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' (FBOP) compliance with the Prison Rape Elimination Act (PREA). As the work product of independent auditors subcontracted by Corrections Consulting Services LLC (CCS), the FBOP 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 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: August 25, 2026

Auditor Information

Name: Lori Fadorick	**Email:** lori@preaauditing.com
Company Name: Corrections Consulting Services LLC	
Mailing Address: P.O. Box 596	**City, State, Zip:** Buchanan Dam, Texas 78609
Telephone: 540-206-9389	**Date of Facility Visit:** July 21-23, 2026

Agency Information

Name of Agency: Federal Bureau of Prisons			
Governing Authority or Parent Agency *(If Applicable)*: U.S. Department of Justice			
Physical Address: 320 First Street NW		**City, State, Zip:** Washington, D.C. 20534	
Mailing Address: Same as Above		**City, State, Zip:** Same as Above	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☒ Federal

Agency Website with PREA Information:
http://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

Agency Chief Executive Officer

Name: William K. Marshall III, Director	
Email: BOP-RSD-PREACoordinator-S@BOP.GOV	**Telephone:** 202-307-3198

Agency-Wide PREA Coordinator

Name: Dr. Jessica M. Seaton, National PREA Coordinator	
Email: BOP-RSD-PREACoordinator-S@BOP.GOV	**Telephone:** 202-307-3198
PREA Coordinator Reports to: Dana DiGiacomo, Assistant Director, Reentry Services Division	**Number of Compliance Managers who report to the PREA Coordinator:** 120

Facility Information

Name of Facility: Federal Correctional Complex (FCC) Forrest City			
Physical Address: 1400 Dale Bumpers Road		**City, State, Zip:** Forrest City, AR 72335	
Mailing Address (if different from above): P. O. Box 7000		**City, State, Zip:** Forrest City, AR 72336	
The Facility Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☒ Federal
Facility Type:	☒ Prison	☐ Jail	

Facility Website with PREA Information:
http://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

Has the facility been accredited within the past 3 years? ☒ Yes ☐ 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):

☒ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe): AAAHC

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Internal Program Review

Warden/Jail Administrator/Sheriff/Director

Name: Shannon Gibson, Acting Warden	
Email: FOX-PREAComplianceMgr@bop.gov	**Telephone:** 870-630-6000

Facility PREA Compliance Manager

Name: Shannon Gibson, Associate Warden	
Email: FOX-PREAComplianceMgr@bop.gov	**Telephone:** 870-630-6000

Facility Health Service Administrator ☐ N/A

Name: Celia Hansen	
Email: FOX-PREAComplianceMgr@bop.gov	**Telephone:** 870-494-4200

Facility Characteristics

Designated Facility Capacity:	Camp: 256, Low: 1536, Medium: 1152
Current Population of Facility:	Camp: 257, Low: 1620, Medium: 1631

Average daily population for the past 12 months:	Camp: 253, Low: 1625, Medium: 1616
Has the facility been over capacity at any point in the past 12 months?	☒ Yes ☐ No
Which population(s) does the facility hold?	☐ Females ☒ Males ☐ Both Females and Males
Age range of population:	19-80
Average length of stay or time under supervision:	Camp: 372.5 days, Low: 643.3 days, Medium: 543.4 days
Facility security levels/inmate custody levels:	Low, Minimum, Medium/Community, In, Out
Number of inmates admitted to facility during the past 12 months:	Low: 1849, Medium: 1472
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	Low: 1739, Medium: 1367
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	Low: 1486, Medium: 1249
Does the facility hold youthful inmates?	☐ Yes ☒ No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	☒ 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)?	☐ Yes ☒ 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):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g., police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: ☒ N/A
Number of staff currently employed by the facility who may have contact with inmates:	493
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	24
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	10
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	18
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	50

Physical Plant	
Number of buildings: **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.**	Low: 16 (Inc. Camp and Outside Areas); Medium: 9
Number of inmate housing units: **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.**	Low: 15, Medium: 13
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	Low: 1, Medium: 13
Number of open bay/dorm housing units:	Low (Inc. Camp): 14; Medium: 0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	106
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)	☐ Yes ☐ No ☒ N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g., cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☒ Yes ☐ No

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☒ Yes ☐ No
Are mental health services provided on-site?	☒ Yes ☐ No

Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe:

Investigations

Criminal Investigations	
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.	☐ Facility investigators ☐ Agency investigators ☒ 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)	☐ Local police department ☐ Local sheriff's department ☐ State police ☒ A U.S. Department of Justice component ☐ Other (please name or describe): ☐ N/A

Administrative Investigations	
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	☒ Facility investigators ☒ Agency investigators ☐ 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)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: ☒ N/A

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: N/A
List of Standards Exceeded: N/A

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: N/A
List of Standards Not Met: N/A

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	July 21, 2026
2. End date of the onsite portion of the audit:	July 23, 2026
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?	☒ Yes ☐ No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Angels of Grace
Audited Facility Information	
4. Designated Facility Capacity:	Camp: 256, Low: 1536, Medium: 1152
5. Average daily population for the past 12 months:	Camp: 253, Low: 1625, Medium: 1616
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.	Low: 15, Medium: 13
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ 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	
Inmates/Residents/Detainees	
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:	3483
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:	24
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:	65
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:	4
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:	4
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:	13
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:	3 (self-reported)
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:	11 (self-reported)
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:	5
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:	7
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

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).	There were no barriers with identifying inmates in the targeted categories. FCC Forrest City houses adult male offenders.
Staff, Volunteers, and Contractors *Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees*	
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:	493
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:	18
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:	47
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.	The Auditor began conducting random and specialized staff interviews on day one of the onsite audit. The Auditor was provided a private space to conduct the confidential interviews. All staff were made available in a timely manner. No staff refused to be interviewed when requested by the Auditor.
Interviews	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	25
29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other (describe) ☐ None (explain)
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	The Support Auditor was provided a housing roster by location for Medium, Low, and Camp. The Support Auditor selected random names by from the housing rosters from all housing areas, comprising varied ages, races, and tenure.
31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	N/A

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.).	The Support Auditor was provided rosters, sorted by housing location for all facilities in the complex. The Auditor selected inmates from all housing areas. There was one total refusal.
Targeted Inmate/Resident/Detainee Interviews	
33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	26
34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	According to staff interviews, on-site review, and inmate rosters, there were no inmates in this category being housed at this facility. The facility does not hold juvenile offenders.
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:	4
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	N/A
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:	6
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	N/A
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:	2
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	N/A
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:	4
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	N/A
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:	3
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	N/A
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:	3
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	While not tracked, inmates self-reported as Gay or Bi-sexual, and were therefore interviewed using the LGBTI protocol.
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:	4
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	While not tracked, inmates self-identified as Transgender, and were therefore counted in this category.
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:	5
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	N/A
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:	7
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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). **c.**	N/A
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:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	According to staff interviews, on-site review, and inmate rosters, there were no inmates in this category being housed at this facility.
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.).	The Support Auditor began conducting inmate interviews on day one of the on-site portion of the audit. Based upon the inmate population on day one of the audit (3483), the PREA Auditor Handbook required that the auditor interview a minimum of 50 inmates, 25 random and 25 targeted. Several inmates fell into multiple specialized categories and were asked all related questions. All interviews with inmates occurred in a secure area to ensure privacy. Offender interviews were conducted using the established

	DOJ interview protocols. There was one selected inmate at the Medium facility that refused to be interviewed. The auditor interviewed a total of 51 inmates – 20 at the Medium, 18 at the Low, and 13 at the Camp. There were no barriers to completing the inmate interviews.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
46. Enter the total number of RANDOM STAFF who were interviewed:	12
47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (describe) ☐ None (explain)
48. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):	☐ Too many staff declined to participate in interviews ☐ 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). ☐ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other (describe)
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: **c.**	N/A
49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).	Selected random staff from each shift (8:00am - 4:00pm, 4:00pm – 12:00am, 12:00am – 8:00am) using the current shift rosters.
Specialized Staff, Volunteers, and Contractor Interviews *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 SPECIFOXZED STAFF role who were interviewed (excluding volunteers and contractors):	21

51. Were you able to interview the Agency Head?	☐ Yes ☒ No
a. If no, explain why it was not possible to interview the Agency Head:	Agency Head Designee
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	N/A
53. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the PREA Coordinator:	N/A
54. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ 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:	N/A
55. Select which SPECIFOXZED STAFF roles were interviewed as part of this audit (select all that apply):	☐ Agency contract administrator ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☒ Medical staff ☒ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☒ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☒ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☒ Staff who perform screening for risk of victimization and abusiveness ☒ Staff who supervise inmates in segregated housing/residents in isolation ☒ Staff on the sexual abuse incident review team ☒ Designated staff member charged with monitoring retaliation ☒ First responders, both security and non-security staff ☒ Intake staff

	☒ Other (describe) Mailroom, Training, Disciplinary Hearing Officer, Grievance Staff
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☒ Religious ☐ Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	☐ Security/detention ☐ Education/programming ☒ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).	The Auditor interviewed a variety of facility staff to determine compliance with the standards. Specialized staff were selected based on their position and job duties in the facility. Some staff were interviewed using more than one interview protocol, and some staff were interviewed to gain a better understanding of the facility operations and their role in PREA compliance. At the time of the onsite audit, there weren't any volunteers present. The auditor conducted a phone interview with a randomly selected volunteer.

Site Review and Documentation Sampling

Site Review

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.

59. Did you have access to all areas of the facility?	☒ Yes ☐ No
a. If no, explain what areas of the facility you were unable to access and why.	N/A
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	☒ Yes ☐ No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	N/A
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)?	☒ Yes ☐ No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	N/A
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
63. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No
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).	The Auditor had full, unimpeded access to all areas of the facility. During the review of the physical plant, the Auditor observed the facility layout, staff supervision of offenders, security rounds, interaction between staff and offenders, shower and toilet areas, placement of PREA posters, observation of availability of PREA information located adjacent to and in the inmate housing areas, observation of communication in general population housing areas, as well as special housing cells, search procedures, and availability and access of medical and mental health services. The Auditor observed and made note of the video monitoring system and camera placement throughout the facility, including reviewing the monitors in the control room. Facility staff allowed the Auditor full access to all areas in FCC Forrest City. The tour included the administrative area, visitation, classrooms, recreation yards, warehouse, commissary, library, medical, kitchen, receiving and discharge, and offender housing units. During the tour, the Auditor was observing for blind spots, opposite gender announcements, the overall level of supervision and staff/inmate interactions. Observations were made of PREA posters and other PREA related materials prominently

	displayed throughout the facility. The Auditor observed staff performing security rounds, commissary operations, food service operations, offenders working in various areas and staff making opposite gender announcements. Medical personnel were observed conducting treatments with offenders. The Auditor observed offenders inside and outside of housing units. All offender restrooms and shower areas were observed to ensure offenders could utilize the restroom, change clothing and shower without staff of the opposite gender observing the offenders fully naked.
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.).	The Auditor conducted a document review of employee and inmate files, and a spot check of documents that were previously provided to the auditor along with the PAQ. The Auditor reviewed a random sampling of personnel files to determine compliance related to standards on hiring and promotion and background check procedures for officers and contract staff. The Auditor reviewed the annual PREA training rosters maintained by the training staff and cross referenced the staff files with the training rosters to ensure training was verified. The training coordinator explained the process for relaying the mandated PREA information to new hires, as well as the procedure for annual refresher training. Random offender case files were reviewed to evaluate intake procedures, including screening and subsequent housing decisions, and verify offender PREA education. In addition, the intake and receiving procedures were observed and intake screenings are conducted in private. The Auditor requested additional supporting documentation to include training records for randomly chosen staff, randomly chosen inmate medical records, randomly chosen inmate classification records, volunteer records, contractor records, and staff personnel files

	including PREA disclosure forms for hiring and promotions if applicable.

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:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	3	0	3	0

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

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
Inmate-on-inmate sexual harassment	8	0	8	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	9	0	9	0

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

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
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	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.	N/A

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
Inmate-on-inmate sexual abuse	0	1	0	0
Staff-on-inmate sexual abuse	2	0	0	0
Total	2	1	0	0

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

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
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	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.	N/A

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
Inmate-on-inmate sexual harassment	0	0	8	0
Staff-on-inmate sexual harassment	1	0	0	0
Total	1	0	8	0

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	1
a. If 0, explain why you were unable to review any sexual abuse investigation files:	N/A
74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ 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?	☒ Yes ☐ No ☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ 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?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)

Sexual Harassment Investigation Files Selected for Review

81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	8

a. If 0, explain why you were unable to review any sexual harassment investigation files:	N/A
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	8
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The auditor reviewed all investigative files with the exception of the investigations (3) that were ongoing.
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? *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.*	☒ Yes ☐ No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	1
Non-certified Support Staff	

91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? *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.*	☐ Yes ☒ No
a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	N/A
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) **CCS** ☐ Other

PREVENTION PLANNING

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. Organizational Chart
3. Agency Zero Tolerance Statement
4. BOP PREA Plan / PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program

5. FOX-5324.12-03
6. Inmate Admission and Orientation Handbook
7. Agency Directives

Interviews:
1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager
3. Random and Specialized Staff

Findings (By Provision):

115.11 (a): Agency Directives and Policies address the requirements of this provision. The agency mandates a zero-tolerance directive towards all forms of sexual abuse and sexual harassment and outlines the agency's strategies on preventing, detecting, and responding to such conduct. The agency has a comprehensive PREA Policy: PS 5333.01 as well numerous other policies and procedures that supplement the PREA Plan. The agency policies outline the strategies on preventing, detecting, and responding to such conduct and include definitions of prohibited behavior. Agency policies address "preventing" sexual abuse and sexual harassment through the designation of a PREA Coordinator and PREA Compliance Manager, criminal history background checks (staff, volunteers, and contractors), training (staff, volunteers, and contractors), staffing, intake/risk screening, classification, inmate education, posting of signage (PREA posters, etc.), and contract monitoring.

The policies and directives address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening.

The policies and directives address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates (PS 3420.14 and PS 5270.09), incident reviews and data collection and analysis. The policy is consistent with the PREA standards and outlines the agency's approach to sexual safety.

The Inmate Handbook, PREA Posters, and PREA Brochure address sexual abuse by another inmate, and the Inmate Handbook addresses sanctions for inmates when involved in such conduct. Based on staff interviews and a review of practices, the Auditor noted staff monitor for inmate-on-inmate sexual misconduct in accordance with the PREA program. All allegations are reported and investigated, and inmates are held accountable.

115.11 (b): Agency Directives and the BOP PREA Plan addresses the position of the agency PREA Coordinator, which outlines the roles and responsibilities of the position and calls for the position being allowed enough time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in each facility.

The agency's organizational chart reflects that the agency PREA Coordinator position (referred to as the National PREA Coordinator) is an upper-level position with agency-wide oversight. The PREA Coordinator is a Psychologist under the Psychology Services Branch and reports to the Assistant Director, Reentry Services Division. The PREA Coordinator provides guidance through regional agency PREA Coordinators and facility PREA Compliance Managers. The position is full-time and the PREA Coordinator reported having enough time to manage all the PREA related responsibilities, with the freedom to divert responsibilities to other staff as needed to focus on the audit.

Based on the agency directive, agency's organization chart, and the interview with the designated agency PREA Coordinator, the Auditor determined the agency demonstrates it meets the requirements of this provision of this standard.

115.11 (c): The Program Statement (PS) 5333.01, Sexually Abusive Behavior Prevention and Intervention Program and Institution Supplement (IS) FOX-5324.12-03, Sexually Abusive Behavior Prevention and Intervention Program, address the requirements identified in the standard. The agency has appointed a psychologist assigned to the BOP Reentry Services Division as the National PREA Coordinator. This position reports to an Assistant Director.

FCC Forrest City has designated an Associate Warden as the staff member responsible for ensuring overall PREA compliance. The PREA Compliance Manager coordinates and tracks PREA compliance. The PAQ indicated that the PREA Compliance Manager has sufficient authority and time to coordinate the facility's PREA efforts. The facility's organizational chart confirms that the Associate Warden is responsible for PREA compliance and that he/she reports directly to the Warden regarding all PREA-related concerns. The interview with the PREA Compliance Manager indicated she in very involved in coordinating the facility's PREA compliance. She stated that all the staff work together to ensure PREA compliance at the facility and that there is good consistency with how the investigations are completed. At the time of the onsite review, the Associate Warden/PREA Compliance Manager was also serving as the Acting Warden.

The evidence shows that the agency has a PREA policy, has designated an upper-level, agency-wide PREA Coordinator as verified through the organizational chart and the facility has a PREA Compliance Manager as verified through the organizational chart. Based on the review of the PAQ and related documents, PREA implementation appears to comply with the standard under the PREA Coordinator and PREA Compliance Manager. The preparedness for the audit and overall incorporation of institutionalized sexual safety practices demonstrates that the PREA Coordinator and PREA Compliance Manager have sufficient time and authority to accomplish PREA responsibilities for the agency and facility. As such, this standard appears to be compliant.

Corrective Action: None

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

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. Memo from Chief ACA/PREA Audit Section

Interviews:
1. None

Findings (By Provision):

115.12 (a)(b): Agency Directive(s) and BOP PREA Plan address(es) this provision. The agency reported the agency-wide contract requires the agency to monitor the contractor's compliance with the PREA standards.

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention & Intervention Program states a public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. PS 5333.01 also states that any new contract, or contract shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. The

Bureau must ensure its contracts with secure privatized facilities, jails, juvenile facilities, and Residential Reentry Centers include their obligation to adopt and comply with the PREA standards. Privatization Management Branch and Residential Reentry Management Branch field staff must include PREA compliance monitoring within their scheduled contract monitoring activity.

The BOP is no longer actively soliciting new contracts with private facilities. All contracts have expired; thus, the BOP no longer contracts with private agencies/entities for the confinement of federal inmates.

A memo dated November 17, 2025, reviewed by the auditor indicates that per Executive Order 14006 issued by former President Biden, the BOP has moved away from contracting with private prisons per the President's Executive Order on Reforming Our Incarceration System to Eliminate the Use of Privately Operated Criminal Detention Facilities on January 26, 2021. As such, no new contracts have been executed and previously existing contracts with privately operated detention facilities have expired.

A review of the agency directive and memo demonstrated that the agency meets the requirements of this provision, and this standard appears to be compliant.

Corrective Action: None

Standard 115.13: Supervision and monitoring

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 ☐ No

- 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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 3000.03
3. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
4. FOX-5324.12-03
5. Staffing Plan
6. Annual Reviews
7. Documentation of Unannounced Rounds
8. Memo re staffing plan
9. Workforce Utilization Committee Meeting minutes

Interviews:
1. Interview with the Acting Warden/PREA Compliance Manager
2. Interview with the Captain
3. Interview with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:
1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials
3. Logs Books

Findings (By Provision):

115.13 (a): PS 3000.03, Human Resource Management Manual addresses the agency's staffing plan development. Agency policy, the facility staffing plan and the Workforce Utilization Committee meeting minutes address the requirements of the standard. The policy indicates that the Workforce Utilization Committee will formulate a staffing plan based on the number of allocated positions, historical turnover and anticipated vacancies. Additionally, the policy states

that the committee will review departmental rosters, review findings of program, operational and other management reviews and recommend actions designed to increase effective use of resources. Per the policy, the vacancy rate will not exceed ten percent during any eighteen-month period. The staffing plan takes into consideration generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors.

The facility currently employs 493 staff. Custody staff mainly make up three shifts: first shift is 8:00am-4:00pm, second shift is 4:00pm-12:00am, and third shift works is 12:00am-8:00am. The facility operates on a unit management concept. Officers are assigned to each housing unit, along with a case manager. Additional officers are assigned to other ancillary areas. Medical, mental health and administrative staff have varying work schedules. Medical staff are on-site 6:00 a.m. to 6:00 p.m. facility wide and on-call 24/7 to provide medical care as needed. An interview with the Acting Warden/PREA Compliance Manager confirmed that the facility has a staffing plan that provides adequate staffing levels and that they comply with the plan on a regular basis by using voluntary and mandated overtime, as well as augmentation. The Captain confirmed this information.

Staff reported they follow the agency directives and PREA standards, taking into consideration the composition of the inmate population and their needs, scheduled programming, and staff placement.

The Workforce and Utilization Plan Meeting Minutes indicate that the staff consider PREA in deciding which positions to fill and/or any additional positions needed to address any PREA concerns. The Executive Staff noted that upgrades to the video monitoring system are ongoing. The auditor reviewed the Workforce and Utilization Plan Meeting Minutes for the review period. Per the meeting minutes on March 27, 2026, PREA was considered when deciding on vacant positions. The Auditor reviewed multiple meeting minutes that indicated that PREA was discussed with respect to staffing and found to be adequate. The minutes state that, "The Prison Rape Elimination Act (PREA) standards are considered when deciding which positions to fill and/or any positions needed by the facility due to PREA concerns. Rounds are made by various staff and the video equipment system is monitored daily to assist in protecting against inmate assaults and abuse."

Per the Captain, at the time of the onsite review, the facility was 82% staffed for custody.

Interviews with the PREA Compliance Manager and Supervisory Staff indicate that to ensure compliance with the staffing plan, the facility monitors staffing throughout the shifts and thoroughly review all serious incident reports. During the on-site audit, a review of the agency

directive, staff interviews, and the facility's staffing plan indicated all the elements are addressed.

