee; 90 miles east of Little Rock, Arkansas, is the first federal prison in the State of Arkansas. The Federal Correctional Complex houses male offenders committed by United States District Courts and are comprised of the following facilities.

The minimum security level (Satellite Camp) facility was constructed in 1999. The housing at the camp consists of two general housing units and single story buildings. The camp is characterized by, dormitory-style housing, a relatively high offender-staff ratio, and no fence. The camp is work and program oriented. The camp was designed to house 256 minimum security male offenders.

The Low Security level (FCI Low) facility was constructed in 1997. Offender housing at the Low consists of six general housing units in three buildings. Each building has two levels with a housing unit on each level. The Low has a double fenced perimeter and dormitory style housing. The FCI Low Institution is designed to house 1,536 male offenders. There are three recreation cages available in the FCI Low Special Housing Unit.

The Medium Security Level (FCI-Medium) facility was constructed in 2004. Offender housing at the FCI-Medium consists of six general housing units in three buildings. Each building has two levels with a housing unit on each level. The FCI-Medium has strengthened perimeters with double fences and electronic detection systems. The FCI Medium housing units are cell-type. The medium security level facility is designed to house 1,536 male offenders. There are 10 recreation cages available in the FCI-Medium Special Housing Unit.

In addition to the housing areas, each of the facilities at the complex has well designed, well maintained facilities for food service, medical care, programming, education, recreation, and administrative/support functions. The facility makes extensive use of technology to monitor the activities of the offenders.

It is the mission of the Federal Bureau of Prisons to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost efficient, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens

#### **SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Non-applicable: 1

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

P3420.11 (employees), 5270.09 (inmates) and 5324.11 address this standard.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

### **§115.13 – Supervision and Monitoring**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

In the BOP, all staff (Except contractual) are considered law enforcement and receive the same training as corrections officers. Unannounced rounds were documented. All Staff and inmate interviews confirmed that unannounced rounds are being conducted as required.

### **§115.14 – Youthful Inmates**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

N/A no youthful offenders.

### **§115.15 – Limits to Cross-Gender Viewing and Searches**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

P5324.11 (1-6-2014) addresses this standard. No cross gender pat searches, strip searches, or cavity searches have been conducted. Staff at the time of the audit, have all been trained in cross-gender pat down searches.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

P5324.11 addresses this standard. Language line is available and staff are designated to address inmates who have physical or mental disabilities. Staff and inmate interviews all supported that inmates would not be relied on as translators or readers.

### **§115.17 – Hiring and Promotion Decisions**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

This standard is addressed Centrally, not at the facility level. The interview with Human Resources and general interviews with staff support all aspects of this standard.

### **§115.18 – Upgrades to Facilities and Technology**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

There have been no expansions or modifications of existing facilities. Addition of cameras would consider inmate safety.

### **§115.21 – Evidence Protocol and Forensic Medical Examinations**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

P5324.11 dated 1/6/2014 addresses this standard. 115.21 (f) BOP has requested the FBI and/or OIG follow the requirements of paragraphs 115.21 (a through e). Victim advocacy has been arranged.

## **§115.22 – Policies to Ensure Referrals of Allegations for Investigations**

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

P5324.11 addresses this standard. Interviews with Investigation Staff validates that if there is an allegation that would require investigation, those are referred to the FBI.

## **§115.31 – Employee Training**

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

P5324.11 addresses this standard. The agency provided documentation that shows that through staff signature they understand the training received. Staff were able to clearly articulate the information received in training which was clear indication that proper training was provided.

## **§115.32 – Volunteer and Contractor Training**

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

P5324.11 dated 1/6/2014 addresses this standard. Based on review of training records, volunteers and contract staff have been trained. Volunteers have documented through signature their understanding of the training.

## **§115.33 – Inmate Education**

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

P5324.11 addresses this standard. Offenders interviewed indicated that they have been made aware of the requirements of this standard, during the course of interviews, it was apparent that offenders knew about notices posted in the housing units with contact phone numbers.

### **§115.34 – Specialized Training: Investigations**

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

P5324.11 does address this standard. All facets of this standard have been met. This was validated through policy and memos. A review of domestic investigations and operations guide demonstrates that FBI agents have training and guidelines in accordance with investigation requirements.

### **§115.35 – Specialized training: Medical and mental health care**

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

P5324.11 addresses this standard. This standard is met, all forensic examinations would be performed at an outside hospital.

### **§115.41 – Screening for Risk of Victimization and Abusiveness**

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

P5324.11 does address this standard. Screening takes place at intake, and if there are concerns, the offender is referred, and this was validated through offender interviews.

