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: September 29, 2026

Auditor Information

Name: Brian Sutherland		**Email:** brian@preaauditing.com	
Company Name: Corrections Consulting Services, LLC.			
Mailing Address: P.O. Box 596		**City, State, Zip:** Buchanan Dam, TX, 78609	
Telephone: 713-818-9098		**Date of Facility Visit:** August 18-20, 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, DC 20534	
Mailing Address: 320 First Street, NW		**City, State, Zip:** Washington DC 20534	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☒ Federal

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

Agency Chief Executive Officer

Name: William K. Marshall III	
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 R. 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) Petersburg			
Physical Address: 1060 River Road		**City, State, Zip:** Hopewell, VA 23860	
Mailing Address (if different from above): P. O. Box 90026		**City, State, Zip:** Petersburg, VA 23804	
The Facility Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☒ Federal
Facility Type:	☒ Prison	☐ Jail	

Facility Website with PREA Information: https://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:)

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Perpetual Audits under the new Program Review Procedures

Warden/Jail Administrator/Sheriff/Director

Name:	Javara Bienemy, Acting Warden		
Email:	PEX-PREAComplianceMgr@bop.gov	**Telephone:**	804-504-7200

Facility PREA Compliance Manager

Name:	Brandon Cook, Associate Warden (Programs)		
Email:	PEX-PREAComplianceMgr@bop.gov	**Telephone:**	804-504-7200

Facility Health Service Administrator ☐ N/A

Name:	Stacey Vasquez		
Email:	PEX-PREAComplianceMgr@bop.gov	**Telephone:**	804-504-7200

Facility Characteristics

Designated Facility Capacity:	2757
Current Population of Facility:	1959

Average daily population for the past 12 months:	2299
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:	18-81
Average length of stay or time under supervision:	176.2 Days
Facility security levels/inmate custody levels:	Low/Minimum/Medium, In/Out/Community
Number of inmates admitted to facility during the past 12 months:	2299
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	2270
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	2270
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:	397
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:	17
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	15
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	60

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.**	62
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.**	19
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	15
Number of open bay/dorm housing units:	4
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	96
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

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

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

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: N/A

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0
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:	August 18, 2026
2. End date of the onsite portion of the audit:	August 20, 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:	James House
Audited Facility Information	
4. Designated Facility Capacity:	2757
5. Average daily population for the past 12 months:	2299
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.	19
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:	1959
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:	4
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:	23
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:	2
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:	3
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:	19
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:	While not tracked, seven inmates self-reported in this category
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:	Not Tracked
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	36
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	6
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:	57
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). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	The auditor was able to tour all areas during the onsite review. Population statistics for those confined persons that identify as Transgender are only those that have been diagnosed with Gender Dysphoria.
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:	397
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:	15
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:	60
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. *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	The staff count on the first day of the audit was 397 and 15 contractors. Volunteers have been authorized to enter the facility in the past 12 months and there are 60 cleared for entry.
Interviews	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
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?	Requested at random the fifth confined person on the housing roster based on the selected criteria and included confined persons from all housing units.
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.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	The auditor attempted to select confined persons from each housing unit to ensure the sample size demonstrated a diverse mix of the population.
Targeted Inmate/Resident/Detainee Interviews	
33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: *As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.* *For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.* *If a particular targeted population is not applicable in the audited facility, enter "0".*	20
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).	The auditor conducted interviews with the staff that supervise housing, the facility PREA Compliance Manager, and facility Warden and all confirmed no youthful, confined persons have been housed in the past 12 months. During the on-site review, the auditor spoke with confined persons, reviewed samples of forms and did not

	identify any confined persons under this category.
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:	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
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:	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
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:	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
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:	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
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:	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).	While not tracked, inmates self-reported as Gay, 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:	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).	While not tracked, inmates having a gender dysphoria diagnosis thus were 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:	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
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).	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).	The auditor conducted interviews with the staff that supervise housing, the facility PREA Compliance Manager, and facility Warden and all confirmed no confined persons have been housed in the past 12 months. During the on-site review, the auditor spoke with confined persons, reviewed samples of forms and did not identify any confined persons under this category.
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.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	The auditor utilized the language services and staff interpreters to interview the limited English proficient confined persons.
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 are 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:	N/A
49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	The random sample of staff included selecting the fifth staff member on the daily duty roster, utilizing staff availability, minimizing scheduling conflicts, and ensuring the samples were selected from all shifts.

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 SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	18
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:	N/A
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 SPECIALIZED 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)
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:	1
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.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	The interviews with the specialized staff attempted to assist the auditor to determine whether roles and responsibilities are being completed. Interviews were conducted with contractors and volunteers during the on-site review. Access for volunteers to the facility is limited and all volunteers will have to complete the biometric clearance process and PREA training before being allowed authorization into the facility.

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). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	During the site review, the auditor verified the opposite-gender presence of staff but announcements were not made while entering the housing units. This was addressed with additional postings and training for staff during the post audit phase. The auditor verified the use of the language interpreter services, assessed the outside reporting mechanisms, identified areas of signage that required additional posting, and inspected all areas for blind spots and opposite gender viewing capabilities. The auditor inspected the video monitoring equipment for opposite-gender viewing. The facility provides camera blinds for all areas that may be viewed by opposite-gender staff. The facility addressed concerns with the culinary vocational area to include out of bounds signage on the upper tier storage area. The Unicor rear supply closet was being used for an inmate office space and this created a blind spot that was removed from service and off limits. The Unicor rear storage area was very dark due to lights being low and mirrors were added on each side of the aisles for additional viewing. Work orders were submitted for the E and F units to repair shower curtains and curtain rods. The Powerhouse and Garage upper tier storage area was identified as a blind spot as it was unlocked and being used for

	recreation equipment. All areas identified as blind spots were addressed and corrected during the post audit phase.
Documentation Sampling	
Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.	
65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	During the on-site review, the auditor reviewed 23 employee files for PREA questions, criminal history checks, and reference checks. The auditor reviewed 23 employee training files for initial and annual PREA training. The auditor reviewed nine investigative files, and 20 confined person files for initial intake screenings, 30-day reassessments, initial PREA information, and 30-day comprehensive PREA education. The auditor reviewed four contractor files and four volunteer files. The auditor identified concerns with confined person files during the onsite review. The concerns included nine files that did not include documentation showing the mental health referral was completed within 14-days, nine files did not document the reassessment being completed within 30-days of arrival at the facility, and 14 inmate files failed to document the comprehensive education was conducted within 30-days of arrival at the facility. The facility corrected the documents and provided the training to the confined persons during the post audit phase. The facility provided written assurance that all staff that conduct the education, reassessments, and mental health referrals were properly trained during the post audit phase. The facility does not maintain the same thorough information for staff allegations as the investigations are conducted by a separate agency. The confined person investigative files are very thorough, and the auditor can determine all alleged victims received accommodations throughout the investigation. However, the staff investigative files do not include the same

	information due to the concern of staff information being released to the public. The auditor addressed this concern with the Agency PREA Coordinator during the annual agency audit. The Agency is aware of this concern and has implemented a program to ensure compliance.

Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.
Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	32	1	32	1
Staff-on-inmate sexual abuse	7	0	7	0
Total	39	1	39	1

a. If you were unable to provide any of the information above, explain why this information could not be provided.	The facility reported that one criminal investigation was conducted in the past 12-months for sexual abuse.

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	4	0	4	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	6	0	6	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	The facility reported no criminal investigations were conducted in the past 12-months for sexual harassment.

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	8	22	2
Staff-on-inmate sexual abuse	0	0	7	0
Total	0	8	29	2

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

There were two substantiated allegations of sexual abuse reported by the facility.

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.

The facility reported no criminal sexual harassment investigations in the past 12 months.

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	1	2	1
Staff-on-inmate sexual harassment	0	0	2	0
Total	0	1	4	1

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:	6
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:	5
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:	1
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:	3
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:	1
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:	2
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. *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	The facility reported two substantiated allegations of sexual abuse and one substantiated allegation of sexual harassment during the onsite review. The auditor verified this statement during the onsite review. No allegations of sexual abuse/sexual harassment remain pending for review.
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:	N/A
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) ☐ Other

PREVENTION PLANNING

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

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

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No

- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No

- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

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

Standard 115.11 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Pre-Audit Questionnaire Responses
2. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, pages 1-72, March 19, 2026
3. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
4. Federal Bureau of Prisons Organizational Chart
5. Federal Bureau of Prisons Agency Website: BOP: Inmate Sexual Abuse Prevention

Interviews:
1. PREA Coordinator
2. PREA Compliance Manager

Site Review Observations:
1. Staff performing opposite-gender announcements upon entry to all housing units.
2. Supervisory staff documenting unannounced security rounds in the post logs.
3. Signs and posters indicating zero tolerance posted throughout the facility.
4. Reviewed the facility training materials.

Findings (By Provision):
115.11 (a) - Program Statement 5333.01, page 12, mandates a zero-tolerance toward all forms of sexual abuse, sexual assault, staff sexual misconduct, and sexual harassment. The Program Statement 5333.01 describes the approach toward prevention, detection, reporting, and response to all forms of sexual abuse and sexual harassment. This includes facility preventive measures necessary to reduce and prevent sexual abuse and sexual harassment of confined persons such as architectural design, custody supervision, video monitoring equipment, orientation procedures, medical screening within 24 hours of arrival, housing considerations, separate showers, classification screenings, 30-day reassessments, facility staffing plan, staff referrals, supervisory notifications, mental health screenings, unannounced supervisory rounds, opposite gender housing announcements, community corrections procedures, and training.

During the on-site review, the auditor identified staff are not performing opposite gender housing announcements when entering all housing units. This was addressed during the post audit phase with additional postings and leadership directives to all staff. The auditor confirmed unannounced supervisory rounds are being conducted daily. The rounds were documented as unannounced in the unit logbooks. The auditor noted postings throughout the facility indicating zero tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment. The Program Statement includes definitions of prohibited behaviors in 5333.01, Section 115.6, pages 9-11, and these definitions include sexual abuse, sexual assault, staff sexual misconduct, and sexual harassment. There is a total of six pages included within this Program Statement as a complete glossary of terms. Program Statement 5333.01, page 55 explains the presumptive approach toward staff, volunteers, and contractors who engage in sexual abuse will be termination and prosecution referral. Program Statement 5333.01, page 55, describes the sanctions for contractors, volunteers, and referrals to law enforcement. Program Statement 5333.01, page 56, includes disciplinary sanctions for confined persons found to have

participated in all forms of sexual abuse, sexual harassment, indecent exposure, kissing, and inappropriate physical contact.

Training is provided for all confined persons, staff, volunteers, and contractors for the education of the duties and responsibilities toward prevention, detection, reporting, and response procedures. The auditor reviewed the facility training rosters and training curriculum that described the methods toward prevention, detection, reporting, and response procedures. Program Statement 5333.01, pages 25-29, provide information relating to employee, volunteer, contractor, and confined person training regarding zero-tolerance for sexual abuse and sexual harassment. This Program Statement also informs the staff how to fulfill their responsibilities toward prevention, detection, reporting, and response procedures.

115.11 (b) – Program Statement 5333.01, page 12, explains the agency employs an upper level, agency-wide National PREA Coordinator, six Regional PREA Coordinators, and designates a PREA Compliance Manager for each facility. The National PREA Coordinator position reports directly to the Assistant Director for the Reentry Services Division, and this position is documented in the agency organizational chart as an upper-level position. The National PREA Coordinator's responsibilities include developing, implementing, and overseeing the Bureau's compliance with PREA. The National PREA Coordinator provides oversight to all Regional PREA Coordinators. The National PREA Coordinator also ensures all contract facilities follow the PREA Standards. The Regional PREA Coordinator ensures policy guidelines are addressed in institutions within each region and this position reports directly to the National PREA Coordinator.

115.11 (c) - The PREA Compliance Manager reports directly to the facility Warden and communicates with the agency Regional PREA Coordinator. This position is in the facility organizational chart (Associate Warden). The PREA Compliance Manager maintains responsibility for the Sexually Abusive Behavior Prevention and Intervention Program. The PREA Compliance Manager must provide supervisory oversight to ensure the coordination of institution departments in prevention, detection, intervention, and response. The facility Warden may appoint supervisory staff as PREA points-of-contact in each key department such as Correctional Services, Psychology Services, and Health Services. The PREA Compliance Manager interviewed indicated enough time and authority to implement and oversee the responsibilities associated with the position.