115.13 (b): The facility indicated in the PAQ that no deviations from the staffing plan had occurred during the previous twelve months. The interview with the Acting Warden indicated that deviations would not occur as policy does not allow for correctional service rosters to be unmanned. The Captain and PREA Compliance Manager both stated that the facility continually evaluates the staffing plan to eliminate any blind spots, add cameras where needed, and to place staff in high traffic areas and areas that may have special populations such as SHU. The PREA Compliance Manager stated that the Workforce Utilization Committee reviews staffing plan levels and had determined that staffing levels were found to be adequate. Video monitoring systems have been and continue to be updated. Per the Captain, weekly camera updates are provided to the Executive Staff to ensure all video equipment is working properly.

Any deviations from the staffing plan would be documented in accordance with policy requirements. The PREA Compliance Manager indicated that staff review the population to include aggressors and victims and determine any areas of weakness at the facility or areas that need closer supervision for these individuals. The PREA Compliance Manager, in coordination with Psychology, notifies staff of the high-risk inmates being housed at the facility. This was confirmed by Psychology staff.

The Captain indicated that required staffing levels would be maintained through voluntary or mandated overtime (if needed), and/or augmentation using non-custody staff. The staffing plan addresses and ensures adequate staff to inmate ratios, as well as adequate staff to provide programming and custody to protect inmates against sexual abuse.

115.13 (c): A review of the facility staffing plan and the quarterly Salary and Workforce Utilization Committee annual meeting minutes confirm that PREA issues were considered when filling positions and developing work rosters/assignments. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. Interviews with the Acting Warden/PREA Compliance Manager and Captain confirmed that the facility considers the items detailed in the standard when developing the staffing plan. The facility and the agency review the staffing plan at least quarterly. There have been no judicial findings of inadequacy, findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard. The agency reported no deviations with the staffing plan in place.

Per memo from the PREA Compliance Manager on May 29, 2026, the staffing plan was reviewed and assessed. She noted that a review of the staffing plan determined that FCC Forrest City has adequate staffing and resources to protect inmates from sexual abuse and deter sexually abusive behavior. The committee also reviewed and assessed monthly Work

Programming meetings and reports. This was confirmed by interview with the PREA Compliance Manager.

115.13 (d)(e): PS 5333.01 indicates that the Institution Duty Officer (IDO) is required to make weekly unannounced rounds on all shifts to identify and deter sexual abuse and sexual harassment. These rounds are required to be documented and forwarded to the PREA Compliance Manager for retention. Additionally, FOX-5324.12-03 indicates that unannounced rounds by supervisory staff conducted with the intent of identifying and deterring sexual abuse and sexual harassment are conducted every week. PS 5333.01 prohibits staff from alerting other staff members that the supervisory rounds are occurring, unless such announcement is related to legitimate operational functions of the facility.

A review of supplemental documentation indicated that rounds are being conducted weekly by the IDO in all locations at the facility. The review of Institution Duty Officer unannounced PREA rounds logs confirmed that intermediate-level or higher-level staff conduct and document such visits throughout the institution, including nights and weekends. Logbooks are used to document unannounced rounds, which are the responsibility of the posted officer to maintain. Interviews with supervisory staff indicate that they vary their route, deviating their times and locations when making rounds, not following a consistent pattern to prohibit staff from alerting other staff about the rounds. Interviews with inmates and housing unit officers confirmed that random, unannounced rounds are conducted by Institution Duty Officers daily, including nights and weekends.

Per a training presentation for IDO's, duty officers are scheduled for a tour week tour, and work one early day and one late day each tour. Duty officers are required to visit all areas of the institution at least once during their tour.

During the site review, the auditor reviewed logs and found that supervisors are making and documenting rounds as required by the standard. This was confirmed by the Captain, as well as by interview with one of the Institution Duty Officers for the facility. Per the PREA Compliance Manager, the tour of duty for the IDO's begins at 11:30 a.m. on Tuesday and goes until the following Thursday at 4:00 p.m. The IDO must read Lieutenant logs, observe and record programs/activities, visit all areas of the institution, complete fire safety and sanitation inspection sheets, conduct hospital visits, test the screening/site locator center, document unannounced PREA rounds in all inmate areas, and bring a copy of the PREA unannounced rounds to the close out for the PREA Compliance Manager to review. All unannounced rounds must be completed on all three shifts.

While it appeared that the supervisors are making unannounced rounds as required, there were significant inconsistencies in rounds being logged by the officers. This was discussed with the Executive Staff as being an area of concern. The Executive staff immediately instituted corrective action, including sending the Lieutenants notification of the requirement for officers to document their rounds. The Lieutenants were directed to begin reviewing the rounds and documenting such to the Executive Staff. Additionally, the Lieutenants were instructed to

check in at the Camp at least once during their shift to ensure general oversight as there are no supervisory staff assigned there. The auditor was provided follow-up documentation to support compliance with these directives.

Based on a review of the PAQ, PS 3000.03, PS 5333.01, FOX-5324.12-03, the staffing plan, staffing plan reviews, documentation of unannounced rounds, observations made during the tour, interviews with supervisory staff, and supplemental documentation provided by the facility, this standard appears to be substantially compliant.

Corrective Action: None

Standard 115.14: Youthful inmates

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*)

Documents:

1. Pre-Audit Questionnaire

Interviews:

1. Interview with the Acting Warden/PREA Compliance Manager

Site Review Observations:
1. Observations in Housing Units and Rosters – None under the age of 18

115.14 (a)(b)(c): FCC Forrest City does not house youthful inmates. A review of the daily population report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Acting Warden/PREA Compliance Manager confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

Based on a review of the PAQ, daily population reports, observations made during the tour and information from the interviews with the Acting Warden, this standard appears to be not applicable and as such, compliant.

Corrective Action: None

Standard 115.15: Limits to cross-gender viewing and searches

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*)

Documents:

1. Pre-Audit Questionnaire
2. PS 5521.06
3. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
4. FOX-5324.12-03
5. Memorandum from Warden re cross-gender searches
6. Sexually Abusive Behavior Prevention and Intervention Program Annual Training Curriculum

7. Staff Training Records

Interviews:
1. Interview with Random Staff
2. Interview with Random Inmates

Site Review Observations:
1. Observations of Privacy Barriers and Shower Curtain in Bathroom Areas
2. Observation of Opposite Gender Announcements

Findings (By Provision):

115.15 (a): PS 5333.01 and PS 5521.06 address the requirements of the standard. FCC Forrest City does not permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. There was no cross-gender visual body cavity or strip searches conducted at the facility during the audit period. Officers would be required to document all cross-gender strip searches and cross-gender visual body cavity searches. In such a case, this exception would be documented in the inmate's central file. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite gender except in exigent circumstances.

Random staff interviews confirmed that male and female officers had been trained to conduct cross-gender pat searches. As confirmed by observations during the on-site review of inmate housing units, inmates are permitted to shower, perform bodily functions, and change clothing privately. The agency and facilities require staff of the opposite gender to announce their presence or otherwise notify the inmates when entering an inmate housing unit.

The auditor observed this practice during the on-site review of the facility. Interviews with staff/inmates, auditor observations and an examination of policy/supporting documentation confirm compliance with this standard.

The agency reported there have been no incidents of cross-gender strip or cross-gender visual body cavity searches of inmates. This was confirmed through staff interviews.

115.15 (b): Agency Directives and BOP PREA Plan address this provision. Agency policy requires strip searches be conducted by staff of the same gender as the inmate. There have been no incidents of cross-gender strip or cross-gender visual body cavity searches of inmates. Staff interviews revealed staff are aware they are prohibited from conducting cross-gender strip searches, but are trained to conduct cross-gender pat-down searches.

Executive Staff indicated staffing levels are sufficient to ensure cross-gender strip searches do not occur. Staff interviewed reported they had not conducted a cross-gender strip search or knew of this practice taking place. Inmates stated they have always been searched by same-

gender staff. A review of the agency directive and staff interviews indicates no cross-gender strip searches have been conducted. Inmate interviews confirmed that no cross-gender strip searches are conducted.

FCC Forrest City holds male inmates.

115.15 (c): Agency Directives and BOP PREA Plan address this provision. Agency directive requires strip searches are conducted by staff of the same gender as the inmate. PS 5521.06 discusses visual searches and body cavity searches. Visual searches are to be conducted by staff of the same gender as the inmate, except where circumstances as such that a delay would mean the loss of contraband. In such a case, this exception would be documented in the inmate's central file. Agency policy states that body cavity searches are only conducted by qualified health personnel upon the approval of the Warden or Acting Warden and such searches are documented in the inmate's central file.

The facility staff stated that no cross-gender pat searches of male inmates would be conducted.

The PAQ indicated that no cross-gender searches have been conducted in the previous twelve months.

115.15 (d): Agency Directives and BOP PREA Plan address this provision.

During the on-site audit, the Auditor observed that inmates have sufficient privacy to perform bodily functions. There appears to be no opportunity for female staff to view the male inmates performing bodily functions or in a state of undress outside of incidental viewing related to security rounds.

The Auditor noted that there are postings in each housing unit reminding inmates that staff of both genders routinely work the units. Staff interviews revealed that female staff are aware of the requirement to announce themselves when entering a housing unit. Male staff are also aware of this requirement and stated that announcements are made both over the intercom and by the female staff themselves.

There is information posted about this in the units, and an announcement is routinely made over the loudspeaker when a female staff member is working in the unit. Inmates interviewed reported staff of the opposite gender generally announce themselves upon entering the housing unit and that they would never be in a state of undress in front of male staff as they are required to be dressed in the housing unit common areas. Interviews with random inmates and interviews with random staff indicated that inmates have privacy when showering, using the restroom and changing clothes.

The support auditor interviewed 51 inmates. The inmates confirmed they were aware of the posted cross-gender signs and statement in the handbook, and they have heard the daily

recorded announcement. Of the 51 inmates interviewed, 18 inmates stated that female officers either only “sometimes” announce or do not routinely make a cross-gender announcement. None of the inmates stated they could be seen fully nude by female staff members. All inmates stated that they felt as if they have enough privacy to shower, change and use the restroom without female staff members seeing them undressed. Due to many of the inmates stating that they don’t consistently hear the announcements being made by female staff, the Captain sent an email to the facility staff reminding them of this requirement and referencing the Program Statement. The auditor was provided a copy of the email.

The facility refers to PS 5333.01 for policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttock, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

The auditor observed during the site review that all housing areas have showers and toilets that are sufficiently private while still allowing for custody staff to ensure the safety of the offenders. The auditor also reviewed video monitors for the housing areas within the facility and there were no cameras which provided a clear view of any of the restroom or shower areas where a staff member would have the opportunity to see an inmate’s genitalia and/or buttocks. The auditor also reviewed video monitors for individual protective cells, and the showers and toilets are out of view of the camera or blurred.

115.15 (f): A review of the agency directive, training documentation, and staff interviews indicate staff are prohibited from conducting cross-gender strip searches or visual body cavity searches, however, all staff are trained on how to conduct cross-gender pat-down searches if exigent circumstances exist which exceed the requirements of this provision.

A review of the training curriculum confirms that the training covers cross-gender pat-searches. The PAQ indicated that 100% of staff had received this training. The Auditor reviewed training records which indicated all facility staff had received this training. Interviews with a random sample of staff indicated that they all had received this training during the previous year. The facility provided rosters for completed annual training, which were reviewed by the auditor.

Based on a review of the PAQ, PS 5521.06, PS 5333.01, FOX-5324.12-03, the Sexually Abusive Behavior Prevention and Intervention Program Training Curriculum, Memorandum from the Warden, staff training records, observations made during the tour including physical layout and the opposite gender announcement, as well as information from interviews with random staff and inmates indicate this standard appears to be substantially compliant.

Corrective Action: None

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

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. FOX-5324.12-03
4. LanguageLine Solutions Contract
5. Documentation of review for assistance
6. PREA Posters
7. Inmate Admission and Orientation Handbook

Interviews:
1. Interview with the PREA Compliance Manager
2. Interview with Inmates with Disabilities
3. Interview with LEP Inmates
4. Interview with Random Staff

Site Review Observations:
1. Observations of PREA Posters in English and Spanish

Findings (By Provision):

115.16 (a): PS 5333.01 and the Admission and Orientation (A&O) Handbook address the requirements of the standard. Through agency policy and practice, the facility ensures that inmates with all disabilities as listed in the standard 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. If needed, the PREA Compliance Manager would be responsible for reaching out to local disabilities assistance offices to ensure the facility provides effective communication accommodations when needed. Interviews with staff indicate that FCC Forrest City shall 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. Per FOX-5324.12-03, inmates that have disabilities that prevent them from reading or understanding the PREA pamphlet will be provided an accommodation by the department that identifies it, and will notify the inmate's Unit Manager. The Unit Manager will take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to comply with PREA.

All written PREA-related information, including postings, brochures and handouts are available in English, Spanish, and other languages. Staff will also read information to inmates when necessary. Translation services are available through a contracted language service for inmates who are not English proficient, and the facility has staff who are proficient in languages other than English. The facility does not rely on inmate interpreters, inmate readers, or other types of inmate assistance in the performance of first responder duties or during the investigation of an inmate's allegations. Interviews with staff confirmed their awareness of the prohibition of using inmate interpreters for PREA compliance functions.

Interviews with non-English proficient inmates confirmed the availability and use of the staff and telephonic interpretive services. Interviews with staff, other inmates and an examination of policy/supporting documentation also confirm compliance with the provisions of this standard.

The auditor interviewed inmates identified with disabilities, including inmates who are deaf or hard of hearing, and those who have intellectual, physical, psychiatric, or speech disabilities. The inmates all stated that they were aware of PREA, how to report any issues, and had received information from the facility staff in a format that they could understand.

The interview with the PREA Compliance Manager indicated that inmates receive PREA information in a format that they can understand and that they will make that accommodations as needed to ensure that all inmates understand the PREA information. A review of inmate files indicated that inmates with disabilities received PREA information in a way that they understood. The Auditor observed PREA signage to be in large text and in bright colors. Interviews with inmates identified as disabled revealed they are aware of the PREA program and their rights.

115.16 (b): Agency directive, BOP PREA Plan and a review of posters, inmate handbooks, and training certificates, address this provision. PS 5333.01 and FOX-5324.12-03 establish the procedure to ensure meaningful access to all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient (LEP). Per agency policy, the PREA Compliance Manager is responsible for reaching out to available interpretation services to ensure the facility is providing effective communication accommodations. The facility has staff that are bilingual and assist in translation when needed. The agency has a contract with LanguageLine Solutions to provide translation services for inmates who are LEP. This is a telephonic service the facility can utilize that will translate information between the staff member and LEP inmate. The auditor was provided the contract for review.

The auditor interviewed 3 Limited English Proficient (LEP) inmates. The LEP inmates the Auditor interviewed were aware of PREA and how to report, and had received orientation information and a handbook in the language and format that they could understand.

A review of PREA posters, the inmate handbook, PREA directives and inmate distributed information confirmed that information is available in both English and Spanish. A review of the file for the LEP inmates interviewed indicated that they had received PREA information and acknowledged receipt of this. During the tour, it was observed that PREA signage was posted throughout the facility in English and Spanish.

115.16 (c): Agency directive, BOP PREA Plan and review of posters, inmate handbooks, and training certificates address this provision. PS 5333.01 and FOX-5324.12-03 prohibits the use of inmate interpreters, readers, or any other type of inmate assistants for allegations of sexual abuse and sexual harassment, except in limited circumstances where an extended delay could compromise the inmate's safety. The facility has identified staff that can translate in Spanish. The LEP inmates interviewed reported being provided PREA-related information verbally from staff and understanding their rights as it pertained to PREA and had an understanding on how to report an allegation.

The PAQ indicated that there were no instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with a random sample of staff indicated that inmates are not utilized to translate for PREA purposes. All staff interviewed reported they would never use inmates to interpret for another inmate for a PREA related situation unless there was an emergency.

Interviews with LEP inmates and inmates with identified disabilities indicated that other inmates were not utilized for translation. Interviews revealed that the facility has resources for translation, and both staff and inmates are aware of these services.

Based on a review of the PAQ, PS 5333.01, FOX-5324.12-03, the LanguageLine Solutions contract, a review of PREA signage and information, the inmate handbook, observations made

during the tour to include the PREA signage as well as interviews with staff, and inmates with identified disabilities and LEP inmates indicate that this standard appears to be compliant.

Corrective Action: None

Standard 115.17: Hiring and promotion decisions

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 3000.03
3. Standard Form 85P – Questionnaire for Public Trust Positions
4. BOP Recruiting Flyer
5. National Background Investigations Bureau (NBIB)
6. General Employment Considerations for Staff
7. Memorandum from BOP Human Resource Management Division dated 2-28-14
8. Email re Request from non-BOP Employers
9. Eligibility Questions
10. Personnel Files of Staff
11. Contractor Background Files
12. Volunteer Background Files

Interviews:
1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a)(e)(h): PS 3000.03 Human Resource Management Manual, PS 3420.14, Standards of Employee Conduct, the Pre-Employment Guide, SF85P (Questionnaire for Public Trust Positions) and a BOP recruitment document address the requirements of the standard. PS 3000.03 indicates that a statement indicating eligible external applicants must meet all application criteria and conditions of employment. All employees who have contact with inmates have had a full field background investigation in addition to fingerprinting and inquiry into the FBI's National Crime Information Center (NCIC). The manual states that all positions considered law enforcement positions and all other positions are subject to background investigations at levels based on the sensitivity of their job descriptions. All positions are subject to five-year reinvestigations.

The PAQ and interviews with staff indicated that the agency will not hire or promote anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. Additionally, the facility does not hire or promote anyone who has engaged in any type of sexual abuse/harassment. Employees have a duty to disclose such misconduct and material omissions regarding such misconduct would be grounds for termination. Submission of false information by any applicant is grounds for not hiring the applicant.

All staff have a background completed which includes their criminal history, credit history, and other record inquiries. The Human Resource Manager verified that all potential new hires have a background check completed by agency personnel. Contractors and volunteers who have

regular contact with inmates also have criminal background checks completed prior to having contact with inmates. Volunteer and contractor background checks are repeated yearly. Files reviewed for contractors hired within the previous year indicated contractors had a background check completed prior to enlisting their services. Files reviewed of the facility volunteers at the time of the onsite review indicated volunteers had completed an application process and had a background check completed prior to enlisting their services. An interview with facility staff responsible for the volunteer files and training confirmed this information. The facility provided the auditor with documentation and information to support compliance, including the volunteer training agenda and signed acknowledgements for both Level 1 and 2 volunteers.

Employee backgrounds are re-checked every five years based on their anniversary date. This was confirmed by the Human Resource Manager. The HRM also stated that there is a continuous vetting process and they receive alerts for arrests and criminal charges.

The Memorandum for Human Resource Managers documented that the agency provides information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee to institutional employers for whom the employee has applied to work. Specifically, the memo indicates that all requests should be forwarded to the Office of Internal Affairs and that this office will respond to all requests. 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 a pending investigation of sexual abuse. The Human Resource Manager also confirmed that the agency, not the facility, 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 facility, notifies appropriate licensing/certifying agencies when professional staff members are terminated for substantiated allegations of sexual abuse or sexual harassment. Human resource staff indicated that this information would be provided when requested. A review of policy, personnel forms, and relevant supporting documentation, including staff interviews, confirm compliance with this standard.

A review of the eligibility questions on the USA Jobs Application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files for staff who were hired in the previous twelve months indicated that all had completed an application and as such were required to answer the eligibility questions. The interview with Human Resource staff indicated that the questions are part of the hiring process.

115.17 (b): Agency Directives and BOP PREA Plan address this provision. The Auditor interviewed the Human Resource Staff. Staff reported the agency has incorporated and implemented the "Affirmative Duty to Disclose," which all staff were required to affirm and sign. The form includes a "material omissions" clause.

The General Employment Considerations for Staff indicates that the applicant’s character or past conduct might impose a statutory bar to employment or impede employment by adversely

impacting on the Bureau's efficiency by jeopardizing the ability to accomplish its mission successfully.

The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an inmate. Human Resource staff informed the auditor that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.17 (c): Agency Directives and BOP PREA Plan address this provision. The agency directive requires job applicants to have background checks completed and address any issue of prior sexual misconduct. The background checks are completed prior to any inmate contact. All contractor staff are screened using the same process. The Human Resource staff confirmed this process.

Standard Form 85P and the BOP Recruitment Flyer indicates that employment is subject to satisfactory completion of a background investigation, which also includes law enforcement and criminal records checks, credit checks, inquiries with previous employers and personal references.

The PAQ indicated that 100% of the 24 staff hired in the past twelve months that may have contact with inmates had received a criminal background check and prior institutional employers were contacted. A review of personnel files indicated that all staff had a criminal background check completed and all prior institutional employers contacted. Additionally, all staff are fingerprinted, and any future arrest is automatically reported to the agency through the National Background Investigations Bureau. Human Resource staff indicated that staff have an affirmative duty to disclose any contact with law enforcement.