### **§115.42 – Use of Screening Information**

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

P5324.11 addresses this standard. Information is computerized as well as treatment plans with the psychology department.

### **§115.43 – Protective Custody**

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

P5324.11 addresses this standard. Through interviews with Special Housing Unit Staff, it was determined that there was one case in the past, and it was unsubstantiated, and the inmate was removed from the SHU and placed in a different Living area.

### **§115.51 – Inmate Reporting**

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

There are multiple ways for staff as well as offenders to report incidents privately. This was confirmed through interviews with both staff and offenders.

### **§115.52 – Exhaustion of Administrative Remedies**

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

P1330.18 addresses this standard. No grievances have been filed in relation to this standard.

### **§115.53 – Inmate Access to Outside Confidential Support Services**

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

P5324.11 does address this standard. All of the offenders that were interviewed expressed that they were aware of an outside entity that they could contact if necessary.

### **§115.54 – Third-Party Reporting**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The BOP has a web site where complaints can be filed, and this was confirmed through interviews with offenders.

### **§115.61 – Staff and Agency Reporting Duties**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

P5324.11 addresses this standard. Interviews with staff confirm compliance with this standard

### **§115.62 – Agency Protection Duties**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

P5324.11 addresses this standard. Interviews with staff and offenders validated that there is protection for them as related in the standard.

### **§115.63 – Reporting to Other Confinement Facilities**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

P5324.11 addresses this standard. The staff at the facility were all aware of the requirements related to this type of reporting.

### **§115.64 – Staff First Responder Duties**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

P5324.11 does address this standard. Interviews with staff reflected that staff first responders are trained in the requirements of this standard.

### **§115.65 – Coordinated Response**

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

Policy addresses this standard as well as the institutional supplement.

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

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

Central office reported there has been no collective bargaining agreement entered into or renewed since August 2012.

### **§115.67 – Agency protection against retaliation**

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

P5324.11 addresses this standard. Through interviews, it was validated that there is a process in place for monitoring retaliation.

### **§115.68 – Post-Allegation Protective Custody**

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

P5324.11 addresses this standard. There have been no instances of retaliation that would require placement in protective custody.

### **§115.71 – Criminal and Administrative Agency Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

P5324.11 does address this standard. A review of domestic investigations and operations guide for the FBI, 2011, demonstrates that FBI agents have training and guidelines in accordance with investigation requirements. OIG training for PREA was implemented in January 2014. At the time of this audit, the facility has not had any incidents warranting an FBI or OIG investigation relevant to a complaint of sexual abuse.

### **§115.72 – Evidentiary Standard for Administrative Investigations**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

P5324.11 does address this standard. Meeting the requirements of this standard was validated through interviews with facility investigators.

### **§115.73 – Reporting to Inmate**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

P5324.11 addresses this standard. Documentation provided to the auditor indicated that where applicable, offenders would be informed of the results of the investigation. A review by the auditor of investigations reflected that results of the investigations are being reported to the inmates concerned.

### **§115.76 – Disciplinary sanctions for staff**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

P5324.11 does address this standard. There have been no disciplinary sanctions against staff at FCI Forrest at this time.

### **§115.77 – Corrective action for contractors and volunteers**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

This is covered in the volunteer and contractor PREA education. There have been no reports against any contractors or volunteers.

### **§115.78 – Disciplinary sanctions for inmates**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

P5324.11 does address this standard, and it is also addressed in PS 5270.09 – Inmate Disciplinary Program. There is no consensual sexual activity permitted in BOP facilities between inmates or staff and inmates. Inmate-on-Inmate sexual activity will result in an incident report for violation of Code 205 – Engaging in Sexual Acts.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

P5324.11 addresses this standard. This standard is being followed, as determined through offender interviews.

### **§115.82 – Access to emergency medical and mental health services**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

P5324.11 addresses this standard. Documentation provided to show access to emergency medical and mental health services. Validated through staff interviews.

### **§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

This standard is being met. Ongoing services are provided by, both the medical and mental health departments. This was verified through interviews and review of documentation.

### **§115.86 – Sexual abuse incident reviews**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Documentation provided indicates that the requirements of this standard are being met.

### **§115.87 – Data Collection**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

P5324.11 Addresses this standard. In addition there is a process that is followed to address the requirements of this standard.

### **§115.88 – Data Review for Corrective Action**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

This standard is being met. This is supported by the auditors' interview with the facility PREA Compliance Manager.

### **§§115.89 – Data Storage, Publication, and Destruction**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

This standard is being met. This is supported by the auditors' interview with the facility PREA Compliance Manager.

**AUDITOR CERTIFICATION:**

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

/S/

James H. Allen  
Auditor Signature

25 August 2014  
Date