Conclusion: Interviews conducted with the PREA Compliance Manager confirmed enough time and authority to develop, implement, and oversee the efforts toward PREA compliance. Communication between this auditor, Management Analyst, and the PREA Compliance Manager was professional, timely, and knowledgeable. Interviews conducted with staff, confined persons, volunteers, and contractors indicated knowledge regarding the facilities zero-tolerance policy toward all forms of sexual abuse and sexual harassment. The PREA Compliance Manager was always accessible throughout the auditing process, responded to emails and phone calls immediately, and provided adequate responses during the on-site review. The auditor confirmed an agency policy mandating zero-tolerance of all forms of sexual abuse and sexual harassment. The facility has a documented implementation plan outlining the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. FCC Petersburg is fully compliant with this standard.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.12 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Pre-Audit Questionnaire Responses
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a,Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Federal Bureau of Prisons Agency Website: BOP: Inmate Sexual Abuse Prevention
6. Calendar Year 2025, Federal Bureau of Prisons Annual PREA Report, pages 1-23, effective June 16, 2026

Interviews:
1. Agency PREA Coordinator

2. Facility Warden

115.12 (a-b) FCC Petersburg does not contract with other entities for the housing of confined persons. The auditor confirmed this statement during the agency PREA Coordinator and the facility Warden interview. This statement was also confirmed during the 2025 Annual PREA Report. FCC Petersburg does not have any responsibility, separate from that on the agency level, to enter or maintain contracts for those in confinement with other agencies or jurisdictions. This statement was confirmed during the facility Warden interview. The auditor was not able to interview the Agency Contract Administrator, but information was provided during a brief interview session with the National PREA Coordinator confirming the agency does not currently have any contracts for housing of the confined persons. The Federal Bureau of Prisons Annual PREA Report for 2025 listed 120 Federal Bureau of Prisons Institutions, and 155 Residential Reentry Centers.

Program Statement 5333.01, page 13, indicates, “The Bureau must ensure its contracts with Residential Reentry Centers (RRC) includes their obligation to adopt and comply with the PREA standards. The Residential Reentry Management Branch field staff must include PREA compliance monitoring within their scheduled contract monitoring activity.”

The BOP has moved away from contracting 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.

Conclusion: Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard. FCC Petersburg has not entered any contracts in the last 12 months for confined persons.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ 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*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.13 Analysis

The following evidence was analyzed in making the compliance determination:

Documents:
1. FCC Petersburg Pre-Audit Questionnaire Responses
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
4. FCC Petersburg Staffing Report – Pay Period 9, May 3, 2026, to May 16, 2026
5. Facility Logbook entries
6. PREA Unannounced Rounds Log, (Institution Duty Officer), January 6, 2026, to April 21, 2026

Interviews:
1. Facility Warden
2. Intermediate-and Higher-Level Facility Staff
3. Agency PREA Coordinator
4. Facility PREA Compliance Manager
5. Informal Staff
6. 12 Random Staff

Site Review Observations:
1. Viewed video camera footage, monitors, and storage
2. Inspected facility identified blind spots, locking devices, staff patrols, and supervisory log entries.

Findings (By Provision):
115.13 (a) - The auditor conducted a review of the documented Pre-Audit Questionnaire. The facility indicated 425 staff employed by the facility that may have contact with confined persons. FCC Petersburg Strength Report for pay period nine indicated the following positions: Food Service = 28, Health Services = 34, Inmate Services = nine, Custody = 259, Case Management = three, Correctional Systems = 17, Unit Management = 49, Reentry = two, Drug Abuse Program = 12, Education = 19, Recreation = 15, Religious Services = eight, Psychology Services = 15, Administration = 11, Financial Management = 12, Human Resource = eight, Computer Services = two, Employee Development = two, Facilities = 39, Power House = eight, Safety = five, Trust Fund = 11, and Unicor = ten, for a total of 578 authorized positions at that time. The Facility Warden informed me the total staffing on the first day of the audit was 397 and the complex was operating at a 69% staffing level. The institutional staffing plan is reviewed on a regular basis by the facility PREA Compliance Manager, Regional PREA Coordinator, Warden, and the staffing plan is reviewed annually by the National PREA Coordinator. This is a very thorough process that includes the following: daily shift assignment rosters, summary of personnel documents, and a quarterly report. The auditor reviewed the daily operations data for the three days during the on-site review and did not find any deviations within the staffing plan for the three days.

The facility utilizes video monitoring equipment, positioned in specific locations for the operators to view. The video monitoring is recorded with digital video recording and network video recording. Each camera has its own specific DVR and the retention rate for each camera recording is 14 days. The facility has cameras that are monitored by duty post staff, controlled, and accessed by investigators and supervisors as needed. These cameras monitor the perimeter and key areas of the facility. FCC Petersburg camera coverage is monitored twenty-four hours a day by a dedicated officer located in the control center and the on-site review did not indicate a concern with opposite-gender viewing. The current staffing plan and video monitoring system is adequate for the protection of confined persons from sexual abuse. The facility has updated the facility cameras in the past 12 months.

The auditor confirmed the security levels for each shift, support staff, administrative staff, maintenance staff, and management by comparing the staff assigned to the daily duty rosters. The facility Warden interview indicated the factors considered in the development of this staffing plan include accepted detention and correctional practices, and no judicial findings of inadequacy from Federal, internal, or external bodies. Correctional officers and supervisors monitor each housing unit and conduct unannounced rounds throughout the day. All programming activities are during dayshift hours, and the facility provides additional staff to accommodate these needs with the addition of staff to monitor these areas. This auditor verified this process during the site inspection as the staffing levels were consistent with the daily roster report. The elements of State, Local Laws, Regulations, Standards, and other relevant factors are considered when developing the staffing plan. There were two substantiated allegations of sexual abuse, 29 unsubstantiated incidents of sexual abuse allegations, and eight unfounded allegations of sexual abuse considered prior to the review of the current staffing plan. The Human Resource Management Division and Administration Division, Central Office, must consider PREA factors and safety, when allocating the overall staffing resources. At the facility level, the Salary/Workforce Utilization Committee Meeting Minutes serve as the staffing plan.

115.13 (b) - The facility provided information during the Pre-Audit Questionnaire process indicating no deviations within the staffing plan in the last 12 months. The facility developed daily duty rosters that document all custody staff, and which post staff members are assigned. This report is developed and updated on an annual basis and the Warden interview confirmed this process. Program Statement 5333.01, pages 14-15, implements regular review of the staffing requirements and indicates the PREA

Coordinator shall complete and submit the compliance review annually. The most recent Salary/ Workforce Utilization Committee Minutes are annually compiled by the Regional PREA Coordinator by May 1st and submitted to the National PREA Coordinator by June 1st. This documentation shall be forwarded to the Facility Warden for review. The auditor reviewed no incident reports indicating deviations within the staffing plan. The facility reported all post assignments are filled with overtime usage. The most common overtime needs consisted of FMLA status, sick leave, annual leave, and training. The facility Warden indicated in the formal interview there are mandates within the policy that require every post to be filled. All Federal Bureau of Prisons institution staff are designated as correctional workers first. All institution staff are required to attend academy training to receive certification. This allows all institution workers the ability to fill any post if necessary.

115.13 (c) - Program Statement 5333.01, page 15, includes the specific requirement regarding an annual review of the facility staffing plan by the Regional PREA Coordinator and the National PREA Coordinator. The PREA Compliance Manager and the facility Warden interviews confirmed the staffing plan is discussed numerous times throughout the year at the facility level, and changes are necessitated as required. The Warden confirmed no litigation, and no federal mandates are currently present that may affect the safety of the facility. The interview indicated full compliance with the provisions of this standard. The auditor reviewed the Salary/Workforce Utilization Committee Meeting Minutes for 2026 and confirmed this document included a discussion regarding accepted detention practices, judicial findings, oversight, blind spots, isolated physical plant locations, group dynamics, supervisory staff, programming, regulations, substantiated/unsubstantiated allegations, and vulnerabilities. This information was confirmed by the auditor during the on-site PREA Compliance Manager interview.

115.13 (d) - Program Statement 5333.01, page 15, informs staff regarding supervisor unannounced rounds must be made throughout the facility to deter sexual abuse or sexual harassment on each shift. Program Statement 5333.01 also includes staff who are prohibited from alerting other staff members regarding the supervisory rounds and disciplinary action is the standard result of these actions. The on-site review indicated the supervisory rounds are being conducted and documented on the unit logs. The auditor reviewed documented unit logs for the month of January 2026, to April 2026, for the facility Institution Duty Officer, and this includes records for special housing, housing unit logs, and inspections conducted by the Institution Duty Officer on each shift. These documents indicated rounds being conducted during day and night shift activities and at random intervals. The logs did not indicate a distinct pattern as all rounds were conducted at various times and on different shifts. An interview was conducted with one upper-level supervisor that serves as the Institution Duty Officer and the interview indicated the supervisor will enter the facility at random locations, double back on security rounds, and monitor the radio traffic regarding supervisory notifications. All staff interviewed indicated disciplinary action as the result of any infractions regarding unannounced rounds throughout their tours. The auditor conducted informal staff and informal confined person interviews, and these interviews indicated higher-level staff are present throughout the units on both day and night shifts. The informal staff interviews indicated that supervisors are always walking through the units and documenting their presence. The informal confined person interviews indicated supervisory presence within the units.

Conclusion: Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard requiring the development and review of a facility staffing plan, intermediate-or higher-level supervisors conducting documented unannounced rounds, and the facility has developed a policy that prohibits staff from alerting other staff of the rounds occurring.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.14 Analysis

The following evidence was analyzed in making the compliance determination:

Documents:
1. FCC Petersburg Pre-Audit Questionnaire Responses
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026

Interviews:
1. Informal Staff
2. Informal Confined Persons
3. Education and Program Staff
4. PREA Compliance Manager

Site Review Observations:
1. Reviewed the daily confined person rosters and housing reports
2. Reviewed the facility intake process and classification questionnaire
3. Reviewed FCC Petersburg 2023 PREA Audit Report

Results Based on the Following Provisions:
115.14 (a-c) – FCC Petersburg has not housed any youthful, confined persons in the last 12 months. Program Statement 5333.01, Section 115.14, Youthful Inmates, pages 15-16, describes the considerations for a youthful, confined person to be housed in the Bureau of Prison facilities. The policy states that a youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. In areas outside of housing units, the facility shall either maintain sight and sound separation between youthful inmates and adult inmates or provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact. The agency shall make its best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible.

FCC Petersburg does not house youthful, confined persons in the facility and this practice was confirmed during the interview process and verified by the facility population analysis of age ranges for the past 12 months. The facility PREA Compliance Manager interview confirmed this during the on-site review. The auditor reviewed the December 18, 2023, facility PREA audit report and confirmed no youthful, confined persons were authorized during the time of the audit. The agency website indicates the following regarding FCC Petersburg: FCC Petersburg is an adult male medium security federal correctional institution with an adjacent minimum security satellite camp.

Conclusion: Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard requiring the youthful, confined person to be housed separate from sight, sound, and physical contact with any adult confined persons through use of a shared dayroom or other common space, shower area, or sleeping quarters. FCC Petersburg does not house youthful, confined persons and no corrective action is required within this standard.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
  ☐ Yes ☐ No ☒ NA

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

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

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

115.15 (d)

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

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

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☐ Yes ☐ No ☒ NA

- 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 ☒ NA

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 ☐ NA

- 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 ☒ NA

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.15 Analysis

The following evidence was analyzed in making the compliance determination:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Program Statement 5521.06 CN-1, Searches of Housing Units, Inmates, and Inmate Work Areas, March 6, 2025
6. Sexually Abusive Behavior Prevention and Intervention Program, Annual Training 2026 Lesson Plan, pages 1-39, Escort Procedures
7. Course Completions for Escort Procedures and Annual PREA Training

Interviews:
1. Non-Medical Staff Involved in Strip Searches
2. 12 Random Staff
3. Informal Staff, and Informal Confined Persons
4. 20 Random Confined Persons

Site Review Observations:
1. Confirmation of gender specific posts compared to the daily duty rosters.
2. Intake Risk Screening and Classification Review.
3. Opposite gender announcement not performed while entering the housing units.

Findings (By Provision):

115.15 (a) – Program Statement 5521.06 CN-1, Searches of Housing Units, Inmates, and Inmate Work Areas indicates the facility shall not conduct opposite gender strip searches or opposite gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. FCC Petersburg reported no opposite-gender strip or visual body cavity searches conducted in the last 12 months. This includes no searches that involved exigent circumstances or performed by non-medical staff. This was confirmed through 12 random interviews with staff. As all 12 staff interviewed explained, the facility does not perform opposite-gender strip or visual body cavity searches. The auditor conducted 20 random interviews with confined persons and all 20 interviews indicated no opposite-gender strip or visual body cavity searches have been performed. The confined person population reported strip searches are always conducted by the same gender. This information was also confirmed during informal interviews with staff, and informal confined person interviews as the interviews confirmed the male staff are not allowed to perform pat searches of female confined persons, and all strip searches are conducted by the same gender. No non-medical staff involved in cross-gender searches were available for interview due to the facility reporting no cross-gender searches. Program Statement 5333.01, page 16, indicates when an exigent circumstance exists regarding an opposite gender search, all searches will be documented on an incident report and forwarded to the Operations Lieutenant, and the PREA Compliance Manager.