115.17 (d): Agency Directive(s) and BOP PREA Plan address(es) the elements of this provision. Agency directive defines staff to include volunteer or contracted program services staff. All staff are subjected to a criminal background check. PS 3000.03 indicates that the agency performs criminal background checks before enlisting the services of any contractor who may have contact with inmates via a check of the National Crime Information Center (NCIC).

The PAQ indicated that criminal background record checks were conducted on 17 contracted staff covered in contracts who might have contact with inmates. A review of contractor personnel files indicated that a criminal background check had been conducted. Human Resource staff confirmed that all contractors have a criminal background check completed prior to enlisting their services.

115.17 (f): Agency Directive(s) and BOP PREA Plan address(es) this provision. PS 3000.03 Human Resource Management Manual states that all positions considered law enforcement positions, and all other positions are subject to background investigations at levels based on

the sensitivity of their job descriptions. All positions are subject to five-year reinvestigations. The staff member's duty to affirmatively disclose any misconduct is part of the five-year reinvestigation

The application process includes the "Affirmative Duty to Disclose" form for new hires, volunteers and contractors, and a review of personnel filed indicated this process was being implemented. All staff files reviewed indicated the forms had been signed in accordance with directive. Staff interviews confirm the practice is in place and meets the requirements of this provision.

The agency will ask all applicants and employees who have contact with inmates directly about whether they have: engaged in sexual abuse in prison, jail, lockup or any other institution, been convicted of engaging or attempting to engage in sexual activity in the community or been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion through a written application, during any interviews or through any written self-evaluations as part of a review of current employees. A review of the eligibility questions on the USA Jobs Application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files for staff who were hired in the previous twelve months indicated that all had completed an application and as such were required to answer the eligibility questions. Additionally, all staff had a background check completed which included their criminal history, credit history, and other record inquiries. The interview with Human Resource staff confirmed that these questions are required to be answered by all applicants.

115.17 (g): Agency Directives and BOP PREA Plan address this provision. Agency directive defines staff to include volunteer or contracted program services staff. Material omissions regarding sexual misconduct or the provision of materially false information are grounds for termination. The Questionnaire for Public Trust Positions indicates that falsifying or concealing facts is a felony which can result in fines and up to five years in prison. An interview with Human resource staff confirms that any false information or omissions would result in an employee or contractor being terminated.

Based on a review of the PAQ, PS 3000.03, Standard Form 85P, BOP Recruiting Flyer, National Background Investigations Bureau (NBIB), General Employment Considerations for Staff, Memorandum for Human Resource Managers, the Eligibility Questions, and a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.

Corrective Action: None

Standard 115.18: Upgrades to facilities and technologies

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*)

Documents:
1. Pre-Audit Questionnaire

Interviews:
1. Interview with the Agency Head Designee
2. Interview with the Acting Warden
3. Interview with the Captain
4. PREA Compliance Manager

Site Review Observations:
1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The agency provided no documentation regarding this standard, although during the tour, the auditor did not observe any renovations, modifications or expansions.

The PAQ indicates the facility has not designed, acquired or planned any expansion or modification of the existing facility.

Written responses to interview questions from the Agency Head Designee and interview with the Acting Warden noted they would consider how any modifications to FCC Forrest City may enhance the agency's ability to protect inmates from sexual abuse prior to implementing any enhancements/upgrades. This is also reflected in the Workforce Utilization Committee Meeting minutes reviewed by the auditor.

115.18(b): Interviews revealed the Agency Head Designee, Acting Warden/PREA Compliance Manager and Captain would consider how additions/updates to monitoring technology may enhance the agency's and the facility's ability to protect inmates from sexual abuse prior to implementing the video enhancements/upgrades. The Acting Warden noted that they are responsive to recommendations from incident reviews and would add and update cameras based on such reviews.

The Captain completes weekly camera reviews, and stated that they regularly assess blind spots and the need for additional views. He indicated the cameras are used as a tool to enhance safety of both that staff and inmates. The Acting Warden confirmed this information. They both stated that they have been and are in the process of replacing and adding cameras to enhance viewing and their efforts to protect the inmates from sexual abuse.

FCC Forrest City has added and replaced cameras in the past 12 months to enhance safety of the inmate population and improve line of sight in potential blind spots. FCC Forrest City has operational cameras throughout the facility for monitoring blind spots and inmate areas. Per the Acting Warden/PREA Compliance Manager, consideration is given to camera placement to enhance inmates' protection from sexual abuse, as well as ensuring their right to privacy when showering, changing clothes, etc. This is also reflected in the Workforce Utilization Committee Meeting minutes reviewed by the auditor.

Based on a review of the PAQ, and information from the Acting Warden/PREA Compliance Manager and Captain interviews, this standard appears to be compliant.

Corrective Action: None

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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*)

Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act Investigation Policy Memorandum
3. PS 6031.05
4. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
5. FOX-5324.12-03
6. Memorandum related to Forensic Medical Exams
7. Memorandum of Understanding with the Federal Bureau of Investigation (FBI)
8. Qualified Staff Advocacy Training Documents
9. Letter from FBI on PREA Compliance
10. Agreement with Angels of Grace

Interviews:

1. Interview with Random Staff
2. Interview with Operations Lieutenant
3. Interview with the PREA Compliance Manager
4. Inmates Who Reported Sexual Abuse
5. Assistant Health Services Administrator
6. Chief of Psychology
7. Angels of Grace Staff

Findings (By Provision):

115.21 (a): PS 5333.01; FOX-5324.12-03; the Guide for First Responder/Operations Lieutenant, PREA Investigation Policy Memo, PS 6031.05, Patient Care, and the PREA Checklist & Instructions address the requirements of the standard.

The Prison Rape Elimination Act Investigation Policy Memorandum outlines the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The policy outlines evidence preservation, medical examinations, forensic crime scene investigation with biological evidence, handling biological evidence and detecting and testing forensic evidence. The policy memo also delineates specific guidelines for investigations of sexual abuse allegations at BOP facilities to meet the PREA standards.

Staff interviews indicated that staff have a good understanding of their responsibilities as potential first responders, knowledge of agency directive, and staff roles and responsibilities pertaining to investigations of allegations of sexual abuse.

The agency is responsible for conducting administrative investigations, while the FBI is responsible for conducting criminal investigations, if warranted. For criminal investigations, the DOJ Inspector General's Office and the Federal Bureau of Investigation (FBI) may offer assistance, when necessary. Staff misconduct investigations are performed by the Inspector General's Office (criminal) and the BOP Office of Internal Affairs (administrative).

Interviews with random staff indicated they are aware of evidence protocol and that they are responsible for preserving evidence.

115.21 (b): Agency Directives and BOP PREA Plan address this provision. FCC Forrest City offers all inmates a forensic examination if sexually abused. The medical staff will contact Utilization Review who determines the best location with the available services for SANE/SAFE requirements. The Prison Rape Elimination Act Investigation Policy Memorandum indicates that medical forensic examinations are conducted in accordance with standards set forth in "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents, DOJ Office of Violence Against Women, second edition, April 2013."

The facility reported zero (0) SAFE/SANE examinations were conducted at a local hospital during the last 12 months. All forensic exams are at no cost to the inmate and are available at any time. The victim will be escorted to the Emergency Department at a local hospital, which provides trauma - informed care for victims of sexual assault 24/7, 365 days a year. Per the Health Services Administrator, the hospital has qualified medical personnel that are authorized to conduct forensic medical exams.

Psychology staff at the facility are trained as victim advocates and are available at the request of the inmate. This was confirmed by the Chief of Psychology, and the auditor reviewed documentation of the advocate training for psychology staff. The PREA Compliance Manager and Psychologist stated they have an agreement with the local rape crisis center to provide advocacy services for the inmates at FCC Forrest City. The auditor was provided and reviewed the agreement between the facility and Angels of Grace. It was signed on 4-17-2024 and is in effect for five years. The auditor confirmed with staff at the Angels of Grace that they provide services to the inmates at FCC Forrest City per the agreement.

The auditor verified that Psychology staff are available to accompany an inmate to the hospital to act as an advocate, if requested.

A review of the agency directive and supporting documentation indicated the agency coordinates and ensures the protocol implemented is appropriate and in compliance with this provision.

115.21 (c): The Prison Rape Elimination Act Investigation Policy Memorandum indicates that all inmate victims of sexual abuse are offered a forensic medical examination, whether on-site, or at an outside facility, without financial cost. PS 6031.05 specifically states that only in institutions where extreme security concerns exist may an in-house physician be used. Forensic medical exams are provided at no cost to the inmate at a local hospital through the emergency department. Forensic medical exams are provided at one of the local hospitals for FCC Forrest City. Per memo from the PREA Compliance Manager, and confirmed by the Assistant HSA, the facility uses Forrest City Medical Center, which has a SANE certified staff available and on call to conduct forensic exams.

The staff indicated that during the previous twelve months, there had been no (0) forensic exams conducted. The auditor confirmed with the medical staff that inmates are not charged any monetary fee for an exam.

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 were aware that the Special Investigative Services (SIS), the Office of Internal Affairs (OIA), Office of the Inspector General (OIG) or the Federal Bureau of Investigation (FBI) conduct investigations relative to sexual

abuse/harassment allegations. Victims of sexual assault are referred to health services for initial examination and treatment.

Such treatment would be for life preservation only and the victim would be transported to a community hospital for examination, treatment and forensic evidence gathering by a Sexual Assault Nurse Examiner (SANE). The practice was confirmed through interview with medical staff. All sexual abuse victim advocacy, examinations, treatment, testing, and follow-up care are provided without cost to the victim. Facility staff members (psychology staff) have also been trained as victim advocates.

Administrative investigations are conducted by trained investigators who are full-time employees of the facility. The Acting Warden generates the referral to the outside agency (OIG or FBI). A review of facility training records confirmed that investigators have received investigator training offered by the BOP on the investigation of sexual abuse and harassment in confinement settings. An examination of policy/supporting documentation also confirms compliance with this standard. Per documentation and staff interviews, there were no forensic exams performed at a local hospital within the last year.

115.21 (d): Agency Directives and BOP PREA Plan address this provision. Victims of sexual assault are referred to health services for initial examination and treatment. Such treatment would be for life preservation only and the victim would be transported to a community hospital for examination, treatment and forensic evidence gathering by a Sexual Assault Nurse Examiner. All sexual abuse victim advocacy, examinations, treatment, testing, and follow-up care are provided without cost to the victim. This practice was confirmed by medical staff. Facility staff members (Psychology staff) have also been trained as victim advocates.
A review of the agency directive and staff interviews indicate an established collaborative effort to ensure victim advocacy services are available for the inmates if needed through facility staff or outside resources.

The agency attempts to make available to the victim a victim advocate from a rape crisis center, and if a rape crisis center is not available, a qualified staff member from a community-based organization or a qualified agency staff member. FCC Forrest City has a current agreement with a local rape crisis center, Angels of Grace.

The facility has available qualified staff members in the psychology department to serve as advocates, if necessary. The auditor interviewed two inmates who reported sexual abuse at the facility. However, the nature of the allegations did not require the inmates to be transported to the hospital. The inmates have access to the victim advocacy information as it is included in the inmate handbook and the pamphlet. They were also given this information by Psychology staff after reporting the allegations.

115.21 (e): Agency Directives and BOP PREA Plan address this provision. FCC Forrest City has a current agreement with a community-based organization as stated above. Advocacy

services are also available by qualified agency staff members for victim advocacy while the inmate is at the hospital, if requested by the inmate.

A review of the agency directive and staff interviews indicate an established collaborative effort to ensure victim advocacy services are available for the inmates, if needed. As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Inmates would be transported to one of the local hospitals for forensic examinations. Additionally, the facility will ensure that an advocate will provide victim support services during the forensic medical exam and during investigatory interviews, if requested by the victim. The psychology staff will inform inmate victims about the availability of these services. The facility has available qualified staff members to serve as advocates, if needed.

The interview with Psychology staff indicated that they would respond to the hospital to accompany the inmate during a forensic exam, if requested.

115.21 (f)(g): The agency is responsible for conducting administrative investigations, while the FBI is responsible for conducting criminal investigations. A review of the MOU between the BOP and the FBI as well as the letter from the FBI to the BOP dated March 2, 2014 indicate that the FBI complies with all investigatory requirements under PREA standards 115.21, 115.34 and 115.71. Additionally, the FBI follows a uniform evidence protocol and utilizes the FBI Domestic Investigations and Operations Guide for training.

115.21 (h): The qualified agency staff member is one of the Psychologists at the facility. They have all received training titled: Forensic Medical Exams: An Overview for Victim Advocates.

Based on a review of the PAQ, The PREA Investigation Policy Memo, PS 6031.05, memo related to forensic exams and advocacy, the MOU with the rape crisis center, the MOU with the FBI, the letter from the FBI, the qualified staff member documents and information from interviews with the PREA Compliance Manager indicates this standard appears to be compliant.

Corrective Action: None

Standard 115.22: Policies to ensure referrals of allegations for investigations

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*)

Documents:

1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program

3. PS 5508.02
4. Attorney General (AG) Memo – Duty to Report Misconduct and Cooperate with Investigations
5. Attorney General Order Number 2835-2006
6. Memorandum of Understanding with the Federal Bureau of Investigation
7. Incident Reports
8. Investigative Reports

Interviews:
1. Interview with the Agency Head Designee
2. Interview with the Acting Warden/PREA Compliance Manager
3. Interview with Investigative Staff

Findings (By Provision):

115.22 (a): PS 5333.01 addresses the requirement of the standard and outlines the administrative and criminal investigative process. Policy requires administrative or criminal investigations to be completed on all allegations of sexual abuse/harassment. The AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as PS 5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. Allegations are reported to the Operations Lieutenant and immediately forwarded to the facility investigator for investigation. Administrative investigations are routinely assigned for completion by the Special Investigative Services Lieutenant. If, during an investigation, evidence surfaces indicating criminal misconduct, the case would be initially referred to the OIG and then to the FBI for criminal investigation. The SIS Lieutenant and Special Investigative Agent (SIA) were interviewed and are aware of their responsibilities in the investigative process.

The FBI would conduct criminal investigations for FCC Forrest City involving inmate-on-inmate sexual abuse and the OIG would investigate staff-on-inmate criminal sexual abuse. An investigation would never be terminated due to an inmate being transferred or released or an employee leaving the agency.

A review of training documents confirmed that all investigators received instruction in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff and an examination of policy/supporting documentation confirm compliance with this standard.

Per the investigative files and an interview with investigative staff, there were 12 total allegations of sexual misconduct reported within the previous twelve months. An administrative investigation was completed for all allegations. A review of the investigative reports revealed that the allegations were investigated as required. Interview protocols completed by the Agency Head Designee and interviews with the PREA Compliance Manager

and Investigators indicated that all allegations are investigated. Specifically, the OIG investigates potential criminal cases involving staff-on-inmate sexual abuse; the OIA investigates administrative cases of staff-on-inmate sexual abuse or sexual harassment and the Special Investigative Services (SIS) Lieutenant at the facility investigates all other cases.

115.22 (b)(c): The agency's directive is posted on the agency's website in accordance with this provision. PS 5333.01 outlines the administrative and criminal investigative process. An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as PS 5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. A review of the BOP website indicated that PS 5508.02 which describes the FBI's authority to conduct criminal investigations is available at https://www.bop.gov/PublicInfo/execute/policysearch?todo=query.

115.22 (d)(e): This provision is not applicable as the agency is not required to respond to this provision.

Based on a review of the PAQ, PS 5333.01, PS 5508.02, the AG Memo, AG Order 2835-2006, the MOU with the FBI, the agency's website and information obtained via interviews with staff, this standard appears to be compliant.

Corrective Action: None

TRAINING AND EDUCATION

Standard 115.31: Employee training

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. FOX-5324.12-03
4. Sexually Abusive Behavior Prevention and Intervention Program Training Curriculum
5. Sample of Staff Training Records (Acknowledgement Form)

Interviews:
1. Interview with Acting Warden
2. Interview with Training Coordinator
3. Interview with Random Staff

Findings (By Provision):

115.31 (a): Agency Directives and BOP PREA Plan address this provision. PS 5333.01, as well as FOX-5324.12-03 indicate that all staff will receive the Sexually Abusive Behavior Prevention and Intervention Program training during institutional familiarization, and yearly thereafter as part of the annual refresher training. A review of the agency directive, training curriculum, various training documents, and staff interviews demonstrate PREA-related training is being conducted as required. A review of the Sexually Abusive Behavior Prevention and Intervention Program Training Curriculum outline and PowerPoint slides confirmed that the training includes information on: the agency's zero tolerance policy, how to fulfill their

responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, and bisexual inmates and how to comply with relevant laws related to mandatory reporting. The agency directive and curriculum address all the required topics.

The Auditor interviewed a total of 12 randomly selected staff. Staff interviewed acknowledged attending and participating in the PREA training within the past year, and confirmed the required topics were covered during the training. Interviews revealed the staff have PREA training annually with their annual employee training, and they are given PREA refresher training periodically throughout the year. Employees are also given a PREA response card.

A review of staff training records indicated that 100% of those reviewed received PREA training. Interviews with random staff confirmed that they had received PREA training during annual training and that they received information through supplemental BLU (Bureau Learning University) Trainings.

115.31 (b): Agency Directives and BOP PREA Plan address this provision. All agency employees, contractors, and volunteers are trained to meet the PREA standards. In the past 12 months, all facility staff have been trained or retrained.

The BOP has a comprehensive training program which includes pre-service and annual in-service training and is tailored to meet the gender needs of the facility. The training documentation includes a signature roster and PREA Acknowledgement that indicates the trainees understand the training presented.

The interview process also documented those employees understood the materials presented. Refresher information is available in the employee handbook, through BLU trainings, and in-shift briefings. Staff reported all staff get the exact same training, regardless of working with male or female inmates in the agency.

PS 5333.01 indicates that the annual refresher takes into consideration the gender of the inmate population at each facility. A review of the training curriculum confirmed that the annual training includes information on male and female inmates.

115.31 (c): Agency Directives and BOP PREA Plan address this provision. Agency directive requires staff receive PREA-related training during orientation and on an annual basis.

The Auditor reviewed employee/contractor/volunteer training documents. A review of the selected training documents indicated all had participated and completed the required PREA

training. Training documentation supported the participation of all correctional staff, including participation by management and administrative support staff, in the PREA training.

The PAQ indicated that 100% of staff (493) have been trained in PREA requirements and that they receive PREA training annually. PS 5333.01 indicates that new employees receive the Sexually Abusive Behavior Prevention and Intervention Program training and that current employees receive the training as part of their annual training. A review of documentation confirmed that all staff received PREA training and that all hired prior to the previous twelve months had received annual refresher training. Staff are also issued laminated cards describing PREA procedures.

115.31 (d): Agency Directives and BOP PREA Plan address this provision. The agency maintains the signed acknowledgement forms which affirm the trainees understand the training they have received. Through staff interviews, it was evident to the Auditor that the staff understood the PREA training.

All staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. A review of the training records indicate that all staff sign a training acknowledgement that states, “I have received and understand the training conducted regarding the agency’s sexual abuse and sexual harassment policies and procedures.” A review of staff training records indicated that staff have signed the acknowledgment form. The facility conducts annual training, as well as BLU trainings. The auditor reviewed annual training records for calendar year 2025 and for the first quarter of 2026.

The Auditor conducted an interview with the facility Training Coordinator. The Training Coordinator gave the Auditor a detailed description of the training materials, process, and methods of instruction. During random staff interviews, they stated that they provide refresher information to the staff regarding PREA during briefings.

Based on a review of the PAQ, PS 5333.01, FOX-5324.12-03, the Sexually Abusive Behavior Prevention and Intervention Program training curriculum, a review of staff training records, as well as interviews with random staff and the Training Coordinator, it appears the standard is compliant.

Corrective Action: None

Standard 115.32: Volunteer and contractor training

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*)

Documents:
1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act (PREA) Training for Level I Volunteers
3. Level I Volunteer Application/Training Form
4. Sample of Contractor Training Records
5. Sample of Volunteer Training Records
6. Training Documentation
7. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program

Interviews:
1. Interview with Volunteers and/or Contractors who have Contact with Inmates
2. Human Resources
3. Reentry Affairs Coordinator

Findings (By Provision):

115.32(a): Agency Directives and BOP PREA Plan address volunteer and contractor training. All contractors who have contact with inmates at this facility have been trained to understand the requirements of PREA and the zero-tolerance directive. All contract staff have been trained in and acknowledge they understand PREA.

The Auditor reviewed training documentation and the signatures that documented that they understood the training presented. Interviews with contract staff verified that they understood the PREA requirements associated with being a contractor. Interviews with contract staff

reveal that they recall having training on PREA and were able to articulate aspects of the training, including awareness of the zero-tolerance policy and first responder duties.

The auditor interviewed one volunteer during the onsite review. Volunteers receive PREA training before first coming into the facility to provide services. The volunteer was familiar with the zero-tolerance policy and what to do if an inmate reported an allegation of sexual assault or sexual harassment. The Reentry Affairs Coordinator is responsible for ensuring PREA training for the volunteers. Level 1 volunteers come into the facility 4 times or less a year. Level 2 volunteers are badged and routinely come into the facility during the year. The volunteers receive 4 hours of initial training, which includes PREA. They also receive annual refresher training. The Auditor reviewed volunteer files and found that they are receiving PREA information, as well as annual refresher training. The Reentry Affairs Coordinator verified this information and stated that they regularly schedule and conduct the required training for the volunteers.