115.15 (b) – FCC Petersburg houses male confined persons. The facility Warden confirmed this statement during the on-site review. The facility website indicated the facility houses male offenders.

115.15 (c) – Program Statement 5521.06 CN-1 requires the facility shall document all opposite gender strip searches, opposite gender visual body cavity searches, and opposite gender pat down searches of inmates. The facility Warden confirmed this statement during the on-site review. No opposite gender searches of confined persons were observed by the auditor during the on-site review. Interviews with 20 random confined persons and 12 random staff did not indicate any concerns with opposite gender searches.

115.15 (d) - Program Statement 5333.01, page 17, explains that inmates shall be able 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. This policy mandates no gender specific posts, but male staff are assigned as Transport Officers, Search Team Officers, Visiting Room Search Officers, and will be considerate of gender specific posts. The auditor reviewed the daily post assignments during the on-site review and compared the gender assigned with the posted memo requirements. The facility offers shower curtains that do not create blind spots, doors to protect from viewing during restroom functions, and mirrors that do not affect privacy. The facility restrooms, showers, and housing units were inspected for compliance and the auditor observed shower curtains for privacy while taking a shower, and camera placements throughout the facility that did not indicate opposite gender viewing during periods of undress by the

population. However, the auditor observed several shower curtains that were not posted as the showers were out of order. The curtains were being hung with strings instead of professionally installed curtain rods. This was addressed by the facility during the post audit phase.

Housing unit post orders indicate a procedure for staff of the opposite gender to announce their presence when entering a housing unit. This practice was not observed throughout the facility site review as staff did not announce their presence and document this action in the unit logbooks. FCC Petersburg updated signage at the door of each unit requiring this announcement to be made during the post audit phase.

115.15 (e) – Not applicable due to recent Federal directives.

115.15 (f) – Not applicable due to recent Federal directives.

Conclusion: Based upon the review and analysis of all the available evidence, interviews, on-site observations, policy, procedure, and practice considerations, the auditor has determined that the facility is fully compliant with this standard. No corrective action is required.

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

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

115.16 (a)

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

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

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

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

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.16 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. LanguageLine Solutions Agreement Memo, May 19, 2026
6. Sexually Abusive Behavior Prevention and Intervention Program, 2025 Lesson Plan, pages 1-13
7. Agency Policy 5200.06, Management of Inmates with Disabilities, pages 1-16, November 22, 2019

Interviews:
1. Facility Warden
2. Two Confined Persons with a Physical Disability
3. Three Confined Persons with a Hearing Disability
4. Two Confined Persons with a Limited English Proficiency (LEP)
5. Four Confined Persons with a Cognitive Disability
6. 12 Random Staff
7. Informal Staff
8. Two Confined Persons with a Vision Disability

Site Review Observations:
1. Signs and posters indicating zero-tolerance posted throughout the facility English/Spanish formats
2. The unit phones are available with a TTY service and Spanish options
3. Opposite Gender Announcements in the housing units – Updated during Post Audit Phase
4. Written materials in multiple language formats
5. Staff interpreters on-site and utilized during interviews

Findings by Provision:
115.16 (a) Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual explain the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy includes language associated with deaf or hard of hearing confined persons, blind or having low vision, confined persons who have intellectual disabilities, psychiatric disabilities, speech disabilities, and limited English proficiency. The auditor confirmed the facility contract LanguageLine Solutions for those with a limited English proficient disability. The facility will provide the PREA materials, handbook, and posters in a language understood by the confined person that is limited English proficient. The facility Warden interview indicated the facility has a contract to provide language services, the facility is required to post materials in both English and

Spanish formats, there are options for the blind, staff listed as interpreters, and all PREA related materials are available in multiple languages. The auditor inspected the confined person phone systems, the TTY options are available for hard of hearing populations, and the voice recorded options are available in Spanish formats.

115.16 (b) The confined person handbooks are written in both English and Spanish format. The PREA and Americans with Disabilities Act provisions are documented in policy 5200.06, Management of Inmates with Disabilities, and indicate the following resources are available for the inmates: closed captioning, large print material, reading of materials to inmates by staff, department translator lists, and the language services. Confined persons are provided with the facility handbook in their primary language upon request and the auditor reviewed the intake process.

115.16 (c) The facility provides interpreter services with a language service known as LanguageLine Solutions. The facility offers a TRULINCS email service to communicate with the confined person population and the staff. This service is available for those with limited reading skills in both English and Spanish. The auditor evaluated the email process during the on-site review, and an immediate response was provided. Posters and signs are available throughout the facility in both English and Spanish relating to reporting mechanisms, and prevention techniques. Staff training files reviewed indicated training received for managing confined persons at risk of sexual abuse and identified the policy against using confined person interpreters. The auditor interviewed 12 random staff and conducted informal staff interviews that described the use of the language line or staff interpreter services. Confined persons would not be used to provide interpreter services during a sexual abuse or sexual harassment allegation.

Conclusion: The evidence reviewed by the auditor reveals a significant level of facility importance regarding confined persons with disabilities or those with limited English proficiency having the ability to communicate effectively with staff. This includes efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has taken an above average approach to accommodate steps to communicate effectively with confined persons who are deaf or hard of hearing, have speech disabilities, are blind or low vision, intellectual disabilities, limited reading skills, psychiatric disabilities, or limited English proficient. This includes a LanguageLine Services contract, and the potential staff interpreter lists. The staff interviews did not indicate the use of confined person interpreters, readers, or assistants during sexual abuse or sexual harassment investigations. The agency has a policy in a written format, and the review of the agency training materials indicated the facility training aligns with the written policy. The Warden interview indicated a strong knowledge base and the expected communication results designed within the intent of the written policy. The facility is fully compliant with this standard.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community

facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

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

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.17 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. 23 Random Staff Personnel Files
6. Four Random Volunteer Files
7. Four Random Contractor Files
8. Agency Policy 3000.03, Human Resource Management Manual, pages 28-45, December 19, 2007
9. Program Statement 3420.14, Standards of Employee Conduct, pages 6-7, May 15, 2026

Interviews:
1. Human Resource Staff
2. PREA Compliance Manager
3. Informal Staff
4. One Contractor
5. One Volunteer
6. 12 Random Staff
7. Facility Investigator

Site Review Observations:
1. 23 Random Staff Personnel Files
2. New Employee Background Screenings Confirmed
3. Contractor Background Screenings Confirmed
4. Five-year Background Screenings Confirmed

Findings by Provision:
115.17 (a) Agency policy 3000.03, page 28, prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who have engaged in, been convicted of, or civilly/administratively adjudicated in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution. This was confirmed during the interview with one Human Resource staff member. Each staff member must provide responses to specific questions related to PREA during the submission of the application. A background questionnaire form is completed authorizing the facility to conduct a background screening. The auditor reviewed 23 staff personnel files that indicated a response to these PREA-related questions.

115.17 (b) Agency policy 3000.03, pages 41-45, requires the facility to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. This was confirmed during the interview with one Human Resource staff member. The auditor reviewed 23 staff personnel files including their signatures on the background release forms. None of the 23 staff personnel files indicated concerns regarding this provision.

115.17 (c) The Agency policy 3000.03, Human Resource Management Manual indicates a screening is required by law prior to hiring. This includes the following: employment history checks, criminal history checks, and the National Sex Offender Registry screenings. These checks are completed prior to hiring new employees who may have contact with inmates, criminal background records checks and 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 is completed. The auditor spoke with the Human Resource Manager and determined 24 criminal background checks have been completed in the past 12 months. These record checks were conducted through the National

Crime Information Center, and all current staff background checks are performed prior to employment. The background checks include the following: Biometric information, driving records, investigation files, licensure, military records, and drug related convictions. The Federal Bureau of Prisons staff must complete a Federal Electronic Questionnaires for Investigations Processing process that includes a preliminary screening and full clearance for duty.

115.17 (d) The Pre-Audit questionnaire indicated 17 background checks completed for staff covered under contracts for services that may have contact with confined persons. This information was confirmed during the Human Resource Manager interview. The auditor reviewed agency policy 3000.03 regarding the provision of this standard that documents background checks are conducted for all applicants and employees. All contracted staff must complete a Federal Background process that includes a preliminary screening and full clearance for duty.

115.17 (e) Agency policy 3000.03 indicates criminal background checks are conducted on all current employees, volunteers, and contractors, at least every five years. This depends upon what type of clearance badge you were awarded at the time of employment or admission into the facility. This was confirmed during the Human Resource staff interview. This is captured within the agency reporting mechanism and discussed during the Human Resource interview. The systems that capture this information are the National Crime Information Center, and the Department of Motor Vehicles. All employees and contractors must renew their clearance certification every five years by completing a Federal Background process that includes a preliminary screening and a full clearance for duty.

115.17 (f) All applicants and employees, who may have contact with confined persons, will be asked about previous misconduct in all written applications, interviews for hiring or promotion, or during written evaluations. This was confirmed during the review and interview with the Human Resource staff member. The auditor reviewed 23 staff files and confirmed the signed document was present asking the specific questions relative to sexual abuse, sexual assault, and sexual harassment.

115.17 (g) Employees must disclose all misconduct allegations and any material omission or false information regarding misconduct will be grounds for termination. The Human Resource Manager interview explains failure to report criminal charges and convictions may result in disciplinary action, demotion, and termination. In addition, 23 staff personnel files were reviewed, and no issues were determined regarding this practice.

115.17 (h) The facility tracking mechanism is documented on the applicant summary form and includes a criminal records check, valid driver’s license, personal interview, proper documentation provided, social security number compliance, certification verification, correctional reference checks to include prior employers, resignations, and substantiated allegations. The Human Resource Staff interview provided documentation demonstrating a criminal history and driving history inspection that was previously conducted for staff. The Human Resource Staff interview confirmed a criminal background check was conducted prior to offering promotional opportunities and the auditor verified this process during the employee file review. All staff and contractors are required to complete a Federal Background process that includes a preliminary clearance and a full clearance for duty. This process is repeated every five years.

Conclusion: Based on the evidence reviewed by the auditor to include: 23 staff personnel files, interviews with one Human Resource staff, agency and facility policy, four contractor reviews, 12 random staff interviews, and informal staff interviews, the auditor finds no discrepancies within this standard required for corrective action. The steps considered by the facility to ensure the safety of the confined persons with qualified staff are impressive, as all employee and contractor background investigations are conducted by the Federal Background process. The facility offers a detailed ID clearance system, and all staff are required to maintain their clearance throughout employment. All staff

must be reevaluated upon promotion and are required by policy to inform Human Resource staff regarding any negative interaction with law enforcement. The ID clearance system is consistent across all parameters to include the auditor clearance prior to authorized approval to conduct this audit.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.18 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:

1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026

Interviews:
1. Facility Warden
2. PREA Compliance Manager
3. PREA Coordinator

Site Review Observations:
1. Camera and monitor placement throughout the facility
2. Video and storage areas and camera footage
3. Gender Specific post assignments
4. Opposite-gender viewing on video monitoring equipment

Findings by Provision:
115.18 (a) The Program Statement 5333.01 indicates when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. The Warden confirmed no substantial expansions were performed to FCC Petersburg facility within the last 12 months. The interview with the Warden indicated the safety and privacy needs for confined persons is always considered. Whenever analysis is performed the idea of creating areas of safety and eliminating blind spots is important.

115.18 (b) The Program Statement 5333.01 indicates when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. The facility has performed upgrades to the video monitoring equipment within the last 12 months. The auditor reviewed the video footage during the on-site review in correlation with the previously documented gender specific post assignments. No immediate concerns were identified regarding opposite-gender viewing of the video monitoring equipment. The video monitoring equipment has been upgraded, and future expansion is not being considered in the current vision as indicated during the facility Warden interview.

Conclusion: The agency has implemented a policy and a program to monitor the effects of upgrades, camera placement, and video monitoring equipment throughout their facilities. Each camera has a full DVR recording support, and all modern additions were provided to assist in preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The efforts provided by the facility meet the requirements of this standard. The Warden reported that the PREA Compliance Manager participates in the discussions regarding video monitoring equipment and future expansion, and all documentation is forwarded for review to the regional level PREA Coordinator.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

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

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

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

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.21 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Reviewed for investigations involving a Sexual Assault Nurse Exam Referral
6. Reviewed the Agreement Between Federal Bureau of Prisons, Federal Correctional Complex (FCC) Petersburg, and James House, pages 1-7, June 11, 2023

Interviews:
1. 12 Random Staff
2. One Sexual Assault Nurse Examiner
3. PREA Compliance Manager
4. Four Confined Persons who Reported Sexual Abuse
5. One Non-Custody First Responder
6. Three Informal Staff

Site Review Observations:
1. Toll-Free Number posted in all Housing Units for a Victim Advocate Provider during the Post Audit Phase.
2. PREA Signs and Posters posted in all Housing units in English and Spanish formats.
3. The Intake PREA pamphlet was updated during the Post Audit Phase with the correct Victim Advocate information.

Findings by Provision:
115.21 (a) The Federal Bureau of Prisons and FCC Petersburg utilize the facility investigators for conducting administrative sexual abuse and sexual harassment investigations, the Office of the Inspector General (OIG), and the Federal Bureau of Investigation (FBI), has the responsibility for conducting criminal abuse/harassment investigations. The OIG and the FBI utilize a uniform evidence protocol when conducting sexual assault investigations and forensic medical examinations. The Program Statement 5333.01 describes the uniform evidence protocol required by the facility on pages 22-24. The auditor interviewed 12 random staff and all interviews indicated securing the scene and the Evidence Recovery Team would be responsible for collecting the evidence at the scene. The Program Statement 5333.01 indicates the standard utilized when conducting sexual abuse, sexual harassment, and discrimination investigations. The auditor reviewed a Memorandum for PREA File acknowledging an agreement between the Federal Bureau of Prisons and the Federal Bureau of Investigation. This agreement is effective until both parties express otherwise.

115.21 (b) FCC Petersburg does not house youthful, confined persons, and this was confirmed by the agency website, on-site interviews conducted with staff, and the population statistical data. Program Statement 5333.01 explains that the protocol established for evidentiary purposes should be developmentally appropriate for youth. This policy was adapted in correlation with the National Protocol for Sexual Assault Medical Forensic Exams, Adult/Adolescents.

115.21 (c) The facility offers all confined persons who experience sexual abuse access to forensic medical examinations and without financial cost to the victim. The Program Statement 5333.01 advises the facility shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without cost, where evidentiary or medically appropriate. FCC Petersburg

utilizes an off-site medical emergency room, St. Mary's Hospital for conducting emergency treatment and Sexual Assault Nurse Exams (SANE). The facility reported two forensic medical exams were performed by a Sexual Assault Nurse Examiner (SANE) or by a medical practitioner during the past 12 months. This auditor was able to speak with the SANE nurse during the on-site review. The SANE staff indicated they provided the necessary support at the St. Mary's Hospital during the sexual assault exam. This was also confirmed by the PREA Compliance Manager and the Health Services Administrator during the on-site review. The Health Services Administrator confirmed all medical procedures will be performed at no cost. The auditor confirmed an agreement is documented with the selected provider.

115.21 (d) FCC Petersburg medical staff complete the Bureau Learning University training curriculum regarding PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting, and PREA: Behavioral Health Care for Sexual Assault victims in a Confinement Setting. The auditor reviewed the memorandum of understanding with James House for victim advocate services. The agency posters were not posted in all housing units to identify the 24-hour services offered by the agency, advocacy, case management, and hospital accompaniment. The poster was updated during the post audit phase and offers an address for confined persons to write directly to the agency, and the information is also provided in the confined person handbook. The facility intake pamphlet was updated during the post audit phase to include the information for the James House.

115.21 (e) The facility reported two incident reports demonstrating a victim advocate was offered but not present during the sexual assault medical exam as the facility reported two incidents involving the need for an exam. Program Statement 5333.01, page 23, explains that victim advocates from the community used by the Bureau are preauthorized by the agreement. The victim advocate will serve as emotional support for the confined person while navigating through the treatment and evidence collection processes. This was confirmed during the PREA Compliance Manager interview.

115.21 (f) FCC Petersburg utilizes the facility Special Investigative Services (SIS) and the Office of Internal Affairs (OIA) for conducting administrative sexual abuse and sexual harassment interviews, and the Federal Bureau of Investigation (FBI) and the Office of the Inspector General (OIG) have the responsibility for conducting criminal abuse/harassment investigations. This was confirmed during the PREA Compliance Manager, Investigative staff interviews, and informal staff interviews were able to identify the SIS Lieutenant as the point of contact for facility investigations.

115.21 (g) N/A

115.21 (h) The facility PREA Compliance Manager verified the facility has entered into an agreement with the community advocate to offer emotional support, crisis intervention, information, and referrals. FCC Petersburg will also utilize the Psychology Services Department staff to provide representatives for the emotional support services. The auditor verified training is offered to support this duty.

Conclusion: The facility has in place a policy reflecting the efforts toward providing investigations, victim support, evidence protocol, and forensic medical examinations. The auditor reviewed efforts by the facility to contact a provider for the provisions required and all facility efforts are documented in writing. The facility utilizes the services of the James House for outside victim advocacy services. All provisions were met within standard 115.21 and no corrective action is required.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

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

Standard 115.22 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Reviewed for investigations involving a Sexual Assault Nurse Exam Referral
6. Reviewed for SANE Evaluations from St. Mary's Hospital

Interviews:
1. Facility Warden
2. One Facility Investigator
3. PREA Compliance Manager
4. PREA Coordinator

Site Review Observations:
1. Reviewed the facility website for Investigative information.
2. Reviewed the Operations Lieutenant Checklist
3. Reviewed Nine Investigative Files
4. Reviewed the Case Management Log Entry System

Findings by Provision:
115.22 (a) FCC Petersburg listed 39 allegations of sexual abuse and six sexual harassment allegations reported in the past 12 months. The auditor reviewed nine investigative files during the on-site review. This resulted in 45 administrative investigations and no allegations remain pending. The facility reported receipt of four allegations that occurred at another facility and the auditor verified the facility head notification process occurred. FCC Petersburg recognizes the grievance system as a method of reporting allegations of sexual abuse and the auditor noted 45 grievances submitted within the last 12 months regarding allegations of sexual abuse or sexual harassment. When a grievance form is received indicating an allegation of sexual abuse or sexual harassment, the grievance is forwarded immediately to the Special Investigative Services (SIS) for investigation. FCC Petersburg provides an email helpline as a method of reporting sexual abuse or sexual harassment. FCC Petersburg has entered a documented GSA with the James House for emotional support services to victims of sexual abuse. The facility reported two confined persons are currently participating in the services being offered by the victim advocate as there have been two substantiated allegations of sexual abuse in the past 12 months.

Administrative investigations are conducted for all allegations of abuse or harassment, and criminal investigations will be conducted upon referral. FCC Petersburg reported a total of 39 sexual abuse and six sexual harassment investigations conducted within the past 12 months. This includes administrative sexual abuse cases, and cases involving sexual harassment. The investigations resulted in three substantiated claims for administrative actions, 33 unsubstantiated claims, and nine allegations that the investigation was determined to be unfounded. Administrative investigations are completed for every

allegation of sexual abuse and sexual harassment, and referrals are made for criminal investigations as needed. The facility reported no allegations of sexual abuse or sexual harassment remains pending for final review.

115.22 (b) The Program Statement 5333.01 requires all allegations of sexual abuse and sexual harassment to be investigated and referred for administrative review or criminal prosecution. Policy 5333.01 ensures the allegation of sexual abuse or sexual harassment is referred to an agency with the legal authority to conduct criminal investigations. The Office of the Inspector General and the Federal Bureau of Investigation shall be responsible for criminal investigations into matters relating to sexual abuse and sexual harassment. This notification policy is posted on the agency website and the procedures for reporting allegations are found in Program Statement 5333.01. This auditor reviewed documentation indicating all cases were entered into the facility incident database. This information was provided and explained by the PREA Compliance Manager. This auditor reviewed nine investigative reports and determined a documented credibility assessment. The considerations for credibility were included as discussed throughout the investigative staff interviews and documented within the reports. The evidence provided demonstrated full compliance with this practice. The facility Investigator interview indicated the burden of proof for administrative investigations to be the preponderance of the evidence. The PREA Compliance Manager confirmed the policy is posted on the agency website, and this was included in the facility pre-audit questionnaire.

115.22 (c) Program Statement 5333.01 indicates the Federal Bureau of Investigation (FBI) shall conduct all criminal investigations of sexual abuse, sexual battery, and confined person sexual harassment. The Office of the Inspector General (OIG) will conduct staff criminal investigations. The information provided by the agency and facility indicates compliance with this standard.

115.22 (d) N/A

115.22 (e) N/A

Conclusion: Based on the evidence provided by the facility, the agency has a policy governing the investigations of allegations of sexual abuse and sexual harassment. The facility has a documented investigative policy, and documents all reports of sexual abuse and sexual harassment. The facility provided the auditor with documentation of the investigations, including full investigative reports with findings. This auditor reviewed nine investigative reports and determined a documented credibility assessment. The considerations for credibility were included as discussed throughout the investigative staff interviews and documented within the reports. The evidence provided demonstrated full compliance with this practice. The agency policy is posted on the website, and it describes the investigative responsibilities of both the agency and the separate entities that conduct the criminal investigations on its behalf. The facility meets the provisions of this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No

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

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.31 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. PREA Sexually Abusive Behavior Prevention and Intervention Program Annual Training Documents
6. Annual Training 2025, Curriculum Lesson Plan Sexually Abusive Behavior Prevention, and Intervention Program

Interviews:
1. 12 Random Staff
2. PREA Coordinator
3. Three Informal Staff
4. Facility Training Staff

Site Review Observations:
1. Reviewed 23 Staff Training Files
2. Reviewed 23 PREA Training and Understanding Verification Forms
3. Verified a list of all current staff training dates

Findings by Provision:
115.31 (a) Program Statement 5333.01 includes the zero-tolerance standard toward sexual abuse and sexual harassment policy relating to staff training. This policy includes training requirements on how to fulfill staff responsibilities for prevention, detection, reporting, and response. This policy includes all elements listed in section 115.31 (a) 1-10. The auditor conducted 12 Random staff interviews indicating significant knowledge regarding the zero-tolerance policy toward all forms of sexual abuse and sexual harassment, and the staff requirements toward prevention, detection, reporting, and response. The auditor reviewed the PREA Course Lesson Plan that lists the following performance objectives required within the training: The agency's zero tolerance policy for sexual abuse and sexual harassment, staff responsibilities for prevention, detection, response, and reporting procedures, confined persons right to be free from sexual abuse and sexual harassment, confined person and staff retaliation standards, the dynamics of sexual abuse in confinement settings, victim behaviors, signs and symptoms of threatening behaviors, how to avoid inappropriate relationships, communication and understanding the linguistic, ethnic, or cultural differences, and how to report sexual abuse to outside authorities.

115.31 (b) This auditor reviewed the staff training curriculum to include rosters, power points, briefing rosters, lesson plans, and the Power Point training program. This program is a testing platform and specifically designed to provide the PREA training elements listed in 115.31 (a) 1-10. The facility trained 425 staff members in the last 12 months and provided training rosters demonstrating PREA training across all shifts. The Agency training is tailored to the gender of the confined persons at the facility to include male and female confined persons and staff. The interview with one informal confined person did not identify any concerns with opposite-gender exposure during searches.

115.31 (c) The auditor reviewed a total of 23 staff training files. The documentation provided indicated that all staff received the initial and annual PREA training. A complete listing of all staff was provided by the PREA Compliance Manager to the auditor, ensuring the training was received by all staff at the end of the on-site review. The Human Resource staff interview confirmed staff receive PREA training during the initial onboarding and on an annual basis in the academy, online, during roll call briefings, and during in service.

115.31 (d) The 12 random staff interviewed during the on-site review and informal staff interviews indicated the ability of staff to properly identify the PREA Compliance Manager, PREA Investigator, and the PREA Coordinator. This was confirmed during the on-site review as the PREA Compliance Manager provided email notification to all staff and the information was provided during shift briefings.

Conclusion: Based on the review of the facility training policies, staff training curriculum, samples of the training records, and the documentation of the employees' signatures signifying comprehension of the training received, the facility meets compliance with this standard. No corrective action is required.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.32 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. PREA Sexually Abusive Behavior Prevention and Intervention Program Annual Training Documents
6. Annual Training 2025, Curriculum Lesson Plan Sexually Abusive Behavior Prevention, and Intervention Program
7. Level One Contractor/Volunteer Application/Training Forms

Interviews:
1. One Contractor
2. One Volunteer
3. PREA Compliance Manager

Site Review Observations:

1. Reviewed Volunteer/Contractor/ Public Visitor Forms
2. Reviewed the facility Biometric process

Findings by Provision:
115.32 (a) Program Statement 5333.01 explains the zero-tolerance standard toward all forms of sexual abuse, sexual assault, and sexual harassment. The facility provides a volunteer and contractor lesson plan, Power point review, and a PREA test. This auditor reviewed the volunteer and contractor lesson plan, and the information includes the zero-tolerance policy, requirements for preventing, reporting, detection, response, and the discipline imposed for violations of this policy. The documentation provided by the facility indicates the volunteer and contractor signature understanding the training received. The auditor reviewed the PREA Information Acknowledgment form indicating they understand the training received. The auditor reviewed the PREA Lesson Plan provided by the PREA Compliance Manager, and the materials indicated the discussion regarding the zero-tolerance standard.
The auditor reviewed the PREA Course Lesson Plan that lists the following performance objectives required within the training: The agency's zero-tolerance policy for sexual abuse and sexual harassment, staff responsibilities for prevention, detection, response, and reporting procedures, confined persons right to be free from sexual abuse and sexual harassment, confined person and staff retaliation standards, the dynamics of sexual abuse in confinement settings, victim behaviors, signs and symptoms of threatening behaviors, how to avoid inappropriate relationships, communication and understanding the linguistic, ethnic, or cultural differences, and how to report sexual abuse to outside authorities. The volunteers and contractors are required to complete a written test, and the auditor verified this process throughout the on-site review.