Per the PAQ and staff, there are 18 contractors and 47 volunteers who have contact with inmates, who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

115.32(b): Agency Directive and BOP PREA Plan address volunteer and contractor training. The agency's PREA training addresses the zero-tolerance directive. Training documentation reflected training specifically for contract staff and volunteers. The Auditor interviewed 2 contract staff. The contracted staff interviewed reported being trained on the agency's zero-tolerance directive regarding sexual abuse and sexual harassment, and of the reporting requirements, including the duty to report.

115.32(c): Agency Directive and BOP PREA Plan address volunteer and contractor training. The acknowledgment forms contained the proper affirmation statement. It was clear through interviews with contract staff and volunteers that they understood the PREA training they had received.

Based on a review of the PAQ, the PREA Training for Level I and Level II Volunteers, a review of a sample of contractor and volunteer training records, as well as interviews with volunteers and contracted staff, this standard appears to be compliant.

Corrective Action: None

Standard 115.33: Inmate education

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. PS 5290.14
4. Bureau's Admission and Orientation (A&O) Pamphlet on Sexually Abusive Behavior Prevention and Intervention
5. Sexually Abusive Behavior Prevention and Intervention Program
6. Inmate Admission and Orientation Handbook
7. Inmate Training Records

Interviews:
1. Interview with Intake Staff
2. Interview with Random Inmates
3. Program staff responsible for admission and orientation (A&O) training

Site Review Observations:
1. Observations of Intake Area
2. Review of Inmate Files
3. Observations of PREA Signs in English and Spanish

Findings (By Provision):

115.33(a): Agency Directives and BOP PREA Plan address this provision. PS 5333.01 states the Bureau's Admission and Orientation (A&O) Pamphlet on Sexually Abusive Behavior Prevention and Intervention is provided to each inmate at intake screening. It describes the key elements of the program and informs inmates of the Bureau's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of sexual abuse. It also provides inmates notice that male and female staff routinely work and visit inmate housing areas.

The intake staff reported that the orientation packet contains all the PREA-related information, which is provided to all the inmates during the intake process. Staff reported the information

may be provided to the inmate in Spanish or it could be read out loud to the inmates to ensure they understand it. Other languages can be addressed through the LanguageLine. The intake staff stated that program staff meet with the inmates prior to leaving intake and that inmates are asked if they have any questions before they are assigned to a housing unit.

Per the PAQ, in the past 12 months, 3321 inmates were admitted to FCC Forrest City and were given information on PREA at intake. Per the booking staff, as well as treatment team staff, all inmates are provided information on the zero-tolerance policy and how to report PREA allegations.

Staff indicate that information on the zero-tolerance directive and how to report allegations are also contained on posters, which are posted throughout the facility, and that the PREA information is presented on the inmate tablets. The Auditor verified this information during the site review.

115.33(b)(d): Agency Directive and BOP PREA Plan address this provision. PS 5333.01 states within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and incidents. During the A&O Program, a staff member designated by the Warden, present the Sexually Abusive Behavior Prevention and Intervention Program. This presentation must include: • Definitions of sexually abusive behavior and sexual harassment; • Prevention strategies the inmate can take to minimize his/her risk of sexual victimization while in BOP custody; • Methods of reporting an incident of sexually abusive behavior against oneself, and for reporting allegations of sexually abusive behavior involving other inmates, including reporting procedures directly to Regional Staff, if desired. • Methods of reporting an incident of sexual harassment against oneself, and for reporting allegations of sexual harassment involving other inmates. • Treatment options and programs available to inmate victims of sexually abusive behavior and sexual harassment. • Monitoring, discipline, and prosecution of sexual perpetrators. • Notice that male and female staff routinely work and visit inmate housing areas. The policy further states the agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

Per the PAQ, in the past 12 months, 2735 inmates were admitted to FCC Forrest City whose stay was 30 days or more and were given the comprehensive education within 30 days. Provisions are made by staff to assist those inmates with disabilities, or those not proficient in English to ensure their understanding of PREA. Orientation videos, posters, inmate handbooks, and other resources are readily available to the inmate population and are available in English and Spanish. Inmates also have regular access to TRULINCS, a computer system which also provides PREA information, as well as reporting mechanisms. Inmate telephones, reviewed by the auditor, also provide a reporting outlet. Staff interpreters and telephonic translation services are available to inmates who are not proficient in English or are

otherwise unable to communicate due to a disability or limitation (deaf, blind, mentally/physically impaired, etc.).

115.33(c): Agency Directive and BOP PREA Plan address this provision. Staff interviewed reported information is provided during intake. Per staff interviews, all inmates are provided PREA education during the initial A&O process by Unit Team, Psychology Services, and the PREA Compliance Manager. In addition, continual education is provided throughout the inmate's incarceration through in-person town halls, PREA posters, and information shared on TRULINCS.

The auditor reviewed case files for all inmates interviewed by the auditor (51). All 51 inmates signed the intake form acknowledging that they had received an inmate handbook containing the PREA information.

115.33(e): The auditor reviewed the case files provided by the facility during the pre-audit phase. In addition, the auditor reviewed case files for inmates interviewed by the auditor. The completed and signed "Acknowledgement Statement" is used to document when inmates are provided the PREA information at intake. Inmates that participate in the subsequent PREA education have their participation entered into the inmate's central record.

Inmate interviews verified that they had received A&O, and comprehensive PREA education. Of the 51 inmates interviewed, three stated that they had not received PREA education. Even if the inmate had been at the facility longer than a year, they stated that information was posted throughout the facility.

The auditor reviewed the inmate files, looking at the arrival date, and the date that comprehensive orientation (A&O) was completed to ensure compliance with the standard. A review of inmate files revealed inconsistencies in the process for providing the comprehensive education and within the required time limit in accordance with the standard. Based on the inmate interviews, it appears as if the comprehensive education is being completed, however the signed forms acknowledging A&O was completed were missing from some of the files reviewed by the auditor.

An interview with the Unit Manager and a facility counselor indicated that the program staff schedule and facilitate the A&O. They stated that the unit team will run a roster weekly to see which inmates need to have A&O based on their work assignment code. They will then schedule and put the inmates on a callout. If the inmate is a no-show, they will reschedule them for the next one. Based on a conversation with the Unit Manager and the Acting Warden, the facility has no designated day/time for A&O being conducted. The auditor recommended that having a more formal process would help ensure that all inmates had A&O within the required timeframe and that it was documented appropriately.

115.33(f): Agency Directives and BOP PREA Plan address this provision. PREA educational and informational materials, including PREA posters are continuously available in each

respective housing unit, as well as multiple other locations in the facility. The Inmate Handbook is provided to the inmates during the intake process and will be made available upon request any time.

Based on a review of the PAQ, PS 5333.01, PS 5290.14, the A&O pamphlet, the Sexually Abusive Behavior Prevention and Intervention Program, the orientation handbook, a review of inmate records, observations made during the tour, to include the availability of PREA information via signage and documents, as well as information obtained during interviews with intake staff and random inmates indicate that this standard does not appear to be fully compliant and corrective action is required.

Corrective Action: FCC Forrest City will need to ensure that all inmates received at the facility have received the comprehensive education within 30 days as required by the standard.

Additional documentation reviewed to support compliance with the standard:
1. Email notification to staff regarding the expectation to complete A&O within 30 days, and document appropriately as prescribed by the standard.
2. Training and acknowledgement for Unit Team staff
3. Documentation of A&O completed within 30 days for all inmates received since the onsite review.

This information was provided to the auditor electronically on August 25, 2026. The auditor determined that the facility is now substantially compliant with the standard.

Standard 115.34: Specialized training: Investigations

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. DOJ/OIG PREA Training
4. National Institute of Corrections (NIC): Investigating Sexual Abuse in a Confinement Setting
5. Memorandum of Understanding with the FBI
6. Letter from the FBI
7. Investigator Training Records

Interviews:
1. Interviews with Investigative Staff

Findings (By Provision):

115.34(a)(b): PS 5333.01, the SIS/SIA Training Lesson Plan, Sexual Violence PREA Training and DOJ/OIG PREA Training address the requirements of the standard. The facility

investigators, OIA, OIG and FBI investigators have received PREA specialized training through the Department of Justice. The Auditor reviewed the training plan and this training includes all requirements under 115.34.

The auditor reviewed specialized training documentation to include, the SIS/SIA Training Instructor Guide, the BOP Course Completion List for Investigating Sexual Abuse in a Confinement Setting training and the OIG PREA Criminal Investigator Certification Training List. Administrative investigations are conducted by trained investigators who are full-time employees of FCC Forrest City.

The Auditor interviewed an SIS Investigator assigned to FCC Forrest City. He confirmed that he had received specialized training to conduct investigations into allegations of sexual misconduct. The auditor also interviewed the SIA assigned to FCC Forrest City. He also stated that he had taken the specialized training to conduct investigations into allegations of sexual misconduct.

When criminal investigations are indicated, they are conducted by the Federal Bureau of Investigation or Office of the Inspector General. Interviews with staff, an SIS investigator, the PREA Compliance Manager, and a review of policy and supporting documentation confirm compliance with this standard.

115.34(c): Agency Directives and BOP PREA Plan address this provision. A review of the specialized training documents reflects all FCC Forrest City investigators have completed the required training. Training documentation provided to the Auditor reflected the investigators listed in the investigative files audited were trained on the specialized investigator training.

Per the PAQ, there are 21 investigators currently employed who have completed the required training. This training is completed annually.

115.34(d): This provision is not applicable as the agency is not required to respond to this provision.

Based on a review of the PAQ, PS 5333.01, the DOJ/OIG PREA Training curriculum, the NIC training curriculum, a review of investigator training records as well as interviews with investigative staff, indicate that this standard appears to be compliant.

Corrective Action: None

Standard 115.35: Specialized training: Medical and mental health care

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. PS 6031.05
4. PREA Medical and Mental Health Care: A Trauma Informed Approach
5. Forensic Medical Examinations: An Overview for Victim Advocates
6. Memorandum Regarding Forensic Medical Examinations
7. Medical and Mental Health Staff Training Records

Interviews:
1. Interview with Medical and Mental Health Staff

Site Review Observations:
1. Observations during on-site review of physical plant

Findings (By Provision):

115.35(a): Agency policies PS 5333.01 and FOX-5324.12-03 address the requirements of this standard. The Auditor reviewed training documentation, which indicated medical and mental health staff participated in the specialized medical and mental health PREA training.

115.35(b): The agency reported the facility's medical staff do not conduct forensic exams; therefore, this provision is not applicable. This was confirmed through interviews with medical and mental health staff.

115.35(c): Agency Directives and BOP PREA Plan address this provision. A review of training records for medical and mental health personnel by the auditor confirmed that these employees (part-time, full-time and contractors) receive the same general PREA training as all other correctional staff and have a duty to report when they have knowledge of sexual abuse/harassment, even when disclosed during a healthcare encounter. Medical and psychology staff explain limits of confidentiality to all inmates at their initial encounter.

In addition, all mental health and medical staff have also received specialized training on victim identification, interviewing, evidence preservation, reporting and required clinical interventions. This was confirmed by the auditor through further review of training records, as well as interviews with medical and psychology staff.

All cases requiring the processing of sexual assault evidence collection kits are transported to a community hospital where Sexual Assault Nurse Examiners are always available.

Interviews with medical and mental health staff confirmed the provision of specialized training and that they are aware of their duty to report and address allegations and suspicions of sexual abuse/harassment. A review of the training documentation and policy also confirms compliance to this standard.

115.35(d): Training documentation reviewed reflected medical and mental health staff, including contract staff, participated in the general PREA training.

The PAQ reflects that 100% of the 43 medical and mental health care practitioners, including contract staff, who work regularly at this facility and have received the training required by agency policy. This was confirmed by the auditor through review of training records for medical and psychology staff.

Based on a review of the PAQ, PS 5333.01, PS 6031.05, the memo regarding forensic examinations, the two training curriculums, a review of medical and mental health care staff training records, as well as interviews with medical and mental health care staff, this standard appears to be compliant.

Corrective Action: None

SCREENING FOX RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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 ☒ NA

- 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*)

Documents:

1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. Memorandum on Intake Screening Guidance
4. PREA Intake Objective Screening Instrument
5. Intake Screening Form
6. Inmate Assessment and Re-Assessment Documents

Interviews:
1. Interview with the Acting Warden
2. Interview with Staff Responsible for Risk Screening
3. Interview with Random Inmates
4. Interview with Psychology Staff

Site Review Observations:
1. Observations of Risk Screening Area
2. Observations of Location(s) of Inmate Files

Findings (By Provision):

115.41(a)(f)(g)(h): PS 5333.01 addresses the requirement of the standard. PS 5333.01 states all inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. Policy states that all inmates entering an institution are screened as directed by Health Services, Psychology Services, and Unit Management policies. The following steps should be taken:
• Inmates with a history of sexual victimization while in BOP custody – when, during the intake screening process, staff identify inmates with a history of sexual victimization within BOP custody (e.g., from self- report or from review of available documents), they must refer the inmate to Psychology Services. If not previously documented on BOP records, staff must notify the Chief of Correctional Services of the inmate's report of victimization to ensure appropriate steps have been taken.
• Inmates with a history of sexual victimization while in a non-BOP setting – if victimization occurred in a non-BOP setting, staff should document information, and appropriate psychological treatment and monitoring will be provided if needed.
• Inmates with a history of sexual predation – when, during the intake screening process, staff identify inmates with a history of sexual predation (self-report or from review of available documents), staff must refer the inmate to Psychology Services. If incidents of sexual predation have not previously been documented on BOP records, staff must notify the Chief of Correctional Services of the inmate's history of predation to ensure appropriate steps have been taken.

Upon arrival to FCC Forrest City, all inmates are immediately assessed for a history of sexual abusiveness and risk of sexual victimization during in-processing procedures performed in the Receiving and Discharge (R&D) area, in accordance with the requirements listed in 115.41 d

and e. Policy prohibits disciplining inmates for refusing to answer or for not disclosing complete information during the screening. Staff confirmed inmates are not disciplined for refusal to answer screening questions. If/when transferred to another facility, the inmate would receive an entirely new screening upon arrival.

Per the Acting Warden and staff interviews, all inmates at FCC Forrest City are seen by a Psychologist, Unit Team, Health Services, and SIS. The Psychology Services Intake Questionnaire (PSIQ) is utilized for Psychology Services, and Unit Team utilizes the PREA Objective Intake Screen. Incoming inmate documentation is reviewed in advance by all departments, and screened for history of sexual victimization and perpetration, as well as any other risk factors that may place an inmate at risk. These same risk factors are then re - assessed, in-person, with the inmate in R&D. Inmates with a Walsh offense are offered SOTP and SOMP programming at intake, or as requested. Inmates with a history of sexual victimization are offered counseling at intake and educated about available trauma treatment. All inmates receive an inmate handbook which includes all required PREA information. All inmates are reassessed by Psychology Services if/when additional information becomes available, warranting an additional screen, and/or during a follow up session scheduled due to the results of the intake. Unit Team reassesses the inmate for additional PREA risk within the first 28 days of arrival, again at every six-month Program Review, and if additional information becomes available at any time throughout an inmate's incarceration.

Per staff interviews, the screening of inmates into FCC Forrest City begins with the Case Management Coordinator (CMC). Each day, the CMC runs a designation roster to ascertain if any inmate has been designated to the institution. Once the inmate is designated, the CMC pre-screens the inmate, prior to arrival, by reviewing records to include the inmate's Presentence Investigation, SENTRY, Judgement and Commitment, and Statement of Reasons. An interview with the CMS confirms this practice.

Upon arrival, Unit Team at FCC Forrest City screens inmates for risk of sexual abusiveness or victimization during intake screening. This screening includes unit team meeting with each inmate individually and reviewing questions on all forms pertaining to sexual abuse. Those deemed at risk at intake screening, are referred to Psychology Services. Additionally, the Chief of Correctional Services (Captain) may also be notified, when appropriate. If staff believe there is an immediate concern after hours, prior to release to general population, the psychology on-call and PREA Compliance Manager will be contacted for guidance.

A member of the inmate’s housing unit team (case manager or counselor) screens all new arrivals within the first 72 hours of the inmate’s arrival, but this activity ordinarily occurs within a few hours on the day of arrival.

A review of case files during the pre-audit phase, as well as for all inmates interviewed (51) reflected that all inmates had an initial risk assessment within 72 hours of arrival at FCC Forrest City. Documentation showed that the initial assessment occurred on the same day of arrival for all reviewed files.

Through interviews with the Acting Warden/PREA Compliance Manager and Unit Team staff, the auditor confirmed that inmates identified at high risk for sexual victimization or at risk of sexually abusing other inmates were referred to a mental health professional and received further assessment. The Case Management Coordinator and Unit team staff also conduct screenings by reviewing records or other information from other facilities, new referrals, or for any other relevant reason.

An interview with the Chief Psychologist revealed that Psychology staff will also independently review the files for all incoming inmates to assess any mental health needs, including whether they are high-risk for sexual victimization or sexual abusiveness.

115.41(b): PS 5333.01 states intake screening shall ordinarily take place within 72 hours of arrival at the facility. Such assessments shall be conducted using an objective screening instrument. The PREA Intake Objective Screening Instrument should be completed using only information available to staff at the time of intake, and with the purpose of referring the inmate for further assessment if needed. If further assessment is needed after documenting and applying the criteria, an inmate is considered “at-risk” until a final determination is made by Psychology Services or Correctional Services. Referrals to Psychology Services or Correctional Services are documented at the local level. Inmates are encouraged to disclose as much information as possible for the agency to provide the most protection possible under this policy. If an inmate chooses not to respond to questions relating to his/her level of risk, he/she may not be disciplined.

The objective screening instrument is completed within the first 72 hours of arrival, typically within hours of arrival at FCC Forrest City. The screening document does ask questions to determine if any inmate might have any prior history as a sexual abuser and the responses are documented. Based on a review of the inmate record and responses to the screening, a decision is made regarding where to properly house the inmate. Intake staff conduct the screening, and the information is secured.

The PAQ indicates that 3106 inmates entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

115.41(c): The agency's PREA Risk Screening Instrument reflects all the required elements in this provision. Staff interviews confirm they use the agency's screening tool during intake. Staff interviewed were able to articulate the required elements of the provision that inmates are screened for during the risk screening process.

115.41(d): PS 5333.01 states that the intake screening shall 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; 2. The age of the inmate; 3. The physical build of

the inmate; 4. Whether the inmate has previously been incarcerated; 5. Whether the inmate's criminal history is exclusively nonviolent; 6. Whether the inmate has prior convictions for sex offenses against an adult or child; 8. Whether the inmate has previously experienced sexual victimization; 9. The inmate's own perception of vulnerability; and 10. Whether the inmate is detained solely for civil immigration purposes.

Interviews with staff confirmed that information for the risk screening is ascertained through inmate interviews, as well as from information collected through the PREA Screening tool, intake medical screening, and a review of case file records.

Interviews with inmates revealed that most inmates remember being asked at least some of the questions, indicating that the initial screenings are being completed as required. Of 51 inmates interviewed, 8 inmates claim they did not receive an initial screening. A review of the inmate records revealed that all inmates had an initial risk screening within 72 hours of arrival at the facility.

115.41(e): Intake staff reported they do not have access to the inmate's medical or mental health information. The inmate's medical information is retained and only available to medical staff. Any medical related information is released on an as needed basis, based upon the treatment modality and a relevant need for the information.

115.41(f): PS 5333.01 states within a set time, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

The PAQ reflects that 2735 inmates entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 30 days or more) were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake. The reassessment is completed at the inmate's first meeting with the unit team staff, within 28 days of arrival.

During the inmate interviews, inmates that had arrived at the facility within the last 12 months were asked if they had a re-assessment within 30 days and asked their perception of their safety or soliciting any information from them relevant to the re-assessment. Based on the inmate interviews, 12 of the inmates stated they didn't remember their first teams meeting and being asked information relevant to the re-assessment and/or they claim they did not get a reassessment. This represents 24% of the total interviews.

A review of case files for all inmates interviewed (51) seemed to support this information. There were multiple case files reviewed by the auditor that did not contain a re-assessment, or the reassessment was longer than the 30 days required by the standard.

Based on a review of the PAQ, PS 5333.01, the Intake Screening Form, the PREA Intake Objective Screening Instrument, the Memo on Intake Screening Guidance, a review of inmate files and information from inmate and staff interviews, this standard does not appear to be fully compliant and corrective action is required.

Corrective Action: FCC Forrest City will need to ensure that all inmates received at the facility have a reassessment of their risk of victimization within 30 days as required by the standard.

Documentation reviewed to support compliance with the standard:

1. Email notification to staff regarding the expectation to complete the risk assessment as prescribed by the standard.
2. Training and acknowledgement for Unit Team staff
3. Documentation of initial risk assessment and re-assessment within 30 days for all inmates received since the onsite review.

This information was provided to the auditor electronically on August 25, 2026. The auditor determined that the facility is now substantially compliant with the standard.