115.32 (b) FCC Petersburg reported 15 contractors and 60 volunteers assigned throughout the facility. The level of training provided is based on the services they provide and the level of contact they have with the confined person. Each contractor and volunteer must complete an application, and a background check is completed. The application consists of the following information: personal information, current employment information, personally identifiable information, education, emergency contacts, criminal history, and previous institutional experience. Each volunteer and contractor are screened through the National Crime Information Center. All volunteers and contractors complete a screening process, and a badge identification system is conducted that authorizes the volunteer or contractor access to the facility.

115.32 (c) The auditor spoke with one volunteer that provided information relating to the training received, handbook notifications, and background questionnaires. All interviews indicated the ability to convey the zero-tolerance policy, preventive actions, notification procedures, and response practices. All interviews confirmed receipt of the PREA training.

Conclusion: Based on the review of the evidence provided, the facility ensures all volunteers and contractors that have contact with confined persons are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors is based on their level of contact with the confined person. The sample of volunteers interviewed indicated knowledge regarding the zero-tolerance policy and how to report any incidents. The agency maintains documentation confirming that all volunteers and contractors understand the training they have received. No corrective action is required regarding this standard.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

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

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

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.33 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Institution Admission and Orientation Program Checklist
6. FCC Petersburg Confined Person Handbook

Interviews:
1. PREA Compliance Manager
2. One Intake Staff
3. 20 Randomly Selected Confined Persons
4. Informally Selected Confined Persons
5. Two Physical Disability
6. Four Cognitive Disabilities
7. Two Limited English Proficient

Site Review Observations:
1. Observed the Intake Process and Issue of the confined person handbook
2. Reviewed Confined Person Intake Files
3. Reviewed PREA Comprehensive Education Signature Documents
4. Observed PREA Posters and Materials Posted in All Housing Units, Medical, and Programs (English/Spanish)

Findings by Provision:
115.33 (a-f) Program Statement 5333.01 discusses the confined person education requirements and includes elements (a-f) within the policy. The intake officer described the confined persons receive an initial handbook upon arrival to the intake section. This document includes the facility zero-tolerance policy, the right to be free from sexual abuse, sexual assault, and sexual harassment. It also includes instructions on how to report an allegation by mail. The confined persons can submit a request form, file a grievance to report allegations of sexual abuse, sexual assault, or sexual harassment. They can report to a staff member or notify staff by submitting an email to the staff they choose on the TRULINCS platform.

Program Statement 5333.01 indicates within the first 30 days of intake additional PREA information will be provided to the confined person population. This information includes the right to be free from sexual abuse, sexual harassment, and retaliation. Department policies are introduced, response procedures, and directions on how to report an allegation are explained during the comprehensive review. The facility also proudly displays PREA posters, and one is displayed in the intake section regarding zero-tolerance. The intake staff are required to print an orientation acknowledgement form and the confined persons sign acknowledging they understand the training they have received. The auditor sampled confined person files indicating receipt of the handbook and the 30-day comprehensive education. The PREA Compliance Manager reported a total of 2299 confined persons admitted during the past 12 months, and 2270 received comprehensive education within 30 days if the stay is 30 days or more. During the onsite review, the auditor reviewed 20 confined person files and noted 14 confined person files demonstrated the comprehensive education was conducted past the thirty-day requirement. The facility provided training rosters supporting additional training to the classification staff during the post audit phase to ensure compliance moving forward.

There is several reporting methods provided to the population, and this is discussed in the handbook. The handbook is written in both English and Spanish formats. Posters are visible throughout the facility reminding confined persons regarding zero tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment. The auditor interviewed 20 randomly selected confined persons indicating PREA knowledge, expectations toward privacy, reporting mechanisms, retaliation monitoring, and pride in the overall safety of the facility. The phones are equipped with a TTY system, and the facility provides a language line for numerous languages and a list of certified staff interpreters. The facility employs staff to provide the information verbally to those that cannot read.

Conclusion: The auditor has determined the agency has a policy governing PREA education for confined persons. The auditor has also determined full compliance with this standard based on a review of the following evidence supplied by the facility: intake records of confined persons entering the facility in the past 12 months, signed documents by the confined person indicating the understanding of the training received within 30 days of intake, confirmation of all confined persons receiving the PREA information within one year of the effective date of the PREA standards, review of the handbook, education materials in formats accessible to those that are limited English proficient, deaf, visually impaired, disabled or limited reading skills, and observations of materials posted throughout the facility in both English and Spanish formats. The facility has demonstrated compliance with this standard and no corrective action is currently requested.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)
  ☒ Yes ☐ No ☐ NA

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.34 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Course Completions for PREA Investigating Sexual Abuse in a Confinement Setting
6. Sexual Violence, PREA: Prison Rape Elimination Act of 2003, CSV-0601-BXX, Slides 1-46, January 3, 2020

Interviews:
1.Facility PREA Investigator
2.PREA Compliance Manager

Site Review Observations:
1. Reviewed the facility PREA Training Lesson Plan and Power point
2. Reviewed Facility Investigators Training File
3. Reviewed PREA Training and Understanding Form
4. Reviewed Nine PREA Investigative Files

Findings by Provision:
115.34 (a-d) Program Statement 5333.01 includes the specialized training requirements for the PREA investigators. The required training includes the following: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral. The facility utilizes investigators from the Office of the Inspector General and the Federal Bureau of Investigation for all criminal sexual abuse and sexual harassment investigations. The Special Investigative Services (SIS) and the Office of Internal Affairs (OIA) are assigned to conduct all administrative sexual abuse and sexual harassment investigations. The auditor verified the facility PREA Investigators have received the specialized PREA training for investigators.

The Special Investigative Services Investigator interview indicated additional training is conducted on a continuous basis. This training provides the necessary elements required within this standard to include

the following: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral. The auditor reviewed the training outline and power points associated with this learning environment. This training identified the PREA standards that apply to investigating sexual abuse of confined persons and demonstrated six critical investigative techniques and protocols of competent investigations. The facility maintains records of all training received and is easily accessible for review. Program Statement 5333.01 indicates training documentation will be maintained by the employee training files and documented on the PREA Training and Understanding Form.

Conclusion: Based on the review of the materials provided by the facility: the agency training policy for investigative staff, the investigator training curriculum, documentation that the agency investigators have completed the required training, and the training records and logs presented by the staff, the auditor finds the facility meets all provisions required within this standard. No corrective action is required.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

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

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

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.35 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Course Completions for PREA for Medical and Mental Health Care

Interviews:
1. One Medical Staff
2. One Mental Health Staff
3. Sexual Assault Nurse Examiner (SANE)

Site Review Observations:
1. Reviewed four medical staff training files

Findings by Provision:
115.35 (a-d) Program Statement 5333.01 explains the agency policy, procedures, and practice associated with this standard compliance, and requires all medical and mental health care practitioners to receive the required specialized PREA training. There is a total of 15 medical staff that work regularly in the facility, and the training records indicate all staff have received the initial PREA orientation and specialized training. The auditor reviewed the National Institute of Corrections (NIC): Medical and Mental Healthcare Lesson plan that included the following topics: PREA medical and mental healthcare standards participant guide, lessons on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor interviewed one medical staff, and one mental health staff and both interviews indicated knowledge regarding the specialized medical training. The forensic medical exams are conducted at the St. Mary's Hospital. The auditor was able to interview a SANE nurse from the center and confirm the exam process. The facility maintains documentation demonstrating the medical and mental health practitioners have completed and understand the training received. The one medical staff interview provided direct knowledge regarding how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse, and whom to report allegations or suspicions of sexual abuse and sexual harassment.

Conclusion: Based on the review of the following evidence: agency policy governing training of medical and mental health care practitioners, documentation showing the training has been received by all staff, a review of the training curriculum, signature indicating understanding of the training received, and confirmation of the medical staff training logs ensuring the staff have received the initial training for employees, contractors, and volunteers dependent upon their status, the auditor finds the facility meets all of the provisions required within this standard with compliance. No corrective action is required.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
  ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
  ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☐ Yes ☐ No ☒ 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*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.41 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Intake Screening Forms
6. Attachment A., PREA Intake Objective Screening Instrument, page 1, February 18, 2025
7. Bureau of Prisons Psychology Services Department Risk of Sexual Victimization Document, pages 1-2, September 10, 2020

Interviews:
1. One Staff Responsible for Risk Screening
2. 20 Random Confined Persons
3. Informal Confined Persons
4. 12 Random Staff
5. Three Informal Staff
6. PREA Coordinator
7. PREA Compliance Manager

Site Review Observations:
1. Confined Person Risk Screening Process
2. Confined Person Risk Screening Reassessment Process
3. Intake and Classification Housing Assignment Review
4. 20 Confined Person File Reviews
5. PREA Risk Assessment Tools

Findings (By Provision):
115.41 (a-l) Program Statement 5333.01 explains the screening procedures for risk of victimization and abusiveness. This policy explains that all confined persons are assessed during an intake screening for

their risk of being sexually abused by other confined persons or sexually abusive toward others. Confined persons will also be screened upon transfer to another facility for their risk of being sexually abused or sexually abusive toward other confined persons. FCC Petersburg utilizes the PREA Risk Assessment Tool to accomplish the risk screening process. This tool is utilized during the following procedures: the intake screening process, 20-30 days after receipt into the facility, or whenever a confined person participates in an incident of sexual abuse, new information is provided within the confined person's history, and during the annual review.

The auditor observed the screening procedures during the on-site review within the initial receipt of the confined person's population during the first two hours of arrival. The auditor confirmed the reassessment would be conducted within 28 days of the initial receipt of the confined person. Program Statement 5333.01 explains this tool must be completed within the first 72 hours of intake into the facility. The auditor reviewed screening files and determined the intake screenings usually take place within the same day of arrival, and usually within the first two hours. This follows the 72-hour mandate required by the standard. The files reviewed consisted of assessments upon arrival within the first 72 hours, and reassessment files for allegations of sexual abuse.

The facility utilizes an objective classification screening instrument that includes: an individual points system, yes and no responses, classification protocol, a classification questionnaire, a brief jail mental health screen, a risk and needs assessment, and a PREA initial intake screening tool. The objective classification screening includes the following criteria for the risk of sexual victimization: mental, physical, developmental disabilities, age, physical build, previous incarcerations, criminal history, violent or nonviolent behaviors, prior sex convictions, previous sexual victimization, vulnerability perceptions, or if the confined person is detained solely for civil immigration purposes. Staff indicated the scores also reflected the confined person's personal perceptions of themselves. The auditor reviewed this process with the staff assigned to conduct the screening and monitored the interview being conducted. The Bureau of Prisons utilizes the Unit Team for performing the risk screenings. The Unit Team consists of the following: Case Managers, Unit Counselors, Unit Managers, and Unit Secretaries.

The objective classification system questionnaire also assesses confined persons for the risk of being sexually abusive by including the following criteria: prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. The auditor conducted an interview with the staff performing the screening and was advised, each confined person must be carefully screened, and every evaluation should be unbiased. The results of the screening should be based on the communication between the staff conducting the review and the person's own perceptions and responses to the questions. Program Statement 5333.01 indicates within 28 days of intake an inmate's risk level will be reassessed 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. Interviews conducted with 20 randomly selected confined persons indicated this process was being applied as the confined person could explain the questions being asked by the facility staff. The confined person identified the Unit Team as conducting the initial assessment and the reassessment. This information is consistent with the agency policy previously discussed.

The auditor reviewed 20 inmate files for the initial risk screening and the 30-day reassessment process. The auditor identified nine files that indicated the reassessment was not being completed or was past the 30-day requirement. This was discussed with the facility leadership, and corrective action was provided during the post audit phase. This included conducting training with all staff that manage and coordinate the activities of the inmate files, risk screenings, education, and the mental health follow-ups. The facility provided evidence to support all inmate records demonstrated the reassessment process. The auditor also received written assurance from the facility Warden requiring further monitoring to ensure the improvement plan is monitored closely.

Program Statement 5333.01 indicates that inmates will not be disciplined for refusing to answer, or for not disclosing complete information in response to the risk screening, and the facility considers these documents to be treated in a confidential nature. Select staff are authorized to view this data and the facility information technician must authorize usage on all electronic devices. The evidence provided indicates compliance with this standard and this was also confirmed with the PREA Compliance Manager interview. The staff interviewer advised that a new reassessment would have to be uploaded to provide written changes to their responses. The PREA Compliance Manager interview indicated limited access to review these documents once they have been uploaded within the system. Access must be approved by the PREA Compliance Manager as advised by the Warden, and a password provided by the Computer Services Department. The Receiving and Discharge (R&D) Staff have access to the answers submitted on the risk screening and the staff utilize this document to assign the bed assignments.

Conclusion: Based on the review and analysis of all available evidence to include agency policy governing the screening of confined persons upon admission to the facility or transfer to another facility, screening instruments to determine risk of victimization or abusiveness, and detainee records, the auditor has determined that the agency is fully compliant with this standard regarding the risk of victimization and abusiveness.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

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

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

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

115.42 (b)

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

115.42 (c)

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

- 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 due to recent Federal Directives.

- 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 due to recent Federal Directives.

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.42 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Intake Screening Forms
6. Attachment A., PREA Intake Objective Screening Instrument, page 1, February 18, 2025
7. Agency Policy 5321.09, Unit Management and Inmate Program Review, Pages 1-19, February 27, 2025

Interviews:
1. PREA Coordinator
2. PREA Compliance Manager
3. One Staff Responsible for Risk Screening
4. Facility Warden

Site Review Observations:
1. Reviewed the PREA Risk Screening Process
2. Reviewed the PREA Risk Screening Reassessment Process

3. Reviewed Confined Person Files
4. Reviewed the housing unit cell, shower, restroom, and bed accommodations

Findings (By Provision):
115.42 (a-b) Program Statement 5333.01 indicates the facility utilizes the information collected from the risk screenings to inform housing, bed, work, education, and program assignments with the goal of keeping those inmates at high risk of being sexually victimized separate from those at high risk of being sexually abusive. This information was confirmed during the interview with the facility PREA Compliance Manager as the staff advised all facility risk screenings are objective, case-by-case evaluations of the confined persons with their own perceptions and views being considered. The views of the confined person are recognized along with the score provided by the staff on the risk assessment document. The intake screening interview indicated utilizing the risk screening instruments to ensure all bed assignments, work assignments, education, and program assignments are carefully reviewed to ensure potential abusers are not interacting with potential victims. The auditor interviewed confined persons in attempts to identify those that may be assigned to special housing during the review. No concerns about the current housing were mentioned. The confined persons agreed to the level of housing recommended by the facility and no further issues were discussed.

Program Statement 5333.01 indicates the facility will make individualized determinations on a case-by-case basis to ensure the inmates health, safety, and personal views are considered. Reassessments shall be conducted by the Unit Team within 28 days of the inmate's arrival. Considerations for single cell housing or double cell housing will be determined using the risk assessment tool. The PREA Compliance Manager confirmed the Unit Team will review and recognize an imbalance of power within the cell assignment. This is performed during individual meetings, conversations, group activities, review of the disciplinary actions, and considerations based on the confined persons personal views. This was confirmed during the Unit Team interview, and all assessments will be documented on the PREA Risk Assessment Tool. The auditor reviewed 20 inmate files for the initial risk screening and the 30-day reassessment process. The auditor identified nine files that indicated the reassessment was not being completed or was past the 30-day requirement. This was discussed with the facility leadership, and corrective action was provided during the post audit phase. This included conducting training with all staff that manage and coordinate the activities of the inmate files, risk screenings, education, and the mental health follow-ups. The facility provided evidence to support all inmate records demonstrated the reassessment process. The auditor also received written assurance from the facility Warden requiring further monitoring to ensure the improvement plan is monitored closely.

The facility utilizes an objective classification screening instrument that includes: an individual points system, yes and no responses, classification protocol, a classification questionnaire, a brief jail mental health screen, a risk and needs assessment, and a PREA initial intake screening tool. The objective classification screening includes the following criteria for the risk of sexual victimization: mental, physical, developmental disabilities, age, physical build, previous incarcerations, criminal history, violent or nonviolent behaviors, prior sex convictions, previous sexual victimization, vulnerability perceptions, or if the confined person is detained solely for civil immigration purposes. The Unit Team consists of Case Managers, Unit Counselors, Unit Managers, and Unit Secretaries. Each confined person is considered on a case-by-case basis, and the final determination for housing is mandated by the facility Warden. The auditor reviewed the following documents utilized to review the classification and housing assignments for this specific population: Risk Assessment Tool, Pre-Sentence Investigation Report (PSI), Bureau of Prisons Psychology Services Department Risk of Sexual Victimization Document, and the PREA Housing and Programming Decision Meeting Forms.
The facility site review provided the opportunity to confirm all showers are conducted separately, shower curtains are provided for privacy, and the 20 random confined person interviews and informal interviews concluded no issues reported due to other staff or confined persons viewing others while changing clothes, showering, or using the restrooms. The 12 random staff interviews advised no

concerns with this type of issue reported. The video monitoring equipment did not indicate a concern regarding opposite-gender viewing during episodes of undress or showering. The facility Warden interview confirmed there are no consent decrees regarding legislative action pertaining to special housing considerations. The onsite review indicated that special populations are not assigned to one housing unit as the auditor was able to interview confined persons from all housing units.

115.42 (c-g) – No response required due to recent Federal directives.

Conclusion: Based on the review and analysis of the following available evidence: agency policy governing the use of screening information, documentation of the use of screening, documentation of housing decisions, reassessments, and facility housing considerations for the special populations, the auditor has determined that the agency is fully compliant with this standard regarding the risk of victimization and abusiveness.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

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

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.43 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Intake Screening Forms
6. Attachment A., PREA Intake Objective Screening Instrument, page 1, February 18, 2025
7. Bureau of Prisons Psychology Services Department Risk of Sexual Victimization Document, pages 1-2, September 10, 2020

Interviews:
1. Facility Warden
2. Staff Supervising Confined Persons in Special Housing
3. Confined Persons in Special Housing

Site Review Observations:
1. 20 Confined Person Case Files
2. Special Housing Records

Findings (By Provision):
115.43 (a-e) Program Statement 5333.01, pages 33-35, clearly define the information within this standard. Inmates at high risk of sexual victimization shall not be placed in involuntary special housing unless an assessment of all available alternatives has been made, and there are no other alternative means of separation. The inmate victim will not be held for more than 24 hours to complete the assessment. This policy was confirmed during the interview with the facility Warden. This policy allows for programming, privileges, education, and work opportunities to the extent possible. If the facility restricts access to these opportunities, the facility must document this occurrence. The facility must ensure documentation exists reflecting the limitation, duration, and rationale for limitation. The facility reported that no confined persons in the past 12 months were identified to be housed in special housing involuntarily. Program Statement 5333.01 indicated all reviews for confined persons in special housing are conducted during the weekly Special Housing Unit meetings. Confined persons at high risk for sexual victimization cannot be placed in involuntary special 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 abusers. The auditor confirmed no confined persons were placed in involuntary special housing pending review for disciplinary actions and not for high risk of sexual victimization.

Conclusion: Based on the review and analysis of all available evidence, the auditor has determined that the agency has a policy governing involuntary special housing for confined persons at high risk for sexual victimization. The facility would conduct 30-day reviews and document accordingly. The auditor reviewed facility records of housing assignments and verified out-of-cell activities were not interrupted throughout this review as the facility has a dedicated special housing area. The auditor has determined the facility is fully compliant with the provisions of this standard.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.51 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Confined Person Handbook, English/Spanish, January 2026
6. Zero-tolerance Poster, English/Spanish

Interviews:
1. 12 Randomly Selected Staff
2. 20 Randomly Selected Confined Persons
3. Three Informal Staff
4. Informal Confined Persons
5. PREA Compliance Manager
6. Facility Warden

Site Review Observations:
1. Reviewed the signs and posters throughout the facility
2. Confirmed the facility does have a dedicated special housing area.
3. Sampled and evaluated the reporting methods at the facility such as the TRULINCS email notifications.

Findings (By Provision):
115.51 (a-d) FCC Petersburg provides multiple methods for confined persons to privately report sexual abuse, sexual assault, sexual harassment, retaliation against reporting, staff neglect, and contributing factors to these incidents. These factors are described in Program Statement 5333.01, page 36, and they include: the facility allows for confined persons to report abuse or harassment to a public or private entity by filing reports directly to the U.S. Department of Justice, Office of the Inspector General either electronically or in writing, report directly to a staff member, file an administrative remedy, email a staff member, or through request form. These reports are documented in writing immediately and forwarded to the facility PREA investigator for prompt review. All administrative investigations are conducted by the SIS or OIA, and all criminal investigations are conducted by the OIG or the FBI. The auditor

interviewed 20 randomly selected confined persons and conducted informal confined person interviews that concluded knowledge of this process.

FCC Petersburg does not detain confined persons solely for civil immigration purposes and this was confirmed by the PREA Compliance Manager, and the facility Warden interviews. However, steps are in place to conduct calls for immigration purposes, and these calls are authorized at no cost to the population if required. The auditor confirmed this statement was written in the facility handbook. All facility mail related to PREA is considered privileged correspondence and is treated in the same manner as legal materials. These items must be opened in front of the confined person and outgoing mail is not searched.

Program Statement 5333.01 requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against confined persons or staff, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This policy also explains the Warden or designee will monitor the conduct and treatment of confined persons or staff who reported sexual abuse or sexual harassment for at least 90 days. The Warden confirmed this monitoring period during the interview process. The Warden also confirmed any allegations reported by another facility or to another facility will be performed from the Warden or designee to the other facility's Warden or designee in writing. This information will then be passed on to the SIS/OIG promptly.

Conclusion: The auditor has reviewed all available information provided by the facility during the pre-audit, on-site review, and during the post-audit phase. The auditor has determined the facility has several internal methods for confined persons to privately report all allegations of sexual abuse and sexual harassment. This includes internal methods of external entities. The facility accepts reports verbally, in writing, anonymously, and from a third party. Confined persons at FCC Petersburg are not detained solely for civil immigration purposes and there is a system in place for free calls for civil immigration services if required. Therefore, the facility has met the requirements of this standard and no corrective action is required.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

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

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.52 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Pre-Audit Questionnaire Responses
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Agency Policy 1330.18, Administrative Remedy Program, pages 1-16, January 6, 2014
6. FCC Petersburg Inmate A&O Handbook, English/Spanish, January 2026
7. Confined Person Grievance Forms
8. PREA Compliance Manager Information Tracking Log

Interviews:
1. PREA Compliance Manager
2. 20 Randomly Selected Confined Persons
3. 12 Randomly Selected Staff

Site Review Observations:
1.Grievance forms are readily available to the population in all housing units.
2. Reviewed the Grievance Log

Findings (By Provision):
115.52 (a-g) Agency policy 1330.18 describes the grievance procedure for dealing with confined person grievances regarding sexual abuse. Agency policy explains, Inmates shall utilize the inmate grievance system to report sexual abuse or sexual harassment by a staff member or inmate-on-inmate sexual abuse, as defined in the Glossary of Terms for this procedures manual. However, an inmate may file a grievance related to staff-on-inmate sexual abuse/sexual harassment or inmate-on-inmate sexual abuse, the Facility Grievance Coordinator shall forward the grievance to the Special Investigative Services (SIS) or Office of Internal Affairs for tracking and investigation. The inmate shall be notified of this action. The Institution PREA Compliance Manager reports that the SIS\OIA will be responsible for notifying the Federal Bureau of Investigation of any actions resulting in a potential criminal investigation.

The facility reported 39 allegations of sexual abuse submitted through the grievance process in the last 12 months. Interviews with the PREA Compliance Manager revealed that while the grievance process is set up for reporting allegations of sexual abuse and sexual harassment, in the instances such allegations are received through this channel, they are forwarded to the Special Investigative Services (SIS) or the Office of Internal Affairs for immediate investigation. Agency policy 1330.18 explains that the Inmate Grievance System is intended to deal with a wide range of issues, procedures, or events that may be of concern to an inmate. It is meant to address incidents of an urgent or emergency nature including allegations of sexual abuse. Any allegation of a sexual nature (abuse/harassment) against a staff member or inmate-on-inmate sexual abuse must be addressed through Department policy. When faced with an incident of an urgent or emergency nature, the inmate shall contact the nearest staff member for immediate assistance.

The auditor reviewed the confined person handbook, and the grievance system is listed as an available method of reporting allegations of sexual abuse, sexual assault, or sexual harassment. The auditor conducted 12 interviews with randomly selected staff, and these interviews indicated knowledge of the

confined person being allowed to submit grievances regarding sexual abuse. The auditor conducted interviews with 20 randomly selected confined persons and several interviews indicated they could submit a grievance to notify the staff of an allegation of sexual abuse. Agency policy 1330.18 explains that the response to all grievances related to sexual abuse is immediate and a final decision will be made within 24 hours. All facility grievances are returned with a response to the inmate within three days and the inmate has an opportunity to appeal the decision to the facility Warden. The final decision must be returned within five days.