Standard 115.42: Use of screening information

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 ☒ NA

- 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 ☒ NA

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 ☒ NA

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 ☒ NA

115.42 (f)

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

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 *No response required per the current federal directive*

- 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 *No response required per the current federal directive*

- 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 *No response required per the current federal directive*

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*)

Documents:

1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. FOX-5324.12-03

4. PREA At Risk List
5. Sample of Housing Determination Documents
6. Inmate Housing Assignments/Logs

Interviews:
1. Interview with Staff Responsible for Risk Screening
2. Interview with SIS Lieutenant
3. Interview with PREA Compliance Manager
4. Interview with Inmates Who Reported Previous Victimization
5. Interview with Medical and Mental Health staff
6. Interview with Investigators

Site Review Observations:
1. Location of Inmate Records.
2. Housing Assignments of LGBTI Inmates
3. Shower Area in Housing Units

Findings (By Provision):

115.42(a): PS 5333.01 addresses the requirement of the standard. The information obtained in the inmate screening process is used to make individualized determinations to ensure the inmates' safety. This information is used to make decisions to place each inmate in appropriate housing, work, and program assignments. The placement decisions are made by a classification committee. If an inmate is determined to be at high risk for sexual victimization, safeguards are put in place to ensure the inmate's safety with respect to housing, programming and work assignments, with input from the inmate.

Per staff interviews, FCC Forrest City utilizes information from the risk screenings required by 115.41 to inform housing, bed, work, education, and program assignments with the goal to keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The "At Risk" rosters are routinely monitored by the PREA Compliance Manager, Psychology Services, Unit Managers, and the Special Housing Unit (SHU) Lieutenant. These rosters are also routinely sent to those making housing, work detail, and program assignments to reduce overall risk of victimization. Staff are directed that the inmates on the list are classified as AT RISK for sexual victimization or abusiveness. They should not be housed with inmates with the opposite SENTRY assignment (i.e., "at risk V" should not be housed with "at risk P"). The risk level for these inmates should also be considered when determining work, detail, and programing assignments. All attempts should be made to ensure inmates on the two lists are placed in separate programming groups. Inmates on the list, currently placed in SHU, are in Special Housing for reasons unrelated to their associated risk.

Per PS5324.12, FCC Forrest City does not involuntarily place inmates in SHU due to their risk for sexual victimization, unless alternative housing is inappropriate. If alternative housing is

warranted, the PREA Compliance Manager and the Captain must be consulted prior to the inmate being placed in SHU. Risk levels are also noted on the SHU program and SHU staff maintain a current copy of the "At Risk" roster and all the information is reviewed when making cell assignments in SHU. All inmates deemed "at high risk" for victimization are discussed weekly, during the SHU meeting and changes are made as needed, with consultation and approval from the PREA Compliance Manager. This process was confirmed by the PREA Compliance Manager and Investigators.

Inmates' individual perceptions of their own safety and their requests associated with such are considered when making decisions regarding their housing, programing, and work detail assignments.

Staff reported information secured through the screening process is used to determine the need for additional medical or mental health follow-up, and to make classification decisions based on risk factors. The auditor reviewed examples of communication to staff regarding high-risk inmates.

115.42(b): Agency Directive and BOP PREA Plan address this provision. Staff reported restrictive housing is used as a last resort and staff look for other options, such as housing unit changes. There was no indication during the site review that special housing is used on a regular basis due to PREA risk factors. The Auditor interviewed multiple inmates in SHU and found that they were there for a variety of reasons, unrelated to PREA. Several of the inmates were there by choice on protective custody status.

Medical and mental health staff reported they would conduct daily visits for any inmates placed in special housing for PREA risk factors. The Chief Psychologist also stated that Psychology staff make rounds regularly.

115.42(c): Agency Directives and BOP PREA Plan address this provision. Staff reported the facility does not have specific housing units designated for gay or bisexual inmates. All housing, program and work assignments are made on a case-by-case basis. A review of the housing rosters and interviews with gay and bisexual inmates confirmed this information.

Based on a review of the PAQ, PS 5333.01, FOX-5324.12-03, the PREA at Risk list, a review of inmate housing assignments, and information from interviews, this standard appears to be compliant.

Corrective Action: None

Standard 115.43: Protective Custody

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. 4. BP-A1002: Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegations Form
4. Weekly Special Housing Unit Review Meeting Form

Interviews:
1. Interview with the Acting Warden/PREA Compliance Manager
2. Interview with Staff who Supervise Inmates in Special Housing

Site Review Observations:
1. Observations in the Special Housing Unit

Findings (By Provision):

115.43(a)-1: PS 5333.01 addresses the requirement of the standard. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary special housing status unless an assessment of all available alternatives has been made and there is no available means of separating the victim from the abuser. The inmates would be reassessed every 7 days after entering special housing. If protection is necessary for an inmate, they may be transferred to another housing unit. FCC Forrest City's Special Housing Unit (SHU) houses both administrative (protective custody) and disciplinary cases.

Interviews with SHU staff confirmed that to the extent possible, access to programs, privileges, education, and work opportunities would not be limited to inmates placed in the SHU for the purposes of protective custody for being at high risk of sexual victimization, except when there are safety or security concerns. The facility would document the reasons for restricting access and the length of time the restriction would last. Staff indicated that there are normally other housing options and inmates are not kept in SHU strictly for being at high risk of victimization. Psychology and unit staff meet with each inmate in special housing status at least once each

week. A Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation form is completed when considering all appropriate alternatives for safeguarding alleged inmate victims. Interviews with staff, an examination of SHU operations and a review of policy/supporting documentation confirm compliance with this standard.

The Acting Warden also stated that the facility has a weekly SHU meeting, and any PREA cases are discussed at that meeting.

115.43 (a)-2: Agency Directives and BOP PREA Plan address this provision. SHU staff reported an inmate's health and safety are taken into consideration during placement and programming assignments.

FCC Forrest City reported zero inmates were held in special housing in the past 12 months for the purpose of protecting a possible sexual abuse victim. Agency directives require review every 30 days for any inmate in special housing.

115.43(c): Agency Directives and BOP PREA Plan address this provision. FCC Forrest City reported zero inmates were held in special housing in the past 12 months for longer than 30 days awaiting alternative placement.

115.43 (d)(e): Agency Directives and BOP PREA Plan address this provision. The facility reported there have been no PREA-related incidents involving the involuntary assignment of any inmate to SHU in the past 12 months. Agency directive does afford an inmate who is involuntarily assigned to special housing to be reviewed every 30 days.

FCC Forrest City reported zero inmates were involuntarily held in special housing in the past 12 months awaiting alternative placement. Therefore, there were no case files to review specific to this provision. The auditor found no evidence to support any inmates being held in the SHU for being at risk of victimization.

Based on a review of the PAQ, PS 5333.01, BP-A1002, observations from the onsite review related to SHU, as well as information from staff interviews, this standard appears to be compliant.

Corrective Action: None

REPORTING

Standard 115.51: Inmate reporting

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*)

Documents:

1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. FOX-5324.12-03

4. PS 3420.14
5. PREA Posters
6. Admission and Orientation (A&O) Handbook

Interviews:
1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with the PREA Compliance Manager

Site Review Observations:
1. Observation of PREA Reporting Information in all Housings Units
2. Observation of Computer Reporting Methods

Findings (By Provision):

115.51(a): PS 5333.01; FOX-5324.12-03; the Admission and Orientation (A&O) Handbook and PREA postings address the requirements of the standard. A review of facility operations and documentation revealed that there are multiple ways (including verbally, in writing, privately, from a third-party and anonymously) for inmates and staff to report sexual abuse or sexual harassment. The Auditor noted the availability and prevalence of PREA Posters and information. PREA reporting hotline information is posted and grievance forms are accessible to the inmates in each housing unit and in common areas. The availability and prevalence of the reporting information was noted by many of the inmates during the interviews.

Inmates are informed about the reporting methods through the A&O Handbook, postings in the housing units and common areas and as part of the initial orientation process. Inmates also have access to TRULINCS, a computer system which provides PREA information and a reporting outlet, both internal to staff and external to OIG. Through TRULINCS, the inmate can contact Office of the Inspector General anonymously and the email is untraceable at the institution level. Inmates have access to telephones in each unit that can be used as a reporting outlet. There were numerous posters on display explaining the reporting procedures. Staff members accept reports made verbally, in writing, anonymously and from third parties and promptly document and refer any form of reporting. Staff members are required to immediately document any allegation. Family and friends of inmates may report sexual abuse/harassment by using the BOP website, making a phone call to the OIG or by contacting facility staff. All inmates interviewed confirmed that they were aware of the multiple methods of reporting sexual abuse/harassment allegations.

A review of the investigative files for the previous 12 months revealed that most all the allegations were reported to facility staff. Informal interviews with inmates during the site review reflected that they are aware of the various reporting methods.

FCC Forrest City utilizes the following methods for inmate reporting: Trulincs email, writing to the Office of the Inspector General, writing to the Warden, Regional Director, or Director

through an electronic request to staff, informing any staff member, or filing an administrative remedy.

No inmates at the facility are detained solely for civil immigration purposes. Interviews with staff, inmates, observations of posters and other reporting methods and an examination of policy/supporting documentation confirm compliance with this provision of the standard.

115.51(b): Agency Directives and BOP PREA Plan address this provision. Staff reported inmates could make anonymous reports to anyone. Inmates reported they could call a family member, write a letter to Central Office, or contact OIG if they needed to contact someone outside of the facility. The inmate interviews reflected that most were aware they could make reports anonymously. All 51 inmates interviewed were able to articulate at least one way to report outside the facility. Interviews with inmates in restrictive housing units revealed that they are also aware of the reporting methods available.

115.51(c): Agency Directives and BOP PREA Plan address this provision. PS 5333.01 Sexually Abusive Behavior Prevention and Intervention Program makes it clear that staff must accept verbal, written, anonymous, and third-party reports, and promptly document any verbal reports. Staff reported they would accept reports in writing, anonymously, verbally and through third parties, and that any reports received verbally would be documented immediately and referred to Operations. Inmates reported there are multiple ways that they can report allegations of sexual abuse or sexual harassment. They stated inmates could make reports verbally to any staff member, anonymously, in writing, by filing a grievance, through a family member, or to OIG directly.

115.51(d): Agency Directives and BOP PREA Plan address this provision. Staff are informed of how to report privately any sexual abuse or harassment during the initial facility training upon hire. They can verbally discuss sexual abuse/harassment with chain of command/supervisors in a private setting. They can also report in writing, via Information Report Form, email, memo, etc. Staff are informed of these requirements with required PREA training and employee handbooks. The staff understanding of this process was verified in the interviews. PS 5333.01 Sexually Abusive Behavior Prevention and Intervention Program indicates that staff may contact any supervisory staff at their institution, Regional staff, or Central Office staff to report incidents of sexual abuse or sexual harassment. Allegations involving staff members may also be reported to the Office of Internal Affairs or the Office of the Inspector General.

Based on a review of the PAQ, PS 5333.01, FOX-5324.12-03, PS 3420.12, the Sexually Abusive Behavior Prevention and Intervention Program, Memo from the Acting Warden, PREA signage, and observations from the facility tour related to PREA signage and posted information and interviews with random inmates and staff, this standard appears to be compliant.

Corrective Action: None

Standard 115.52: Exhaustion of administrative remedies

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 1330.18 Administrative Remedy Program
3. PS 5333.01 Sexually Abusive Behavior Prevention and Intervention Program
4. Grievance Log and Sample Grievances
5. Inmate Handbook

Interviews:
1. Staff member responsible for processing administrative remedies

Findings (By Provision):

115.52(a): The BOP is not exempt from this standard, as it does have in place an administrative grievance procedure for incarcerated individuals. PS 1330.18, Administrative Remedy Program, addresses the requirements of the standard. In accordance with agency directive, the inmate grievance process meets the requirements of PREA. The process allows the inmate to file an oral or written complaint/grievance at any time about sexual abuse or on any correctional issue. The complaint can be filed with any staff and will be directed to the Warden or designee for response if necessary. Inmates reported they could go directly to a staff member file an administrative remedy or use the Trulincs system.

115.52(b)(f): Agency Directive and BOP PREA Plan address this provision. BOP Policy states that there is no time frame for filing a grievance relating to sexual abuse or harassment and does not require an inmate to use any informal grievance process before filing an allegation involving sexual abuse/harassment. Allegations of abuse by staff are referred to the Office of Internal Affairs (OIA), in accordance with procedures established for such referrals.

PS 1330.18 states that: Administrative remedies regarding sexual abuse may be filed at any time. These administrative remedies may not be rejected as untimely under this Program Statement. If the incarcerated individual includes multiple unrelated issues on a single form,

the incarcerated individual will be advised to use a separate form to report the portion of the administrative remedy that is unrelated to the sexual abuse. Incarcerated individuals are not required to attempt informal resolution of sexual abuse allegations.

Policy addresses the filing of emergency administrative remedy requests. If an inmate files the emergency grievance with the institution and believes they are under a substantial risk of imminent sexual abuse, an expedited response is required to be provided within 48 hours. 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, the inmate may submit the grievance directly to the appropriate Regional Office.

There is no prohibition that limits third parties, including other inmates, staff members, family members, attorneys, and outside victim advocates, in assisting inmates in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of inmates.

There were zero emergency grievances alleging imminent sexual abuse/harassment filed at FCC Forrest City within the last 12 months.

115.52(c): Agency Directive and BOP PREA Plan address this provision. All staff interviewed reported they would accept reports in writing, anonymously, verbally and through third parties, and that any reports received verbally would be documented immediately and referred.

By agency directive, the inmate is not required to use an informal grievance process nor refer any grievance to the staff member who is the subject of the complaint. PS 1330.18 states that matters in which specific staff involvement is alleged may not be investigated by either staff alleged to be involved or by staff under their supervision. Allegations of physical abuse by staff shall be referred to the Office of Internal Affairs.

During the onsite review, the Auditor interviewed the staff member who is responsible for the processing of the administrative remedies. She confirmed that the facility would not submit any remedy to the subject of the remedy for review or investigation.

115.52(d)(e): Agency Directives and BOP PREA Plan address this provision. Agency directive allows third-party assistance to inmates in the grievance process. If the inmate declines assistance of a third-party, that decision to decline assistance would be documented. PS 1330.18 Administrative Remedy Program states that the institution will accept grievances and allegations of sexual abuse from third parties, including incarcerated individuals, family, advocates, and attorneys. The policy allows for the incarcerated individual that is the alleged victim to decline the filing of the report.

Emergency grievances are permitted in reporting a grievance concerning sexual abuse/harassment. If received, the grievance is immediately addressed.

Agency directive requires that a response to an emergency grievance must be completed within 48 hours and a final decision must be made within five calendar days. Agency directive allows discipline for an inmate for filing a grievance related to alleged sexual abuse, only where the agency demonstrates that the inmate filed the grievance in bad faith.

Per the PAQ:
In the past 12 months, the number of grievances filed that alleged sexual abuse: 0

115.52(g): Agency Directive does limit any sanctions to an inmate who filed the grievance in bad faith. PS 1330.18 Administrative Remedy Program states that the maintenance of an effective sexual abuse prevention policy, and general secure and orderly running of an institution, requires that incarcerated individuals be held responsible for manipulative behavior and false allegations. Allegations of false reports will be considered by staff in accordance with the procedures and standards of the Inmate Discipline Program policy.

According to the PAQ, in the past 12 months, there were zero grievances filed concerning sexual abuse that was found to be in bad faith and resulted in disciplinary action.

The auditor interviewed the person responsible for reviewing and routing grievances. Staff stated that any grievance related to PREA would be logged and routed directly to the PREA Compliance Manager, who would ensure that an investigation was initiated immediately. Staff also stated that inmates had the option for a PREA related (sensitive) grievance to be sent to the Regional Director. The Grievance Coordinator indicated that grievances related to PREA are logged for tracking purposes, but are handled, investigated, and responded to thru the PREA investigative process, not the grievance office.

Based on a review of the PAQ, PS 1330.18, the Sexually Abusive Behavior Prevention and Intervention Program education, the grievance log and an interview with staff, this standard appears to be compliant.

Corrective Action: None

Standard 115.53: Inmate access to outside confidential support services

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. FOX-5324.12-03
4. Sexually Abusive Behavior Prevention and Intervention Program
5. Agreement with Angels of Grace

Interviews:
1. Interview with PREA Compliance Manager
2. Interview with Random Inmates
3. Interview with Inmates who Reported Sexual Abuse
4. Interview with Angels of Grace Staff
5. Interview with Psychology Staff

Site Review Observations:
1. Observations of Victim Advocacy Information

Findings (By Provision):

115.53(a): Agency Directives and BOP PREA Plan address this provision. PS 5333.01 states that the Institution PREA Compliance Manager, with the assistance of Psychology Services staff, seeks to establish an agreement with community service providers who are able to provide confidential emotional support services as it relates to sexual abuse. The PS also states that staff take reasonable action to ensure that information on available resources is provided to all incarcerated individuals so that they have access to the Bureau's efforts in preventing, detecting, and responding to sexual abuse and sexual harassment.

FCC Forrest City provides confidential access to outside victim advocates by providing the name of the organization, toll-free telephone number, and posters. This information is in the inmate handbook. The agency attempts to make available a victim advocate from a rape crisis center, and if a rape crisis center is not available, a qualified staff member from a community-based organization or a qualified agency staff member. The PREA Compliance Manager and Psychologist stated they have an agreement with the local rape crisis center to provide advocacy services for the inmates at FCC Forrest City. The auditor was provided and reviewed the agreement between the facility and Angels of Grace. It was signed on 4-17-2024 and is in effect for five years. The auditor confirmed with staff at the Angels of Grace that they provide services to the inmates at FCC Forrest City per the agreement.

The facility has available qualified staff members in the psychology department to serve as advocates, if necessary.

Psychology staff at the facility are trained as victim advocates and are available at the request of the inmate. This was confirmed by the Chief of Psychology, and the auditor reviewed documentation of the advocate training for psychology staff. The PREA Compliance Manager and Psychology staff confirmed their availability to serve as an advocate, if requested.

The auditor interviewed five inmates who had reported sexual abuse. The inmates stated that they had been offered advocacy and counseling services through the rape crisis center. The inmates were also aware that they could speak with Psychology staff.

The inmates have access to the victim advocacy information as it is included in the inmate handbook and the pamphlet.

Victim Advocacy services would be available thru the Psychology department at FCC Forrest City, or the Angels of Grace.

The victim advocate service includes in-person support services to the victim through the forensic medical exam process, as well as the investigatory interview process and at no charge to the inmate. This is coordinated through Psychology upon request by the inmate. There were no allegations reported within the review period that necessitated in-person support services for a forensic exam or investigatory interview process.

115.53(b): Agency Directive and BOP PREA Plan address this provision. PS 5333.01 Sexually Abusive Behavior Prevention and Intervention Program states that "Confidential" communications are distinguished from privileged communications such as attorney-client relationships. Communications are monitored in a manner consistent with agency security practices and are addressed in the agreement with any outside agency.

The Psychology staff confirmed that any services provided to inmates at FCC Forrest City are private and confidential.

Inmate interviews indicate they are generally aware of the availability of services. All inmates stated that Psychology staff are available if needed. The facility advocate informs the inmates of limits to confidentiality prior to receiving services.

115.53(c): The facility has an agreement with the local rape crisis center to provide advocacy services for the inmates at FCC Forrest City. The auditor was provided and reviewed the agreement between the facility and Angels of Grace. It was signed on 4-17-2024 and is in effect for five years. The auditor confirmed with staff at the Angels of Grace that they provide services to the inmates at FCC Forrest City per the agreement.

PS 5333.01 addresses the requirement of the standard. Victim advocates are also available through the Psychology department, if requested. All facility psychology staff have been trained as victim advocates. Inmates are informed as part of their orientation process that all telephone calls, except legal calls, are subject to monitoring and recording and that all mail, except for legal mail, is subject to search and monitoring as well. Inmates are informed that emails to Office of the Inspector General through TRULINCS are not monitored by FCC Forrest City or BOP. Postings in the housing units and common areas, the PREA pamphlet issued upon the inmate's arrival and the A&O Handbook provide the address to the OIG and explain that inmates may confidentially submit written allegations of sexual abuse/harassment to this entity. The facility enables reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible.

Based on a review of the PAQ, PS 5333.01, FOX-5324.12-03, the Sexually Abusive Behavior Prevention and Intervention Program, agreement with Angels of Grace, observations from the onsite review related to PREA signage and posted information and interviews with Angels of Grace staff, facility staff, and inmates, this standard appears to be compliant.

Corrective Action: None

Standard 115.54: Third-party reporting

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*)

Documents:
1. Pre-Audit Questionnaire
2. Admission & Orientation (A&O) Handbook
3. PREA Posters
4. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program

Interviews:
1. Random Staff
2. Random Inmates

Observation:
1. BOP website

Findings (By Provision)

115.54(a): The BOP pamphlet "Sexually Abusive Behavior Prevention and Intervention Program—An Overview for Offenders," the Admission and Orientation Handbook, PREA posters throughout the facility, the posted Office of the Inspector General address, and the BOP website (www.bop.gov) addresses the requirements of the standard.

PS 5333.01, Sexually Abusive Behavior Prevention & Intervention Program states the agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.