Conclusion: FCC Petersburg recognizes the grievance system may be used as a method of reporting allegations of sexual abuse. However, all grievances received relative to sexual abuse will be forwarded to the facility Special Investigative Services (SIS) or the Office of Internal Affairs for immediate investigation. The facility has a policy to ensure grievances alleging sexual abuse or sexual harassment are forwarded for investigation. Confined persons are informed of the proper ways to submit grievances in the handbook, comprehensive education, and through educational posters. The Auditor determined the facility meets the requirements of this standard as its policy is to forward all grievances alleging sexual abuse and sexual harassment immediately to the Special Investigative Services or the Office of Internal Affairs for investigation.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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

115.53 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.53 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Inmate Handbook, English/Spanish, January 2026
6. Zero-tolerance Poster, English/Spanish
7. Reviewed the Agreement Between Federal Bureau of Prisons, Federal Correctional Complex (FCC) Petersburg, and James House, pages 1-7, June 11, 2023

Interviews:
1. 20 Randomly Selected Confined Persons
2. Four Confined Persons Who Reported Sexual Abuse
3. Facility Warden
4. PREA Compliance Manager

Site Review Observations:
1. Verified all third-party reporting materials are posted in the housing units in both English and Spanish.
2. Verified telephone and mail monitoring notices are posted in the housing units in both English and Spanish.
3. Evaluated the helpline numbers/emails for adequacy and received confirmation.

4. Verified the facility has made documented attempts to enter into a written agreement with the victim advocate.

Findings (By Provision):
115.53 (a-c) Program Statement 5333.01 explains that the PREA Compliance Manager shall ensure that inmates are offered and provided with access to outside victim advocates for emotional supportive services related to sexual abuse which has occurred in a confinement setting. During non-working hours, the Operations Lieutenant shall be responsible for ensuring the support services in FCC Petersburg are available. Supportive services may be provided via a variety of methods including in person, during a non-monitored phone call, and/or in writing. The PREA Compliance Manager shall 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. The facility shall ensure that if facility phones or public pay phones within the facility are monitored, the level of monitoring is clearly posted next to the phone. This shall be posted in English and Spanish, and if the facility monitors mail, the level of monitoring must be clearly posted in the facility handbook and bulletin boards. The auditor verified these postings during the onsite review.

Program Statement 5333.01 includes the information regarding outside victim advocates for emotional support services relating to sexual abuse, sexual assault, and sexual harassment. FCC Petersburg utilizes the services of the James House, a nonprofit organization providing confidential services to persons through counseling, preventive education, and advocacy. FCC Petersburg also enlists the services of the Office of the Inspector General to provide an outside reporting mechanism for confined persons. This is accomplished by writing a letter to access the services and providing notifications or by email to leave a message. The auditor reviewed the documents for clarity, and all signatures are current and binding. James House information is provided to the confined persons by the Operations Lieutenant, and the information is provided on the PREA handout. The auditor confirmed the facility provides the name and address, at no cost to the population and these services are confidential. The posters for the James House required posting updates throughout the housing units.

FCC Petersburg does not detain persons solely for civil immigration purposes, but the auditor observed the English and Spanish Department of Justice notification posting along with phone numbers for the consulate services in the handbook. The auditor confirmed the facility provides persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free helpline numbers where available of local, State, or national immigrant services agencies. This information was confirmed during the Facility Warden interview. The 12 random staff interviewed were able to identify the Office of the Inspector General as an option for confidential reporting services. A total of 20 randomly selected confined person interviews, and four interviews that have reported sexual assault allegations, indicated knowledge of the available outside services, identified the address, and the poster. The confined persons reported feeling confident these services would be useful, but no confined persons reported attempts to contact the address.

Conclusion: Based on the review of all evidence supplied by the facility to include: agency policy regarding an outside victim advocate for emotional support and services, a policy describing one method for confined persons to report anonymously, a policy regarding those being detained solely for civil immigration purposes, a policy for staff to privately report, accepting reports from confined persons in writing, and handbooks, the auditor has determined the facility meets the substantial requirements of this standard. No corrective action is required.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.54 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Inmate Handbook, English/Spanish, January 2026
6. Zero-tolerance Poster, English/Spanish, pages 1-2, May 2024

Interviews:
1. PREA Compliance Manager
2. 20 Randomly Selected Confined Persons
3. Informal Confined Persons

Site Review Observations:
1. Identified the PREA posters in both Spanish/English format indicating the third-party reporting address
2. Reviewed the agency website for the third-party reporting information

Findings (By Provision):
115.54 (a) The facility has established a procedure to receive third-party reports of sexual abuse and sexual harassment. This is described in the Program Statement 5333.01. This information is also published on the facility's website, and the notification process is to call or write a letter to the third-party reporting agency. There are posters throughout the facility such as: housing units, medical, programs, visitation, and intake regarding third-party reporting and the address required to file the complaint.

The confined persons are provided with an address and phone number to contact the Office of the Inspector General, notify the Department of Justice Sexual Abuse Reporting Mailbox (TRULINCS) email notification, and contact the James House. This information is posted in the handbook, and signs posted near the phones in all housing Units. The 20 random and informal confined person interviews indicated knowledge of the third-party reporting methods, and several advised they felt comfortable reporting all allegations of sexual abuse and sexual harassment. The James House information required an updated poster throughout the housing units.

Conclusion: Based on the evidence provided, the auditor was able to determine the facility provides publicly distributed information on how to report sexual abuse or sexual harassment on behalf of the confined persons. No corrective action is required.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.61 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Incident Report Forms
6. Investigative Files
7. Incident Reports Relating to Sexual Abuse

Interviews:
1. 12 Randomly Selected Staff
2. Three Informal Staff
3. Facility Warden
4. PREA Compliance Manager
5. One Medical Staff
6. One Mental Health Staff

Site Review Observations:
1. Reviewed Investigative Files
2. Reviewed Incident Reports
3. Reviewed Allegations of PREA Reports Referred to the PREA Investigator
4. Compared the dates received to the date the investigation began

Findings (By Provision):
115.61 (a-e) Program Statement 5333.01 describes the agency requirements for all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment immediately. The policy also requires the staff to report any knowledge of retaliation against inmates or staff who reported incidents and staff neglect that may have contributed to an incident or retaliation. This was confirmed during the interview with the facility Warden and the PREA Compliance Manager. The auditor verified this process during the 12 random staff and informal staff interviews as staff conveyed the directive to notify a supervisor immediately. The staff also identified the Special Investigative Services (SIS) as the primary source for conducting PREA investigations. Policy 5333.01 indicates that apart from reporting to designated supervisors or officials, staff shall not reveal any information related to sexual abuse, report to anyone other than to make treatment, investigation, and other custody and management decisions. The auditor interviewed 12 random staff indicating knowledge of this policy and the mandatory reporting requirements.

FCC Petersburg does not house youthful, confined persons as confirmed during the census report review. Program Statement 5333.01 advises if the alleged victim is under the age of 18 or over the age of 60, the facility shall refer the allegation to the designated State or local services agency under applicable mandatory reporting laws. The auditor interviewed one medical staff and one mental health staff, and both interviews indicated knowledge regarding mandatory reporting requirements as one medical staff member advised she will always report an allegation to her supervisor and the Operations Lieutenant. Program Statement 5333.01 indicates all reports received by the Sexual Abuse Reporting Address, established for the third-party and anonymous reporting of sexual abuse or sexual harassment are reported to the SIS/OIA immediately. During the on-site review, the auditor reviewed investigative files, incident reports relating to a sexual abuse allegation, and the auditor did not find any concerns relating to a delayed investigation. All investigations began either the same day or the next working day.

Conclusion: Based on the evidence provided by the facility, the auditor determined the Agency has relevant policies governing the reporting by staff regarding incidents of sexual abuse or sexual harassment, and the reporting by the facility regarding all allegations of sexual abuse and sexual harassment to designated investigators. The facility medical staff indicated no limits toward confidentiality regarding the reporting of sexual abuse, sexual assault, or sexual harassment allegations as all staff interviewed advised reporting to the Operations Lieutenant immediately. The facility does not house youthful, confined persons and the agency policy mandates reporting to the designated State and local services for an alleged victim under the age of 18, or over the age of 60 who are considered a vulnerable adult under a State or local vulnerable person’s statute. The auditor reviewed samples of the reports provided by investigators and determined all investigations began immediately. The facility meets the provision requirements of this standard and no corrective action is required.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.62 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Incident Report Forms
6. Investigative Files
7. Incident Reports Relating to Sexual Abuse
8. Incident Reports Relating to Sexual Harassment

Interviews:
1. Facility Warden
2. 12 Random Staff
3. Confined Persons in Special Housing

Site Review Observations:

1. File reviews indicated confined person behavior concerns as opposed to high risk for sexual victimization
2. Reviewed PREA Allegations and Bed Moves Reports

Findings (By Provision):
115.62 (a) Program Statement 5333.01 ensures that when facility staff learn that a confined person is subjected to a substantial risk of imminent sexual abuse, appropriate and immediate action shall be taken to protect the confined person. Alleged 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. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, custody staff first responders shall take preliminary steps to protect the alleged victim. The facility Warden indicated steps are taken immediately to protect the victim or others, but the action must be reviewed within 24 hours by the Unit Team. The Warden interview determined the facility takes all allegations seriously and any victim subject to imminent sexual abuse will receive immediate action. The facility reported no incidents in the past 12 months that determined a confined person was subject to a substantial risk of imminent sexual abuse. The facility utilizes classification decisions to house confined persons in separate units as opposed to special housing.

Conclusion: The auditor determined the agency has a policy governing the facilities protection duties when confined persons are subject to a substantial risk of imminent sexual abuse. The auditor reviewed relevant documentation related to the determination of substantial risks and the agency's response. This includes medical requirements, investigator requirements, and the relevant views of the facility leadership toward compliance. Based on the review of all evidence provided, the facility meets the provision of this standard. No corrective action is required.

Standard 115.63: Reporting to other confinement facilities.

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.63 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Reviewed case files for notification to another facility
6. Reviewed case files for notification received from another facility

Interviews:
1. Facility Warden
2. PREA Compliance Manager

Site Review Observations:
1.Reviewed investigative reports, and case information

Findings (By Provision):
115.63 (a-d) Program Statement 5333.01 indicates upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The facility Warden indicated they would personally contact the Warden at the facility where the abuse occurred and would expect the other facility to return the same courtesy. The Program Statement 5333.01 indicates the documented notification will occur within 72 hours and must be documented in the PREA Compliance Manager Tracking Log. FCC Petersburg reported four allegations of sexual abuse or sexual harassment to another facility in the past 12 months. The auditor reviewed investigative case files and did not determine any concerns regarding this statement. The SIS/OIA staff interview confirmed notifications would be conducted to another facility by email from the facility Warden to the Warden at the other facility. The Warden interview confirmed notification was provided within the mandated 72-hour period to the facility head and documented in an incident report.

The Warden advised all notifications are received by the facility PREA Compliance Manager and the Warden. The victim would be seen by medical immediately and the SIS/OIA notified to begin the investigation immediately. The auditor reviewed nine investigative reports during the onsite review and noted all investigations began immediately. The auditor found no discrepancies to determine notifications to other facilities would not be completed within the 72-hour timeframe. The facility reported four allegations of sexual abuse were received from another facility in the past 12 months. The auditor verified the documented Warden notifications were conducted within the 72-hour timeframe.

Conclusion: The agency has a policy to ensure reporting of allegations of sexual abuse of confined persons while confined at another facility. The agency policy requires all allegations of sexual abuse received from another facility to be investigated immediately. All investigations and notifications are documented and referred to the investigator within 72 hours of receipt of the allegation. The staff interviews indicated the facility would review the documentation of allegations that a confined person was abused while in confinement, document that the notifications occurred within 72 hours, and document the notification from the facility head or appropriate staff person. Based on the evidence provided, the facility meets the provisions required within this standard and no corrective action is required.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

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

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.64 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026

Interviews:
1. One Non-Custody Staff First Responder
2. One Custody Staff First Responder
3. Four Confined Persons Who Reported Sexual Abuse
4. 12 Random Staff

Site Review Observations:
1. Reviewed the Initial Response Checklist for the victim and the abuser
2. Reviewed the Emergency Response Card being utilized by the staff

Findings (By Provision):
115.64 (a-b) Program Statement 5333.01 describes the first responder duties of staff. The policy indicates the staff responsibilities for custody and non-custody employees. The directives for the custody staff include following the four-step action plan: separating the alleged victim and abuser, preserve/protect the scene, collect the evidence if time is allotted, and do not allow the victim or abuser to participate in any activities that may destroy evidence such as: washing, brushing teeth, changing clothes, urinating, defecating, smoking, or eating. If the first responder is a non-custody staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify a custody staff member immediately. The auditor interviewed one confined person who reported an allegation of sexual abuse and indicated a feeling that the staff respected the incident and kept them safe from their abuser. The facility reported 39 allegations of sexual abuse within the past 12 months, one case that involved the separation of the victim and the

abuser, two cases where physical evidence was collected, and the staff informed the confined persons not to make any attempts to destroy the physical evidence.