The BOP website and posted OIG address, observed by the auditor, assist third-party reporters on how to report allegations of sexual abuse/harassment. Reports can also be made anonymously.

Interviews with staff and inmates also confirmed that they were aware that anonymous and third-party reporting procedures were available.

Corrective Action: None

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. Incident Reports
4. Investigative Reports

Interviews:
1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Acting Warden/PREA Compliance Manager

Findings (By Provision):

115.61(a): Agency Directives and BOP PREA Plan address this provision. PS 5333.01 states the following: The agency shall 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the Operations Lieutenant, or, where appropriate, in accordance with the Program Statement Standards of Employee Conduct.

All staff interviewed reported they would immediately report any knowledge, suspicion, or information regarding any allegation of sexual abuse or sexual harassment to their supervisor. Staff were clear that they have a duty to report this information. Staff also reported they would report any retaliation against staff or inmates who reported an incident, or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

115.61(b-e): Agency Directives and BOP PREA Plan address this provision. PS 5333.01 states that apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to policy and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. If the alleged victim is under the age of 18 or considered a vulnerable

adult under a State or local vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The facility shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators. Staff must report and respond to allegations of sexually abusive behavior, regardless of the source of the report. The Institution PREA Compliance Manager (IPCM) refers the incident for investigation to the appropriate office and reviews the incident for any further response. As the severity of sexually abusive behavior increases, so should the level of response.

All staff interviewed reported that all staff, including medical and mental health staff, contractors and volunteers are required to report all sexual abuse allegations and have a duty to report such. Medical/Mental Health staff stated that they inform the inmate of their duty to report when discussing limits of confidentiality. The facility reports all allegations to OIA after being reviewed by the facility's investigators, as applicable. All staff are informed of the importance of confidentially being maintained in the reporting process. The random and specialized staff interviewed by the auditor stated that confidentiality was important to protect the inmates involved and the integrity of the investigation. The staff reported that they would not discuss the allegation with anyone that doesn't have a legitimate need to know.

Agency policy requires that the agency notify designated State or local services agencies if the alleged sexual abuse victim is under the age of 18. No inmate is under the age of 18 at FCC Forrest City. FCC Forrest City does not house incarcerated individuals under the age of 18, so this provision does not apply to this facility.

The auditor interviewed multiple staff at all levels, who confirmed that FCC Forrest City investigates all allegations of sexual abuse and sexual harassment, regardless of the source, or how the allegation is received. All allegations are forwarded to the investigators for review and investigation.

Based on a review of the PAQ, PS 5333.01, investigative reports, and interviews with staff, this standard appears to be compliant.

Corrective Action: None

Standard 115.62: Agency protection duties

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program

Interviews:
1. Interview with the Acting Warden
2. Interview with Random Staff

Findings (By Provision):

115.62(a): PS 5333.01 addresses the requirements of the standard and states that when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. In cases where the alleged perpetrator is another inmate, the Operations Lieutenant is notified immediately and immediately safeguards the inmate (which will vary depending on the severity of the alleged sexually abusive behavior and could include monitoring the situation, changing housing assignments, changing work assignment, placing alleged victim and perpetrator in Special Housing, etc.). The Operations Lieutenant promptly refers all inmates reported or suspected of being the victim of sexually abusive behavior to Psychology Services for assessment of vulnerability and treatment needs. The Operations Lieutenant also notifies the Institution PREA Compliance Manager (IPCM). If the alleged perpetrator is a staff member, all options for safeguarding the inmate should be considered. The decisions made to safeguard the inmate should take impact on staff members into account, in accordance with 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.

Staff reported immediate action would be taken if they were to become aware of any inmate being at substantial risk of imminent sexual abuse. Staff reported any allegation would be taken seriously, regardless of the source of the allegation, and due diligence would be followed to ensure staff respond to inmates immediately.

Per the Acting Warden, when the agency or facility learns an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess appropriate protective measures without unreasonable delay). Per the PAQ and the PREA Compliance Manager, FCC Forrest City has not learned of any inmate being subject to a substantial risk of imminent sexual abuse. If staff were to learn of an inmate being subject to a substantial risk of imminent sexual abuse, the staff would respond

immediately. The inmate would immediately be escorted to the Lieutenant's Office. During normal business hours, the inmate would be interviewed by a staff member from the Special Investigative Services (SIS) and a psychologist. The appropriate protective measures would be determined and implemented. During non-business hours, if a staff member from SIS is not in the institution, the inmate will be interviewed by the Operations Lieutenant, and the on-call Psychologist would be immediately notified. If necessary, the inmate will be placed in the Special Housing Unit until someone from SIS and Psychology Services can interview her. She will not remain in the Special Housing Unit any longer than necessary.

In the past 12 months, FCC Forrest City determined that there were zero inmates subject to a substantial risk of imminent sexual abuse. The Auditor found no evidence to dispute this conclusion.

Executive staff reported that they take any allegations seriously and would immediately act on any suspicions of an inmate being at risk. Randomly selected staff reported the immediate steps they would take to respond to any allegation of an inmate reporting they are at a substantial risk of imminent sexual abuse. The Acting Warden, Captain, and Chief of Psychology all feel the staff at FCC Forrest City do a good job of immediately addressing any PREA related issues and have good communication regarding any allegations.

Based on a review of the PAQ, PS 5333.01 and interviews with staff, this standard appears to be compliant.

Corrective Action: None

Standard 115.63: Reporting to other confinement facilities

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. Notification Letters
4. Investigative Reports

Interviews:
1. Interview with the Acting Warden/PREA Compliance Manager
2. Investigative Staff

Findings (By Provision):

115.63(a): PS 5333.01 addresses the requirement of the standard. The agency has a directive that requires notification to another facility when they learn of an inmate that had been sexually abused at that other facility. PS 5333.01 states that in cases where there is an allegation that sexually abusive behavior occurred at another Bureau facility, the Warden (or his/her 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, juvenile facilities, 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 his/her designee) contacts the appropriate office of that correctional agency.

In the past 12 months, per the PAQ, the facility reported receiving one allegation that an inmate was sexually abused while confined at another facility. Interviews with the Acting Warden/PREA Compliance Manager confirmed her awareness of the requirements of this standard, including the timeframe that the notification must be reported. The auditor reviewed documentation of notification being made to the other facility. The notification, made through letter to the Warden, was made in accordance with the standard.

115.63(b)(c): Agency Directive and BOP PREA Plan address this provision. Policy requires the reporting of any PREA-related allegation by an inmate that occurred at another facility to the Warden (or equivalent person) of the facility where the incident is alleged to have occurred, by the Warden of the facility in which the inmate is currently housed.

When the inmate reports sexual abuse/harassment from state, non-Bureau privatized facilities, jails, juvenile facilities and Residential Reentry Centers, the Warden contacts the appropriate office of the facility and/or notifies the Residential Reentry Management Branch of the BOP if appropriate. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. Policy also requires that an investigation be initiated.

115.63(d): Agency Directives and BOP PREA Plan address this provision. Staff reported they would initiate an investigation just like any other, regardless of the source of the information. Inmates making allegations at the audited facility regarding incidents from another facility are investigated through cooperation from both facilities. The same would occur if the inmate made an allegation at a new facility after leaving the audited facility regarding an alleged incident that happened prior to leaving. The facilities would work together to conduct the investigation to include interviews, statements, and evidence collection. All information and evidence would be provided to the facility responsible for completing the investigation, which is the facility that received the complaint.

Per the PAQ, in the past 12 months, the facility received one notification from another facility where an inmate reported that they were sexually abused while at FCC Forrest City. The other facility notified FCC Forrest City via Warden-to-Warden communication. Documentation reviewed from the investigative reports verified that the allegation was investigated immediately upon receiving notification, in accordance with BOP policy and procedure. This was confirmed by the Acting Warden and Investigative Staff.

Based on a review of the PAQ, PS 5333.01, notification letters, a review of investigations and interviews with staff, this standard appears to be compliant.

Corrective Action: None

Standard 115.64: Staff first responder duties

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. FOX-5324.12-03
4. Investigative Reports

Interviews:
1. Interview with First Responders
2. Interview with Supervisory Staff

Findings (By Provision):

115.64(a): PS 5333.01 and FOX-5324.12-03 address the requirements of the standard. Per policy, (a) Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:
(1) Separate the alleged victim and abuser;
(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and

(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

Interviews with staff confirm the practices dictated in this directive. All facility staff are provided training on the first responder actions required in the event of a sexual abuse. This would include any correctional officer that might be a first responder.

Agency directive also addresses the actions required if the responder is not a correctional officer. The non-custody staff would ensure that the alleged victim not take any action that might destroy physical evidence, and then notify a correctional officer.

Staff interviewed by the auditor outlined the response taken in response to an allegation. The agency protocol, which meets the standard requirements, is followed. All staff appeared to be clear in their duties and responsibilities related to this standard. Staff stated that they would separate the victim and alleged perpetrator and ensure that the alleged victim was safe. Staff confirmed that they would ask the victim not to take any actions that may destroy evidence. They would also ensure that the alleged perpetrator, if known, does not take any action to destroy evidence, as well as preserve and protect any crime scene.

Supervisory staff stated that they would ensure that the alleged victim was safeguarded, taken to medical and offered psychology services.

115.64(b): Agency Directives and BOP PREA Plan address this provision. If the first staff responder is not a custody staff member, the staff are trained and required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify custody staff immediately. Interviews with non-custody staff confirm their understanding of these requirements.

The auditor reviewed investigative reports from the previous 12 months and found that staff acted in accordance with BOP policy and the standard.

All staff are trained in the proper evidence collection protocols and were able to articulate these protocols to the auditor during the random staff interviews.

Based on a review of the PAQ, PS 5333.01, a review of investigations and interviews with staff, this standard appears to be compliant.

Corrective Action: None

Standard 115.65: Coordinated response

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. FOX-5324.12-03

Interviews:
1. Interview with the Acting Warden/PREA Compliance Manager
2. Interview with Supervisory Staff
3. Interview with Medical Staff
4. Interview with Psychology Staff
5. Random Staff

Findings (By Provision):

115.65(a): Agency Directives and BOP PREA Plan address this provision. Agency directive requires a coordinated response by correctional staff, supervisory/management staff, medical/mental health staff, investigators, and SANE/SAFE services. The document clearly outlines the institutional plan to coordinate actions taken in response to an incident, including actions to be taken by custody staff, medical staff, psychology, and the PREA Compliance Manager.

PS 5333.01 states that 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 the victim of sexually abusive behavior to the Health Services for physical assessment and documentation of injuries and to Psychology Services for assessment of vulnerability and treatment needs. The Institution PREA Compliance Manager (IPCM) will review relevant factors and make a determination

whether or not to proceed with full activation of the Response Protocol. Once the Institution PREA Compliance Manager (IPCM) 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.

PS 5333.01 further states that:

- 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; and ensure that STG 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 (STIs). Where indicated, medical staff, trained in the collection of sexual assault evidence should conduct an examination for physical evidence that may be used later in formal investigations, or refer the inmate to trained health care professionals from the local community or the local community facility equipped to evaluate and treat sexual assault victims.

The auditor reviewed the institution supplement and response protocol for FCC Forrest City. FOX-5324.12-03 lists the actions to be taken in response to a reported allegation of sexually abusive behavior. Staff interviewed by the auditor reiterated the protocols outlined in the facility's institutional plan and appear to be well versed in their specific duties and responsibilities related to this standard.

Supervisory staff interviewed were able to articulate actions taken in response to an allegation of sexual abuse or sexual harassment. The Operations Lieutenant uses a checklist to ensure that all actions are taken in accordance with the facility response plan and agency policy, and documented accordingly.

Per the Acting Warden/PREA Compliance Manager, the Operations Lieutenant immediately safeguards the inmate, then refers the inmate to the Health Services Unit for physical assessment and documentation of injuries, then promptly refers the inmate to Psychology Services for assessment of vulnerability and treatment needs. The Operations Lieutenant ensures that all notifications are made, including to the SIS, Institution PREA Compliance Manager, and Warden.

Interviews with random staff, medical staff, and psychology staff all confirm the response protocol to any allegation of sexual abuse and could articulate to the auditor their role in responding to the allegation.

A review of the investigative reports confirms that the staff are aware of the requirements of the standard and are implementing these practices when responding to allegations of sexual abuse.

Based on a review of the PAQ, PS 5333.01, FOX-5324.12-03 and interviews with Staff, this standard appears to be compliant.

Corrective Action: None

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

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*)

Documents:
1. Pre-Audit Questionnaire
2. Federal Bureau of Prisons and Council of Prison Locals – American Federation of Government Employees Master Agreement
3. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program

Findings (By Provision):

115.66 (a)(b): The Collective Bargaining Agreement (CBA) examined by the auditor, between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of

Government Employees, dated July 21, 2014-July 20, 2017, complies with this standard. The agreement does not limit 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. Per the master agreement, the employer (agency) may elect to reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter, in accordance with applicable laws, rules, and regulations.

PS 5333.01 states that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew 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.

Per memo from the Acting Warden/PREA Compliance Manager, there are no additional collective bargaining agreements that exist locally.

Based on a review of the PAQ and the Master Agreement, this standard appears to be compliant.

Corrective Action: None

Standard 115.67: Agency protection against retaliation

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. Investigative Reports
4. Monitoring Documents

Interviews:
1. Interview with the Acting Warden/PREA Compliance Manager
2. Interview with Designated Staff Member Charged with Monitoring Retaliation
3. Agency Head Designee Interview Protocol

Findings (By Provision):

115.67(a): PS 5333.01 addresses the requirement of this standard. Agency directive requires the protection of inmates and staff who report sexual abuse/harassment from retaliation.

Senior management is assigned to supervise the monitoring and prevention of retaliation. All efforts regarding this provision are documented.

Per agency policy, (a) The agency shall establish 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, and shall designate which staff members or departments are charged with monitoring retaliation.
(b) The agency shall 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.
(c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

PS 5333.01 also states that the Institution PREA Compliance Manager is responsible for ensuring the integrity of the retaliation monitoring process. The Institution PREA Compliance Manager monitors retaliation for any inmate who has reported sexual abuse or harassment requiring a Level 2 or 3 response by compiling information about discipline, housing, and programming status onto the BP-A1176, Inmate Retaliation Monitoring form. The completed form is then filed with the investigative case and emailed to the applicable Regional PREA Coordinator and National PREA Coordinator for review. The Institution PREA Compliance Manager will also enter retaliation monitoring assignments in the Bureau inmate management system. Staff must refer to the PREA page of the Bureau's intranet site for guidance regarding these systems and required codes for PREA. Retaliation monitoring information must be considered confidential and shared only with others who have a need to know.

Per PS 5333.01, retaliation monitoring must occur for a period of at least 90 days and include periodic in-person status checks with the inmate. Changes to housing, programming, or incident reports received should be documented as they occur, but no less than every 30 days. If an inmate makes an allegation of retaliation within the 90-day time frame, it should be documented on the BP-A1176, Inmate Retaliation Monitoring form with comments detailing how the situation was addressed. If the inmate is placed in the SHU in relation to the report of sexual abuse or sexual harassment (e.g., involuntary protective custody, assault on perpetrator), retaliation monitoring will occur every 30 days until restricted housing is no longer indicated, even if the monitoring period extends beyond 90 days. If an inmate is transferred within the retaliation monitoring

The Auditor verified the agency and facility protocol through interview with the PCM and Unit Team staff.

115.67(b): Agency Directives and BOP PREA Plan address this provision. PS 5333.01 indicates that the Institution PCM monitors staff and incarcerated individuals who have reported sexual abuse allegations to protect them from retaliation for 90 days. If the initial monitoring indicates a continuing need, periodic status checks occur.

Written interview responses from the Agency Head Designee stated that the IPCM monitors incarcerated individuals and staff to ensure there is no retaliation for alleging or reporting sexually abusive behavior. For inmates, this monitoring includes housing and cell assignments, work assignments, programming changes, and any disciplinary action. For staff, the monitoring includes reassignment of work, post assignment, performance evaluations, and shift changes.

Staff reported when an investigation is initiated, the individual making the report is told what the expected process will be and if anyone threatens or otherwise makes them feel uncomfortable, they are told how to address this and provided with the name of the person to notify.

Staff and inmates are informed that any retaliation will be taken seriously and acted upon. The IPCM was able to articulate the process followed and strategies used when monitoring for potential retaliation against both inmates and staff. Per the IPCM, the facility has multiple options for protecting inmates and staff from retaliation, including housing changes, transfer of the alleged abuser, emotional support for the victim, job reassignment, and shift change or reassignment for the staff member. An interview with the Unit Manager confirmed this information.

115.67(c): Agency Directives and BOP PREA Plan address this provision. Staff reported in detail what they look for when monitoring for retaliation for both inmates and staff, and the duration of the monitoring, which meet the requirements of the standard. The Acting Warden/PREA Compliance Manager and Unit Team staff stated that immediate action would be taken to ensure the safety of an inmate or staff member if they suspected retaliation.

115.67(d): Agency Directives and BOP PREA Plan address this provision. All required monitoring will be promptly conducted for a minimum of 90 days or longer if needed. The facility would employ a variety of methods such as housing change, removal of abuser, or other means to protect the inmate victim. This directive would also protect anyone who assisted in the investigation. Agency policy also requires periodic status checks designed to protect an individual from retaliation. All efforts regarding this standard are documented and filed with the investigative reports.

The Auditor reviewed documentation in support of compliance with the provisions of the standard during the review of the investigative files. Interviews with investigative staff and the PREA Compliance Manager confirm compliance.

115.67(e): Agency Directive(s) and BOP PREA Plan address this provision. PS 5333.01 Sexually Abusive Behavior Prevention and Intervention Program indicates that the IPCM monitors staff and incarcerated individuals who have reported sexual abuse allegations to protect them from retaliation for 90 days. The program statement also includes a provision to take appropriate measures to protect other individuals that cooperate with an investigation.

Staff reported to the auditor that any type of retaliation is treated seriously and any allegations made would be reviewed and investigated. If an allegation were to be found true, the appropriate necessary actions would be taken.

Per 5333.01, the Institution PREA Compliance Manager also monitors staff who have reported inmate sexual abuse allegations to protect them from retaliation for a minimum of 90 days. This responsibility will not be delegated. Retaliation monitoring for staff is done by completing the BP-A1175, Staff Retaliation Monitoring form and must include a review of performance evaluations and reassignments. If the initial monitoring indicates a continued need, periodic status checks occur. Retaliation monitoring of staff is not required for a staff member who is merely reporting an allegation told to them by an inmate, third party, or email. Completed Staff Retaliation Monitoring forms are filed with the investigative case and emailed to the applicable Regional PREA Coordinator and National PREA Coordinator for review.

115.67(f): This provision is not applicable as the agency is not required to respond to this provision.

FCC Forrest City reported zero instances of retaliation occurring in the last 12 months. This was confirmed by the PCM. The Acting Warden reported that all allegations are taken seriously and any occurrences or suspected occurrences of retaliation would be addressed immediately. She stated that measures utilized depending on the situation could include 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. Additionally, a transfer to another facility can be requested.

If there was suspected retaliation, the Acting Warden and Unit Manager both indicated that they may utilize any of the measures listed above depending on the situation and degree of severity. In addition, an investigation will occur and disciplinary matters pursued when appropriate.

The auditor reviewed retaliation monitoring related to allegations during this review period. The documentation appears to support compliance with the standard.

Based on a review of the PAQ, PS 5333.01, investigative reports, retaliation monitoring, and interviews with staff, this standard appears to be compliant.

Corrective Action: None

Standard 115.68: Post-allegation protective custody

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. BP-A1002: Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegations Form

Interviews:
1. Interview with the Acting Warden
2. Interview with Staff who Supervise Inmates in Special Housing

Site Review Observations:
1. Observations of the Special Housing Unit

Findings (By Provision):

Agency Directive and BOP PREA Plan address this provision. Agency policy dictates that: When an inmate is placed in special housing involuntarily, access to programs, privileges, education, or work should not be interrupted, to the extent possible. If they are limited, the Chief of Correctional Services ensures that documentation exists reflecting the limitation, duration, and rationale for limitation.

- The facility shall assign such inmates to involuntary special housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.
- If an involuntary special housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document:
  (1) The basis for the facility's concern for the inmate's safety; and
  (2) The reason why no alternative means of separation can be arranged.

When determining an appropriate method of safeguarding the inmate assigned “at risk” for victimization, the Warden ensures all options are considered by completing, signing, and dating form BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation. The Warden should evaluate the least restrictive methods for separation of the alleged victim and alleged perpetrator. The completed BP-A1002 is stamped “FOI EXEMPT” and placed in the Privacy Section of the Inmate Central File to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates. If information gathered leads to an investigation, the BP-A1002 becomes part of the investigative file. The completed form is e-mailed to BOP-RSD-PREACoordinator-S@bop.gov and filed with the investigative case.

Staff reported protective custody/ special housing would be used only as a true last resort and efforts would be made to find alternatives during restrictive housing assignment. At the time of the on-site audit, there were no inmates in special housing for risk of sexual victimization/who alleged to have suffered sexual abuse; therefore, no inmate was interviewed specific to this provision.

No inmates are placed in special housing involuntary without an assessment of all available alternatives. Staff reported that they had not known this to have ever happened.

The facility reported zero inmates who reported sexual abuse were held in involuntary special housing in the past 12 months. This information was confirmed through interviews with the IPCM, Captain, and staff that work in special housing. Directives also dictate if an involuntary special housing assignment is made, the facility affords each inmate a review every 30 days and the inmate programs would continue to the best extent possible.

The Auditor found no evidence to indicate that any inmates alleging sexual abuse had been held in involuntary restrictive housing.

Based on a review of the PAQ, PS 5333.01 and interviews with staff, this standard appears to be compliant.

Corrective Action: None

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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*)

Documents:

1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. Prison Rape Elimination Act Investigation Policy Memorandum
4. Memorandum of Understanding with the Federal Bureau of Investigation (FBI)
5. Letter from FBI on PREA Compliance
6. Investigative Reports

Interviews:

1. Interview with Investigative Staff
2. Interview with the Acting Warden/PREA Compliance Manager

Findings (By Provision):

115.71(a): Agency Directives and BOP PREA Plan address this provision. Agency policy states that (a) When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

At the conclusion of the investigation, the allegations must be indicated as:
■ Substantiated.
■ Unsubstantiated (may have occurred, but insufficient evidence to prove).
■ Unfounded (evidence proves that this could not have happened).

A review of the investigative files for the previous 12 months reflected investigations are conducted promptly, thoroughly, and objectively, containing all required elements of the standard. The Auditor reviewed 9 investigative files for compliance with the standard.

All staff that were interviewed reported investigations are initiated immediately and that third-party and anonymous reports are also considered, documented and the information included in the final report.

An interview with an SIS Investigator indicated that SIS is immediately notified when a sexual abuse allegation has been made and is required to respond immediately to begin the investigation process. For anonymous and third party reported allegations, the process is the same, however they must review the allegation with the alleged victim before they can begin the investigation to provide the victim an opportunity to approve or decline the investigation. Once confirmed, the investigative process is the same.

115.71(b): Agency Directives and BOP PREA Plan address this provision. PS 5333.01 Sexually Abusive Behavior Prevention and Intervention Program requires that sexual abuse investigators must have received special training pursuant to standard 115.34. A review of the investigative staff training documents indicated all investigative staff are trained in the required specialized investigative staff training. Per the investigator and Training staff, this training is completed annually.

Investigative staff interviewed by the auditor reported receiving the required training and were able to articulate aspects of the training. This training is completed on an annual basis.

115.71(c): Agency Directives and BOP PREA Plan address this provision. Agency policy states: Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Note. this is a separate responsibility from staff first responders addressed in section 115.64. These duties are carried out by the appropriate investigative department/agency (e.g., SIS, OIA, OIG, FBI). Previous unsubstantiated or unfounded complaints and reports may not be used as evidence.

A review of the investigative files for the audit period reflected the required supporting documentation was maintained in the files.

Investigative staff reported, in detail, the steps to follow in an investigation, information to be collected and documented during an investigation and retained in the files in accordance with the standard.

In accordance with the standard, the investigative files reviewed by the auditor reflect that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. The investigator confirmed this information.

115.71(d): Agency Directives and BOP PREA Plan address this provision. Per policy, when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The investigator reported working closely with the SIA if the allegation involves a staff member. The agency's practice is to suspend administrative investigations while the criminal investigation is completed. It is not the practice of the BOP to conduct compelled interviews from staff until the completion of the criminal investigation. An interview with the SIA assigned to FCC Forrest City confirms this information.

Investigative staff reported that investigations are not terminated solely because the victim recants the allegation, and they would move forward with the investigation. Staff stated that they would do their due diligence and follow an investigation all the way to the conclusion.

115.71(e)(h): PS 5333.01 addresses the requirement of the standard. Per policy, the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Policy also states that, "Previous unsubstantiated or unfounded complaints and reports may not be used as evidence and must not be used to discredit the alleged victim or dissuade appropriate intervention and investigation."

The facility investigator (SIS) conducts administrative investigations within the facility and was interviewed by the auditor. Staff-on-inmate administrative investigations are conducted by the

facility Special Investigative Agent (SIA). The interview indicates investigative staff are aware of their responsibilities with respect to the standard. The SIA confirmed this information.

115.71(f): Agency Directives and BOP PREA Plan address this provision. PS 5333.01 Sexually Abusive Behavior Prevention and Intervention Program states that administrative investigations should also consider information on whether other factors such as physical layouts, staffing patterns, institution operations, etc., contributed to the abuse. The PS also requires that the investigative report include all supporting documentation of the review, evidence reviewed and the findings of the investigation.

Investigative staff reported that all information would be considered, documented, and assessed as part of the investigation. The SIS Lieutenant and the SIA also reported that a polygraph is not part of the investigative process.

The auditor reviewed investigative files for the allegations of sexual misconduct within the last 12 months. The investigative reports reflected that the administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse; and include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The agency has a template and checklists that are used in the investigative process to ensure consistency and that all requirements of policy and the standards are met.

When an allegation of inmate-on-inmate sexual abuse appears to be criminal in nature, the SIS, in conjunction with the BOP's Office of Internal Affairs and the facility Warden, will refer the incident to the FBI for a criminal investigation. The SIA confirmed that all substantiated allegations would be referred for criminal prosecution.

Staff-on-inmate criminal investigations are conducted by Office of the Inspector General. The FBI or the OIG investigator consults with the Assistant U.S. Attorney when necessary.

If the FBI or the OIG substantiates the allegation, the case is referred to the local United States Attorney for possible prosecution. The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as inmate or staff. Staff reported that each case is looked at on its own merits and credibility is assessed based on the allegation's specific circumstances.

The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation. The review of case files of inmates alleging sexual abuse/harassment revealed that the investigations were completed promptly, thoroughly and in compliance with BOP policies and the PREA standards.

An interview with an SIS Investigator revealed that he ensures that all allegations are investigated in such a way as to provide consistency in the investigative process, as well as

record-keeping. A review of the investigative files confirms this information. The SIS investigator articulated his process for completing investigations. He indicated all investigations are handled the same, and each case is taken on its own merits. He also stated that several staff review all allegations and investigations to ensure that they are handled appropriately and in accordance with policy and procedure.

115.71(g): Agency Directives and BOP PREA Plan address this provision. PS 5333.01 Sexually Abusive Behavior Prevention and Intervention Program indicates that investigators are required to complete a report at the completion of all investigations. The report is to contain a description of the allegation, a summary of the information received through interviews with incarcerated individuals and staff members, a listing of the evidence collected, and a description of the credibility assessment and final determination.

Investigative Staff and the Acting Warden reported that everything is considered in the course of the investigation, including whether staff actions or failure to act contributed to the abuse.

A review of investigative files for the previous 12 months indicated the investigation were completed in accordance with the standard and agency policy. The incident review process, which addresses this provision, was also reviewed by the auditor and documentation was maintained with the investigative files.

115.71(h): PS 5333.01 addresses the requirement of the standard. Per policy, there is a provision that all sexual assault and sexual abuse cases that are found to be substantiated are to be referred for prosecution. An SIS investigator and the SIA were interviewed by the auditor during the onsite phase of the audit. They both confirmed that all substantiated allegations of sexual abuse would be referred for potential prosecution.

Per the PAQ: The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution: 0

115.71(i): Agency Directives and BOP PREA Plan address this provision. Agency Directives require written reports be developed and retained per PREA standards, for as long as the alleged abuser is incarcerated or employed by the agency, plus five years and per local/state retention requirements. Should a victim or abuser (staff or inmate) resign or be transferred to another facility, the case will continue to be investigated. This was confirmed by the SIS investigator. He stated that even if a staff member resigns or retires, they will continue the investigation until the conclusion.

115.71(j): PS 5333.01 requires agency investigators to complete sexual abuse investigations even if the alleged abuser or victim is no longer housed within the institution or under the employ of the BOP.

Investigative staff interviewed by the auditor reported an investigation would continue regardless of whether the alleged abuser or alleged victim left the facility. The investigative

files reflect compliance with this provision and were confirmed by the SIS Investigator, and the SIA. The investigative staff stated that they would make every effort to get in touch with victims, alleged perpetrators and witnesses, including staff, even if they had left the facility.

115.71(l): By law and policy, the FBI has authority to investigate criminal activity within the BOP, they are a separate entity/component of DOJ. Per agency policy and the MOU, the FBI and BOP work collaboratively. The BOP does not utilize outside agencies to perform their criminal or administrative investigations, other than the Office of the Inspector General. Written interview responses from the National PREA Coordinator stated that most sexual abuse investigations are conducted internally. If the Office of the Inspector General conducts the investigation, they provide updates to the institution. At the conclusion of their investigation, they will inform the Office of Internal Affairs of the outcome.

Based on a review of the PAQ, PS 5333.01, the MOU with the FBI, the letter from the FBI, investigative reports, training records and information from interviews with staff, as well as a review and formal interview with the SIS and SIA staff responsible for investigations, this standard appears to be compliant.

Corrective Action: None

Standard 115.72: Evidentiary standard for administrative investigations

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. Investigative Reports

Interviews:
1. Interview with Investigative Staff

Findings (By Provision):

115.72(a): Agency Directives and BOP PREA Plan address this provision. Per policy, 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. The Bureau applies this section in accordance with its disciplinary/adverse action process and collective bargaining agreement, and applicable laws, rules, and regulations.

A review of the investigative files indicated the proper standard was used in determining whether allegations are founded/substantiated. Investigative staff reported that the standard of evidence used to substantiate allegations is the preponderance of the evidence and was able to articulate what this meant and how he arrived at a determination.

The SIS investigator stated that in determining if an allegation is substantiated, it would have to be more than 51% of the evidence to show that the allegation most likely happened in order to make a determination of substantiated. He was able to articulate and explain preponderance of the evidence and stated that it had to be the greater weight of the evidence in order to substantiate an allegation.

Based on a review of the PAQ, PS 5333.01, the investigative reports, and information from the interviews with investigative staff, this standard appears to be compliant.

Corrective Action: None

Standard 115.73: Reporting to inmates

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*)

Documents:

1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. Sexually Abusive Behavior Prevention and Intervention Program

4. Investigative Reports
5. Notification Memos

Interviews:
1. Interview with the PREA Compliance Manager
2. Interview with Investigative Staff
3. Interviews with Inmates that Reported Sexual Abuse

Findings (By Provision):

115.73(a): Agency Directives and BOP PREA Plan address this provision and requires notification for both sexual abuse and sexual harassment investigations. Per PS 5333.01, the Special Investigative Services (SIS) Lieutenant provides all notifications to inmates required by this provision. Investigative staff interviewed reported the inmate would be notified in writing.

The agency directive requirements to notify the inmate on the outcome of sexual abuse and sexual harassment investigations meets the standard requirements. Documentation reviewed in the investigative file support compliance with the standard.

Notification to the inmate is made through a standardized memo format, which is delivered to the inmate by the PREA Compliance Manager or Facility Investigator. Documentation of such is maintained in the investigative files and was reviewed by the auditor. Interviews with both the PREA Compliance Manager and Investigative staff confirm this information. Interviews with two inmates who had reported sexual abuse confirm that they had received notification of the outcome of the investigation.

Per the PAQ: The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months: 1

Per the PAQ: Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified, verbally or in writing, of the results of the investigation: 1

115.73(b): The agency contacts FBI or OIG to conduct criminal investigations on PREA-related allegations. PS 5333.01 states that if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.

Per the PAQ, the number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0

115.73(c): Agency Directive PS 5333.01 was reviewed, and case files are investigated in accordance with PREA protocols and proper action was completed.

PS 5333.01 states that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined the allegation is unfounded) whenever: 1. The staff member is no longer posted within the inmate's unit; 2. The staff member is no longer employed at the facility; 3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The SIS Lieutenant verified that in the case of an allegation against staff, that the inmate would be notified in accordance with the standard and agency policy. The SIA also confirmed this information.

115.73(d-e): Agency Directive and BOP PREA Plan address this provision. Agency directive requires that the inmate be informed of the outcome of the investigation of all sexual abuse/harassment complaints that the inmate has filed. For complaints directed towards staff, the inmate would be advised as to staff relocation, no longer employed, whether staff member has been indicted or convicted.

PS 5333.01 states that following an inmate's allegation that he or she has been sexually abuse by another inmate, the agency shall subsequently inform the alleged victim whenever: 1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

During the onsite phase of the audit, the support auditor interviewed five inmates who had filed an allegation. They confirmed they had been properly provided with the written notification of the outcome of the investigation. The auditor verified this by reviewing the investigative files and the notifications in the file.

115.73(f): Agency Directive(s) and BOP PREA Plan address(es) this provision. A review of the investigative directives reflected FBI investigators conduct all criminal investigations.

Based on a review of the PAQ, PS 5333.01, the Sexually Abusive Behavior Prevention and Intervention Program, review of the investigative files and information from interviews with staff and inmates who reported sexual abuse, this standard appears to be compliant.

Corrective Action: None

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 3420.14
3. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
4. Memorandum Related to Staff Discipline

Interviews:
1. Interview with Acting Warden/PREA Compliance Manager
2. Interview with Investigative Staff

Findings (By Provision):

115.76(a): Agency Directives and BOP PREA Plan address this provision. Agency policy dictates and FCC Forrest City have disciplinary sanctions for staff up to and including termination for violating sexual abuse and sexual harassment policies. Per random and

targeted staff interviews, the staff are aware of these provisions and that termination is the presumptive sanction for violation of these provisions.

PS 5333.01 states, “If evidence supports that a staff member engaged in sexual abuse, as defined in section 115.6 of this program statement, the matter will first be referred for criminal prosecution. Administrative discipline, including proposed removals for sexual abuse, will be conducted using the Program Statements Standards of Employee Conduct and Human Resource Management Manual. Any decision made on the proposal will be in accordance with all applicable laws, rules, and regulations.”

Executive staff stated that violations of the Sexual Abuse Policy are handled in accordance with the national policy. Allegations would be reported to law enforcement and investigated. The PREA Compliance Manager and Investigator confirmed this information.

If they were licensed by any licensing body, the relevant licensing body would also be notified. This was confirmed by the SIA.

115.76(b)(c)(d): Agency Directives and BOP PREA Plan address this provision. PS 5333.01 states that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be 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 agency sexual abuse or sexual harassment policies, 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 clearly not criminal, and to any relevant licensing bodies.

Per the PAQ and a review of the investigative files:
In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0

In the past 12 months, the number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 0

In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

Per memo, the Acting Warden/PREA Compliance Manager stated that, “FCC Forrest City has not had any terminations, resignations, or other sanctions against staff for violating agency sexual abuse or sexual harassment policies within the last 12 months.”

This information was confirmed through interviews with the Acting Warden and SIA Investigator. A review of investigative files confirms that the facility adheres to the provisions of the standard.

Based on a review of the PAQ, PS 3420.14, PS 5333.01, a review of investigative files, and interviews with staff regarding staff discipline, this standard appears to be compliant.

Corrective Action: None

Standard 115.77: Corrective action for contractors and volunteers

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*)

Documents:

1. Pre-Audit Questionnaire
2. PS 3420.14
3. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program

4. Memorandum Related to Contractor/Volunteer Discipline

Interviews:

1. Interview with the Acting Warden
2. Interview with Contract Staff/Volunteer
3. Interview with Investigator

Findings (By Provision):

115.77(a): Agency Directives and BOP PREA Plan address this provision. PS 5333.01 states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Per the PAQ, the facility reported there had been zero contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates in the past 12 months, therefore there was no documentation to review specific to this provision.

115.77(b): Agency Directives and BOP PREA Plan address this provision. PS 5333.01 states that the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Per the PAQ, the facility reported there had been zero contractors or volunteers reported for engaging in sexual abuse of inmates in the past 12 months, therefore there was no documentation to review specific to this provision. The Investigator and PREA Compliance Manager both reported that any allegations of sexual abuse of inmates by contractors or volunteers would be treated the same as facility staff as far as the potential disciplinary measures. For substantiated cases, facility access would be terminated, they would be reported to any licensing bodies and referred for criminal charges, if relevant. Termination from employment would also be recommended.

An interview with two contract staff and a volunteer revealed they are aware of the presumptive discipline for violation of the agency's policies with respect to PREA and have received training and notification of these policies.

Per the Acting Warden, any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

FCC Forrest City management staff with the need-to-know would be notified, who would then contact the contractor's point of contact and cease the contract with the contractor. Both

volunteers and contractors would be prohibited from having further contact with inmates in substantiated cases.

Interviews with contract staff members confirm their understanding and the consequences for violating this policy. They indicated that the training they received regarding PREA was very clear with respect to boundaries with inmates and the potential consequences.

Per memo from the Acting Warden/PREA Compliance Manager, "FCC Forrest City has not had any reports of sexual abuse by contractors or volunteers over the last 12 months; therefore, no remedial measures have been needed to prohibit further contact with inmates…"

Based on a review of the PAQ, PS 3420.12, PS 5333.01, interviews with contract staff and volunteers, and information from the interviews with the Acting Warden and Investigative staff, this standard appears to be compliant.

Corrective Action: None

Standard 115.78: Disciplinary sanctions for inmates

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. PS 5270.09
4. PS 5510.13 - Posted Picture File
5. Memo Related to Inmate Discipline

Interviews:
1. Interview with the Acting Warden/PREA Compliance Manager
2. Interview with Medical and Mental Health Staff
3. Disciplinary Hearings Officer (DHO)

Findings (By Provision):

115.78(a)(b)(c): PS 5270.09, Inmate Discipline Program and PS 5333.01, Sexually Abusive Behavior Prevention and Intervention Program, address the requirements of the standard. The Inmate Discipline Program defines sexual assault of any person, involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act.
The program identifies inmates engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse, but will be addressed in accordance with disciplinary procedures.

Sanctions are commensurate with the nature and circumstances of the abuse committed, along with the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories. Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Discipline Program.

PS 5333.01 states, "If a staff member observes inmates engaged in a sexual act, that staff member will write an incident report for engaging in sexual acts. The incident report must be suspended pending an investigation and administrative finding of whether the sexual activity was abusive or engaged in willingly by the involved parties. If the investigation determines the sexual activity was abusive, the incident report is re-written to the appropriate prohibited act code and issued only to the perpetrator. If the investigation reveals the involved parties willingly engaged in sexual behavior, the original incident reports are issued to the involved parties and disciplinary proceedings resume."

Interviews with the PREA Compliance Manager and DHO confirmed that inmates found to have engaged in consensual sexual behavior would be disciplined, but this behavior would not be considered sexual abuse unless the investigation revealed otherwise.

FCC Forrest City does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. Interviews with investigative staff confirmed compliance with this standard.

Per the PAQ: In the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 0

This information was confirmed through a review of the investigative files.

115.78(d): Agency Directives and BOP PREA Plan address this provision. PS 5333.01 includes a provision to offer therapy, counseling, or other interventions to address and correct underlying reasons or motivations for the abuse.

The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. If mental disabilities or mental illness is a factor, FCC Forrest City considers the offer of therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, in consultation with mental health staff. Psychology staff confirm that they are consulted on disciplinary charges for inmate with mental health issues. The DHO confirmed this information.

Psychology staff reported that the offending inmate is offered therapy, counseling, or other intervention services, but would not require the inmate's participation as a condition of access to any rewards-based behavior management system or programming or education.

115.78(e): Agency Directives and BOP PREA Plan address this provision. PS 5333.01 states that the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

The facility reported there were no incidents of staff-on-inmate sexual contact for which the inmate received disciplinary action in the previous 12 months.

115.78(f): Agency Directives and BOP PREA Plan address this provision. Policy states that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The auditor found no evidence to suggest that an inmate had faced discipline for reporting an allegation of sexual abuse.

115.78(g): PS 5333.01 states that all sexual activity between inmates is prohibited and subject to discipline. This was confirmed by multiple facility staff, who indicated that inmates found to be engaging in consensual, non-coercive activity would be subject to disciplinary sanctions in accordance with the Inmate Discipline Program. The DHO stated there had been no disciplinary charges for consensual sexual activity in the last 12 months.

The Acting Warden confirmed her understanding of the requirements for this standard, stating that inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Sanctions shall be 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. The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Based on a review of the PAQ, PS 5333.01, a review of investigative files, and information from interviews with the staff, this standard appears to be compliant.

Corrective Action: None

MEDICAL AND MENTAL CARE

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

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 ☒ NA

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*)

Documents:

1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. Memo Related to Informed Consent
4. Medical/Mental Health Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Medical and Mental Health Staff

Site Review Observations:
1. Observations of Risk Screening Area

Findings (By Provision):

115.81(a): PS 5333.01 addresses the requirement of the standard. Per agency policy,
(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, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.
(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, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.
Inmates considered high risk for sexual re-offending may be referred to specialty treatment or management programs, referred to individual or group counseling, or managed through standard correctional techniques.
If an inmate perpetrator is determined in need of treatment services and refuses treatment, Psychology Services staff document the refusal, place it in the medical section of the Inmate Central File, and notify referring staff of the refusal. Documentation of treatment compliance or refusal ensures continuity of care within and outside the Bureau.
(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, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.
(d) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

PS 5333.01 further states that follow-up meetings under this section are conducted by Psychology Services and Health Services as clinically appropriate. Consistent with standard 115.63 of this program statement, when an inmate reports being the victim of sexual abuse at a previous facility, psychologists review the clinical record to determine whether treatment needs associated with the reported sexual abuse have been assessed. When documentation indicates the sexual abuse was previously reported (i.e., a Sexual Abuse Intervention is in the electronic health record), psychologists document the record review, assessment of treatment needs, and current mental health functioning as a Risk of Sexual Victimization, paying particular attention to victim-specific psychological symptoms. When no such documentation

exists, psychologists follow all procedures outlined in Chapter 6 §115.65, including documenting a Sexual Abuse Intervention.

FCC Forrest City reported that 100% of the inmates that disclosed prior victimization during screening were offered a follow-up meeting with medical or a mental health practitioner. Interviews with staff and documentation reviewed confirm compliance with this provision. A review of the forms used by the agency demonstrate how the intake screening staff, medical and mental health staff document the follow-up services to inmates with prior sexual victimization disclosed during the screening process.

Unit Team Staff interviewed reported they work with the medical and mental health professionals by notifying them immediately, which generates a referral. A review of the inmate files reflected the inmates were offered a follow-up meeting with medical and mental health practitioners as required within the timeframe.

The auditor interviewed 7 inmates that had reported previous victimization. The inmates reported being offered a referral to Psychology staff for follow-up in response to their screening and reporting previous victimization.

All inmates are seen by mental health staff upon arrival at the facility and discuss any mental health concerns or PREA related information, including previous victimization. The inmate would be offered follow-up and additional resources as appropriate or requested. Inmate interviews and psychology staff interviews confirm this practice. The inmate can refuse the follow-up appointment.

115.81(b): Agency Directives and BOP PREA Plan address this provision. The policy states that incarcerated individuals considered at high risk for sexual reoffending may be referred to specialty treatment or management programs, referred to individual or group counseling, or managed through standard correctional techniques.

Staff reported inmates are referred to mental health staff for follow-up. A review of randomly selected inmate files reflected the inmates did receive a follow-up meeting with a mental health practitioner as required by the standard.

Psychology staff report that they get referrals for both inmates who disclose previous sexual victimization, as well as inmates that have perpetrated abuse and would offer services and follow-up as needed or requested. The Psychology staff reported that they try to be proactive in screening files and address any potential issues at the inmate's arrival and offer those inmates services.

115.81(d): Agency Directive and BOP PREA Plan address this provision. PS 5333.01 requires that information related to sexual victimization or abusiveness that occurred in an institutional setting be strictly limited to medical and mental health practitioners. The information may also

be shared with other staff who need to know to make security and management decisions, and housing, bed, work, education, and program assignments.

Per PS 5333.01, it is appropriate under this section to provide staff information on an inmate's history of being a sexual abuser; for example, placing the inmate in the Posted Picture File, to maintain the safe, secure, and orderly running of the institution.

Interviews with Unit Team staff and Psychology staff confirmed that sexual victimization information is not shared unless the staff member needs the information to make decisions regarding the incarcerated individual's housing or safety.

115.81(e): Agency Directive and BOP PREA Plan address this provision. PS 5333.01 requires that medical and mental health staff obtain informed consent from incarcerated individuals prior to reporting information about prior sexual victimization.

Medical and Psychology staff confirmed that they use a consent form for inmates over 18 years of age. They indicated that informed consent must be obtained from an inmate prior to reporting sexual abuse allegations if the abuse occurred outside the institution.

During the on-site review, the Auditor noted medical and mental health staff have designated space where they can privately meet with inmates. Medical and Mental Health records are maintained separately and shared according to agency directives.

Based on a review of the PAQ, PS 5333.01, medical and mental health documents and information from interviews with staff and inmates, this standard appears to be compliant.

Corrective Action: None

Standard 115.82: Access to emergency medical and mental health services

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. Medical and Mental Health Documents

Interviews:
1. Interview with Medical and Mental Health Staff
2. Interview with First Responders
3. Inmates that Reported Sexual Abuse

Site Review Observations:
1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82(a): PS 5333.01; FOX-5324.12-03 and PS 6031.05 address the requirements of the standard. PS 5333.01 states inmate victims of sexual abuse shall 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.

Medical staff reported that inmate victims of sexual assault would be provided emergency medical treatment immediately and that the nature and scope of the services are determined

according to their professional judgment. No actions would be taken that would destroy any physical evidence unless emergent, life-saving measures needed to be taken.

Interviews with random staff and first responders indicated that their duties in response to an allegation of sexual abuse included ensuring the inmate's safety and ensuring they are seen by medical immediately after making an allegation of sexual assault.

Interviews with five inmates that reported sexual abuse stated that they had been seen by medical upon reporting an allegation.

Per the PAQ, there were no forensic medical exams conducted in the last 12 months. This was confirmed by medical and psychology staff.

PS 5333.01 states that Psychology Services is responsible for providing clinical intervention within 24 hours of the reported allegation. The intervention is documented as a Sexual Abuse Intervention in the electronic health record and includes assessment of current mental health functioning and treatment needs, offer of victim advocate services, and recommendation for follow-up services. In addition, risk of victimization is reassessed and documented in the electronic health record. Psychology staff confirm this information.

Per policy, medical professionals are responsible for examination, documentation, and treatment of inmate injuries arising from sexually abusive behaviors, including testing for pregnancy and sexually transmitted infections. Policy further indicates that to avoid compromising medical evidence of an inmate who reports recent sexual abuse, the individual will be offered the opportunity to be transported to a community facility/rape crisis center that is equipped, in accordance with local laws, to evaluate and treat sexual assault victims by a trained professional (e.g., a SANE or a SAFE). The inmate has the right to be accompanied by a victim advocate during both the PREA injury assessment and/or forensic medical examination at their request. Regardless of the timeline in which an inmate is medically evaluated following a sexually abusive act/contact, the inmate has the right to refuse either all or some of the injury assessment conducted by a Bureau medical professional, or the forensic medical examination conducted by an outside provider. A medical professional discusses the possible consequences of the refusal in a way that is non-coercive and consistent with the ethical responsibilities of healthcare professionals. Any refusal should be documented in the electronic health record. If a trip to a local community facility is needed, Health Services staff coordinate with Correctional Services to transport the inmate to the facility. The HSA confirmed this information.

115.82(b): Agency Directives and BOP PREA Plan require staff to notify mental health staff if they believe an inmate is actively experiencing a mental health crisis. PS 5333.01 states if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to §115.62 and shall immediately notify the appropriate medical and mental health practitioners.

Psychology staff who were interviewed reported protective measures would be taken for the alleged victim, and the victim would be referred for counseling. Interviews with inmates that reported sexual abuse stated that they had been offered mental health services.

115.82(c)(d): Agency Directives and BOP PREA Plan address this provision. PS 5333.01 states inmate victims of sexual abuse while incarcerated shall be 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. Treatment services shall be 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.

Medical and mental health staff interviewed reported the required information and services would be provided immediately and unimpeded, without financial cost to the victim, regardless whether the victim names the alleged abuser or cooperates with any investigation. The Health Services Administrator confirmed that inmate victims of sexual abuse are offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and as indicated by the provider.

The auditor reviewed investigative files for allegations of sexual abuse and documentation relative to this standard. Per the Health Services Administrator, medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

In the event of a sexual assault, the inmate would be escorted to the local hospital for a forensic examination. The Assistant Health Services Administrator confirmed this information and stated they would send the inmate to Forrest City Medical Center.

An advocate would be available to provide any necessary crisis intervention, if requested through the Angels of Grace. Psychology staff could act in the capacity of an advocate if requested.

Health services would ensure the inmate received necessary prophylaxis treatment. Per Psychology staff, there have been no incidents that required advocacy services during the review period. Psychology staff are trained as advocates and can accompany the inmate to the hospital upon request.

Based on a review of the PAQ, PS 5333.01, a review of medical and mental health documents and information from interviews with staff and inmates that reported sexual abuse, this standard appears to be compliant.

Corrective Action: None

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. Medical and Mental Health Documents

Interviews:
1. Interview with Medical and Mental Health Staff

Site Review Observations:
1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83(a): PS 5333.01 addresses the requirement of the standard. Per agency policy,
(a) The facility shall 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.

Medical services are available at the facility, or at the nearest available hospital, if needed and required services are outside the scope of facility staff. Mental health counselors provide treatment and counseling to inmates. Per the Assistant Health Services Administrator, inmates at FCC Forrest City would be transferred to Forrest City Medical Center, if needed for a forensic exam. They would call ahead to ensure there was a SANE available. Per the PAQ, HSA and IPCM, there were no forensic exams conducted in the previous 12 months.

115.83(b): Agency Directives and BOP PREA Plan address this provision. Per agency policy, (b) The evaluation and treatment of such victims shall 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.

The Health Services Administrator reported follow-up services would be matched with appropriate intervention services. Psychology staff also reported that follow-up services would be provided and would be based on the needs of the inmate.

Interviews with inmates that had reported sexual abuse indicated that they had been offered follow-up services.

115.83(c): Agency Directives and BOP PREA Plan address this provision. Per agency policy, (c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Medical and mental health staff interviewed reported that they felt that services provided meet the community level of care and in most cases, exceed it due to the availability of care, access, and staffing.

115.83(d)(e): Agency Directives confirm that all female inmate victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results from the conduct described in paragraph §115.83(d), all victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

FCC Forrest City holds male inmates.

115.83(f): Agency Directives and BOP PREA Plan address this provision. PS 5333.01 states that all incarcerated individual victims would be offered tests for sexually transmitted infections.

At the time of the on-site audit, there were no inmates who reported a sexual abuse allegation at this facility who required medical services outside the facility; therefore, no inmate was interviewed specific to this provision.

115.83(g): Agency Directives and BOP PREA Plan address this provision. PS 5333.01 states that Bureau policies concerning incarcerated individual co-pays for medical treatment shall not be applied to victims of sexual abuse.

All appropriate medical care would be provided at no cost to the inmate. This was confirmed by the Assistant Health Services Administrator. Interviews with inmates that had reported sexual abuse indicated that they had not been financially responsible for any medical or mental health services related to their allegation of sexual abuse.

115.83(h): Agency Directives and BOP PREA Plan address this provision. PS 5333.01 states that inmate on inmate abusers will be offered treatment when deemed appropriate. The Bureau offers sex offender treatment at various locations, and psychology staff can refer inmates to these programs.

Psychology staff stated that the BOP does identify sexual abusers and will offer them treatment, but inmates would not be required to accept or participate in any treatment programs.

Based on a review of the PAQ, PS 5333.01, a review of medical and mental health documents and information from interviews with medical and mental health care staff, this standard appears to be compliant.

Corrective Action: None

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. Sexual Abuse Incident Reviews

Interviews:
1. Interview with the Acting Warden/PREA Compliance Manager
2. Interview with Incident Review Team

Findings (By Provision):

115.86(a): Agency Directives and BOP PREA Plan address this provision. PS 5333.01 states that in cases of substantiated or unsubstantiated allegations, Institution Executive Staff review the incident to assess the facility's response to the allegations. All factors noted in this standard are considered. The IPCM documents the review in a report, including recommendations for improvements, if any. If the unsubstantiated allegation involved a staff member, the report under this section must not include the staff member's personally identifiable information. The report is submitted to the Warden, who ensures implementation of the recommendations or documents the reason for not following them. Consideration of staff

affected by the incident is necessary. Efforts to mitigate potential stress associated with these events should be offered to affected staff.

Per the PREA Compliance Manager and members of the incident review team, the facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded.

The auditor reviewed the incident reviews completed in the past 12 months and found them to be in compliance with the standard. In the instance where a sexual abuse incident review would need to occur, a review team would meet within 30 days of the conclusion of the investigation. The team typically would be comprised of the Warden, Associate Warden, Captain, Special Investigative Services staff, Unit Management, Psychology, and Health Services.

The Auditor reviewed the Institution Executive Staff Review (IESR) template. The review, which is a standardized template, covers all aspects of the standard and is required to be completed within 30 days of completion of the investigation.

115.86(b): Agency Directive and BOP PREA Plan address this provision. PS 5333.01 states the facility shall conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

Interviews with multiple staff that sit on the incident review team confirm compliance. The auditor reviewed documentation for allegations of sexual abuse during the review period. This was reviewed as part of the review of the investigative files as the reviews are maintained in the files. Further, the Acting Warden stated that the facility practice is to review all allegations, including sexual harassment. She indicated that they use the opportunity to review facility practice and ensure they are meeting all requirements of agency policy and standards, in addition to determining if there are things that they can improve upon.

115.86(c): PS 5333.01 states the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The Incident Review Team consists of the Warden, Institution PREA Compliance Manager, the Chief Psychologist, the Captain, and other administrative staff. Based on interviews with several members of the Incident Review Team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given to all required elements of the standard. In accordance with agency policy, the IRT reviews whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident was motivated by race, ethnicity, physical barriers and status or gang affiliation. The team also examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse reviews, assesses the adequacy of staffing levels in that area during different shifts, and recommends

whether additional monitoring technology or staffing/monitoring procedures should be added to enhance inmate supervision. The facility implements the recommendations for improvement or documents its reasons for not doing so. The Warden and PREA Compliance Manager confirmed compliance with the provisions of the standard.

115.86(d)(e): Agency Directives and BOP PREA Plan address this provision. Staff interviewed referenced all the elements needing to be considered, examined, and assessed. The Incident Review Team members provided detailed information of all the elements addressed by the team. Staff interviewed acknowledged a report is completed by the PREA Compliance Manager, forwarded to the Warden, and includes any recommendations for improvement.

Based on a review of the PAQ, PS 5333.01, information from interviews with the Acting Warden/PREA Compliance Manager, incident reviews and several members of the sexual abuse incident review team, this standard appears to be compliant.

Corrective Action: None

Standard 115.87: Data collection

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*)

Documents:

1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. Aggregated Data – Annual Report
4. BOP Website

Findings (By Provision):

115.87(a and c): PS 5333.01 addresses the requirement of the standard. Policy states:
The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.
The Bureau tracks information concerning sexual abuse using the methods listed below. In disseminating this information within the Bureau, or releasing information to a third party, the Bureau complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules, and regulations.
(1) SIS Data. The SIS must maintain secure investigative files and data, which include:

- The victim(s) and perpetrator(s) of sexually abusive behavior.
- A factual description of the events.
- Formal and informal action(s) taken.
- All collateral reports, supporting memoranda, and videotapes.
- Medical forms (e.g., injury assessments).
- Any other evidentiary materials pertaining to the allegation.

(2) Office of Internal Affairs Data. The Office of Internal Affairs reports the cumulated data on the inmate victims of staff sexually abusive behavior to all Chief Executive Officers and the Psychology Services Administrator at the end of each quarter and at the end of each fiscal year.
(3) Inmate Data. The Information Technology and Data Division collects and reports on the data used in the Bureau of Justice Statistics Survey of Sexual Violence.
(4) SENTRY Data. The Chief of Correctional Services in each institution is responsible for accurate STG SENTRY assignments related to sexually abusive behavior. Access to this SENTRY assignment must be limited to those staff who are involved in managing and treating the inmate victim or inmate perpetrator, or investigating the incident.

As confirmed by a review of documents, FCC Forrest City collects accurate, uniform data for every allegation of sexual abuse/ harassment by using a standardized instrument. The BOP tracks information concerning sexual abuse using data from the SIS department, the agency's Office of Internal Affairs and SENTRY, the BOP's computerized data management program. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice.

The agency aggregates and reviews all data annually. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30.

115.87(b): Agency Directives and BOP PREA Plan address this provision. A review of FCC Forrest City's tracking system and information reflected a comprehensive system designed to maintain various elements for the required data for sexual abuse and sexual harassment allegations.

115.87(d)(e)(f): Agency Directive and BOP PREA Plan address this provision. Per policy,
(d) The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
(e) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.
(f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

A review of the agency website reflects the comprehensive report is published and available to the public for all serious incidents to include sexual abuse and sexual harassment allegations.

The Auditor reviewed the Annual Report for CY 2024, which was signed by the Director on June 25, 2025, as well as the Annual Report for CY 2025, which was signed by the Director on June 16, 2026.

Based on a review of the PAQ, PS 5333.01 and a review of the aggregated data, this standard appears to be compliant.

Corrective Action: None

Standard 115.88: Data review for corrective action

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*)

Documents:

1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. Annual PREA Reports
4. BOP Website

Interviews:

1. Interview protocols - Agency Head Designee
2. Interview protocols - PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): Agency Directives and BOP PREA Plan address this provision. PS 5333.01 indicated that the agency reviews 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 and training. A review of the annual reports for calendar years 2024 and 2025 reflects all the elements required by this provision. Staff reported the process followed when reviewing the data, identifying problem areas and corrective action, and preparing the annual report.

115.88 (b): PS 5333.01 addresses the requirement of the standard. PS 5333.01 indicated that the agency's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. A review of annual reports indicates that reports include aggregated data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action.

The Bureau of Prisons and the institution reviews and assesses all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection, and response policies, to identify any trends, issues, or problematic areas and to take corrective action if needed. The PREA Compliance Manager forwards data to the respective BOP Regional PREA Coordinator and then to the National BOP PREA Coordinator. An Annual Report is prepared and placed on the BOP website. The Annual Report was reviewed by the auditor. The report can be found at the following website address: www.bop.gov.

115.88 (c): Agency Directive and BOP PREA Plan address this provision. PS 5333.01 indicated that the agency's annual report is approved by the Agency Head Designee and made available to the public through its website. Staff interviewed reported all personal identifying information and personal health information is redacted. The reports would reflect only basic demographic information. A review of the agency website confirmed that the current annual report is available to the public online.

115.88 (d): Agency Directive and BOP PREA Plan address this provision. PS 5333.01 indicated that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. Policy states that the agency complies with the Federal Privacy Act and the Freedom of Information Act. A review of the annual report confirmed that no personal identifying information was included in the report nor any security related information.

Based on a review of the PAQ, the annual report, the website and information obtained from interviews, this standard appears to be compliant.

Corrective Action: None

Standard 115.89: Data storage, publication, and destruction

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*)

Documents:
1. Pre-Audit Questionnaire
2. PS 5333.01 Sexually Abusive Behavior Prevention & Intervention Program
3. Annual Reports

Interviews:
1. Interview protocol - PREA Coordinator

Findings (By Provision):

115.89 (a): Policy 5324.12 addresses the requirement of the standard and describes the data storage, publication and destruction of information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency shall ensure all data is securely retained. The National PREA Coordinator reviews data compiled by each BOP facility, as well as from SENTRY, each Regional PREA Coordinator, the Information Technology and Data Division of the BOP and from the Office of Internal Affairs. The PREA Coordinator issues a report to the Director on an annual basis. Facility data is maintained in locked files or on computer databases that are user ID and password protected. Agency PREA data is securely retained and is published on the BOP website after removing all personal identifying information. The agency complies with FOIA and other applicable laws, rules and regulations to ensure all investigative, psychological and medical data is securely maintained.

115.89 (b): Agency Directive and BOP PREA Plan address this provision. PS 5333.01 describes the data storage, publication and destruction of information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency will make all aggregated sexual abuse data readily available to the public, at least annually, through its website or through other means. The data posted on the agency website, which includes aggregated data, is available to the public online.

115.89 (c): Agency Directives and BOP PREA Plan address this provision. PS 5333.01 indicates that before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. A review of the annual report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.

115.89 (d): Agency Directives and BOP PREA Plan address this provision. PS 5333.01 indicates that the agency maintains sexual abuse data that is collected for at least ten years after the date of initial collection. The data and records collected are to be retained in accordance with agency retention requirements.

Based on a review of the PAQ, PS 5333.01, annual reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

Corrective Action: None

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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*)

Findings (By Provision):

115.401 (a): The facility is part of the Federal Bureau of Prisons. The agency ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once in the previous three-year audit cycle.

115.401 (b): The facility is part of the Federal Bureau of Prisons. The BOP has a schedule for all their facilities to be audited within the three-year audit cycle, with one third being audited in each year. This is the Agency's first year of the fifth cycle, and at least two thirds have been audited. The agency is following their audit cycle and planned future audits.

115.401 (h) – (n): The auditor had full, unimpeded access to all areas of the facility. The Auditor reviewed areas of this facility in person, by photographs and/or via security cameras during the on-site review. The auditor was permitted to receive and copy any relevant policies, procedure or other requested documents needed for the audit. The auditor was permitted to conduct private interviews with both staff and inmates. The staff were very helpful and efficient in ensuring the auditors completed the interviews in a timely manner. Inmates were notified via posting and permitted to send confidential information or correspondence to the Auditor. The Auditor received no confidential letters from any inmates.

Corrective Action: None

Standard 115.403: Audit contents and findings

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*)

Findings:

115.403 (a) The facility was previously audited on July 11-13, 2023. BOP has published on its agency website all Final Audit Reports within 90 days of issuance by the Auditor. This information is made available to the public and is in accordance with 28 C.F.R. § 115.405. The final audit report is publicly available via the website until the current audit report replaces it, but can be obtained via a public records request.

Corrective Action: None

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.

Lori M. Fadorick August 25, 2026

Auditor Signature **Date**