The auditor concluded staff knowledge regarding these actions throughout the facility as the auditor interviewed one custody staff designated as a first responder, and one non-custody staff. The common response was to notify a supervisor immediately and follow the four-step action plan. The action plan was also noted in the employee handbook, staff training curriculum, and verified during the Warden interview. The auditor interviewed 12 random staff members, and all 12 were able to convey the action plan steps required within the policy to provide an immediate response. The staff also carry emergency response cards that indicate the four-step action plan. The auditor observed the staff carrying these cards throughout the on-site review. The auditor reviewed one Initial Response Checklist for the alleged victim and one Initial Response Checklist for the alleged abuser that included the four-step action plan.

Conclusion: The agency has a policy governing the staff first responder duties to include a custody and non-custody staff response. The policy mandates the four-step action plan previously mentioned within the body of the narrative. The auditor reviewed documentation and conducted interviews indicating full compliance with this standard. No corrective action is required by the facility as they have met compliance.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.65 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026

Interviews:
1. Facility Warden
2. PREA Coordinator
3. 12 Random Staff
4. Three Informal Staff

Site Review Observations:
1.Reviewed the First Responder Duty Cards

Findings (By Provision):
115.65 (a) FCC Petersburg has a written plan to coordinate actions for all staff during reported allegations of sexual abuse, sexual assault, and sexual harassment. The action plan describes the procedures for the following participants: volunteers and contractors, support staff, custody staff, Operations Lieutenant, shift supervisors, first responders, medical and mental health practitioners, investigators, and facility leadership. The facility plan documented provides detailed actions for providers, and the staff were able to convey their specific duties during the 12 random and three informal staff interviews. The Facility Warden and the PREA Compliance Manager interviews indicated reminders to staff regarding their specific duties annually and the auditor reviewed this information within the training plan.

Conclusion: FCC Petersburg has a facility institutional response plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The auditor reviewed documents and conducted staff interviews to measure the effectiveness of the written plan. Based on the evidence provided by the facility, compliance was indicated, and no corrective action is required.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.66 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026

Interviews:
1. Facility Warden
2. PREA Compliance Manager

Findings (By Provision):
115.66 (a) FCC Petersburg has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with confined persons pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. In deciding to suspend an employee pending investigation, the agency must be able to demonstrate that the "nature of the allegation" is such that there is cause to remove the employee from the institution pending investigation and not that the employee committed the offenses. The FLSA regulations, for exempt employees, permit suspensions of less than a full work week for violations of written workplace policies applicable to all employees. This provision applies to applicable written work rules which prohibit serious workplace misconduct, which includes, but is not limited to, workplace violence, sexual abuse, sexual harassment, substance abuse, internet access policies, Code of Ethics violations, or violations of state or federal law. Discipline for these infractions should be consistent as indicated in the Master Agreement. The Collective Bargaining process in the Bureau will be completed pursuant to Title 5 of the United States Code, and all other applicable laws, rules, and regulations, including third-party appeals. The previous collective bargaining agreement was cancelled in 2025 due to Federal actions.

Conclusion: The auditor reviewed the evidence provided by the facility and found no evidence to deny satisfactory compliance with this standard. These documents do not limit the agency's ability to remove alleged sexual abusers from contact with any confined persons pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility Warden interview confirmed this process and indicated disciplinary action will be followed by notification to the Office of the Inspector General and the FBI for criminal acts and certifying bodies for certification review.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

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

115.67 (c)

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

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.67 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Retaliation Monitoring Forms

Interviews:
1. Facility Warden
2. One Staff Member Assigned to Monitor Retaliation
3. Four Confined Persons Who Reported Sexual Abuse
4. Seven High Risk of Sexual Victimization Confined Persons
5. 12 Random Staff
6. 20 Random Confined Persons
7. PREA Compliance Manager

Site Review Observations:
1.Reviewed investigative report templates
2.Reviewed retaliation monitoring forms

Findings (By Provision):
115.67 (a-e) The agency has established a policy to protect all confined persons and staff who report sexual abuse or harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation, and this is described in the agency policy. The agency shall protect all confined persons and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other confined persons or staff. For at least 90 days following a report of sexual abuse or sexual harassment, the PREA Compliance Manager and the Unit Teams shall monitor the conduct and treatment of third-party reporters and any other individual who cooperates with an investigation.

The facility PREA Compliance Manager is the designated staff member charged with monitoring retaliation and this position serves as the facility Associate Warden. This position is provided with the necessary support by the Warden, and the interview process indicated an active role toward retaliation monitoring and advising this is an ongoing process.

The facility attempts to employ multiple protection measures by monitoring housing changes, transfers for victims and abusers, removal of staff through termination, emotional support services, monitoring the victim and staff performance evaluations, disciplinary actions, unannounced lockdowns, denial of privileges, grievances, and confined persons are provided with materials to assist the communication process. Literature is posted in the handbook, posters, and methods of reporting retaliation described in daily education. The Warden interview indicated additional reviews may be considered once the 90-day review has concluded.

Random interviews with 12 staff members and 20 randomly selected confined persons indicated no cause for concern with retaliation. The auditor interviewed the PREA Compliance Manager, four

confined persons that previously reported sexual abuse, seven confined persons identified as high risk for sexual victimization, and no interviews indicated retaliation concerns. The facility reported no allegations of retaliation in the past 12 months, and the investigation files documented the 90-day reviews.

Conclusion: FCC Petersburg has an agency policy protecting all confined persons and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation. This extends from retaliation from confined persons or staff and includes the monitoring following a report, and the agency response to the suspected retaliation. The auditor reviewed documentation and interviews to support these findings, and the auditor finds the facility has met the provisions of this standard with compliance. No corrective action is required.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.68 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026

5. Agency Form BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation, page 1, May 2015
6. Warden Memorandum for PREA File

Interviews:
1. Facility Warden
2. Staff Supervising Special Housing
3. Confined Persons in Special Housing

Site Review Observations:
1. Reviewed records and documentation of housing assignments of confined persons who are alleged to have suffered sexual abuse.
2. Reviewed if the facility restricts access to programs, privileges, education, or work opportunities.
3. Reviewed records for length of placement in special housing for those who are alleged to have suffered sexual abuse.

Findings (By Provision):
115.68 (a) Program Statement 5333.01, pages 49-50, clearly define the information within this standard. Inmates at high risk of sexual victimization shall not be placed in involuntary special housing unless an assessment of all available alternatives has been made, and there are no other alternative means of separation. The inmate will not be held for more than 24 hours to complete the assessment. Adherence to the guidelines set forth in policy 5333.01 of this procedures manual shall occur when inmates are at a high risk for sexual victimization or inmates who have alleged sexual abuse are involuntarily placed into Protective Custody (PC) after a determination has been made that no other available alternative means of separation exists from abusers. The Program Statement Sexually Abusive Behavior Prevention & Intervention Program requires staff to immediately safeguard an inmate victim when sexually abusive behaviors have been reported. Accordingly, staff should assess and consider all appropriate alternatives for safeguarding alleged victims. Placing a confined person in protective custody or transferring the confined person to another federal, state, or local prison remain viable options to safeguard the confined person. However, staff must first consider other alternatives based on the circumstances of the allegation. This policy was confirmed during the interview with the facility Warden. This policy allows for programming, privileges, education, and work opportunities to the extent possible. The facility reported no confined persons in the past 12 months were placed in special housing for high risk of sexual abuse. The facility reported no confined persons were placed in special housing due to disciplinary concerns or for high risk of victimization involuntarily.

Conclusion: The agency has a policy governing the use of special housing to protect a victim who is alleged to have suffered sexual abuse. The auditor reviewed the facility evidence provided, interviews, and on-site compliance determinations. Based on the evidence provided, the facility demonstrates compliance with all provisions within this standard. No corrective action is required.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

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

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.71 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Investigative Reports
6. Record Retention Schedule
7. Copies of Case Records
8. Sexual Violence, PREA: Prison Rape Elimination Act of 2003, CSV-0601-BXX, Slides 1-46, January 3, 2020
9. Office of Internal Affairs, Conducting Interviews and Union Issues Power Point, Slides 1-62, January 3, 2020
10. The FBI's Domestic Investigations and Operations Guide Link

Interviews:
1. Investigative Staff
2. Four Confined Persons who Reported Sexual Abuse
3. Facility Warden
4. PREA Coordinator
5. PREA Compliance Manager

Site Review Observations:
1. Reviewed Case Files
2. Reviewed Investigative Reports

Findings (By Provision):
115.71 (a-l) The OIG, and the FBI conducts all criminal investigations regarding allegations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment for the Federal Bureau of Prisons as required in Program Statement 5333.01, pages 51-52. This information was confirmed during the investigator interview. Agency policy requires the investigations to be conducted promptly, thoroughly, and objectively for all allegations of sexual abuse, sexual assault, and sexual harassment. The auditor reviewed nine investigative reports to include reports from the third-party allegations. The facility reports two substantiated allegations of sexual abuse and one substantiated allegation of sexual harassment during the past 12 months.

Program Statement 5333.01 requires the agency to use investigators who have specialized training in sexual abuse investigations. This training includes interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Office of Internal Affairs will prepare compelled interviews and communicate all activities with the OIG and the FBI. Compelled interviews would be conducted while moving forward throughout the investigative process and truth-telling devices, such as a polygraph, would not be utilized strictly to continue the investigation. The auditor verified investigators have received the specialized PREA investigator training. All investigative records reviewed by the auditor were conducted by trained investigators.

This auditor reviewed investigative reports and determined no concern with the documented credibility assessment. The considerations for credibility are included as discussed throughout the investigative staff interviews and the auditor recommended further inclusion within the report. The staff interviews indicated knowledge regarding securing the scene and allowing the trained evidence collection team to collect all evidence throughout the investigation. A criminal case will be consulted with the local prosecutor, and the administrative case will be directed back to the facility Warden for administrative action. The Warden will consult with the investigator to determine if staff actions or failure to act contributed to the incident. The after-action review committee will make a final determination regarding staff actions and note a final decision within the report. All cases will be reviewed, and determinations made based on the following: written reports, physical and testimonial evidence, credibility assessments, and the investigative facts and findings. All investigations are documented in a written report and maintained for as long as the alleged abuser is incarcerated or employed by the agency, and then five years thereafter. Program Statement 5333.01 explains that the departure of the alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating the investigation. All parties will cooperate with the investigation, and outside licensing bodies will be notified. This was confirmed during the investigator and Warden interviews.

Conclusion: FCC Petersburg has a facility policy related to the handling of criminal and administrative facility investigations in cases where sexual abuse is alleged. The auditor reviewed all evidence provided, reviewed case files, conducted interviews, and reviewed a sample of the retained investigations. Considerations for credibility are included as discussed throughout the investigative staff interviews, and continued efforts to document within the reports. The evidence provided demonstrated full compliance with this practice. The auditor finds FCC Petersburg meets the provisions of this standard and no corrective action is required.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

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

Standard 115.72 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Investigative Reports
6. Record Retention Schedule
7. Copies of Case Records
8. Sexual Violence, PREA: Prison Rape Elimination Act of 2003, CSV-0601-BXX, Slides 1-46, January 3, 2020
9. Office of Internal Affairs, Conducting Interviews and Union Issues Power Point, Slides 1-62, January 3, 2020
10. The FBI's Domestic Investigations and Operations Guide Link

Interviews:
1.Investigative Staff
2.PREA Compliance Manager

Site Review Observations:
1. Reviewed Case Files
2. Reviewed Investigative Reports

Findings (By Provision):
115.72 (a) Program Statement 5333.01 requires the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The interview with the SIS Investigator revealed the facility standard is preponderance of the evidence. FCC Petersburg reported a total of 39 sexual abuse and six sexual harassment investigations conducted within the past 12 months. This includes Administrative sexual abuse cases, and cases involving sexual harassment. The investigations resulted in three substantiated claims for administrative actions, 33 unsubstantiated claims, and nine allegations that the investigation was determined to be unfounded. Administrative investigations are completed for every allegation of sexual abuse and sexual harassment, and referrals are made for criminal investigations as needed. No allegations of sexual abuse/sexual harassment remain in a pending status for review.

Conclusion: The agency has a policy imposing a standard of preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment is substantiated. Based on the evidence provided, the auditor has determined compliance with the provisions of this standard. No corrective action is required.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

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

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

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.73 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Investigative Reports
6. Record Retention Schedule
7. Copies of Case Records
8. Investigation Summary with Confined Person Notification
9. Sexual Violence, PREA: Prison Rape Elimination Act of 2003, CSV-0601-BXX, Slides 1-46, January 3, 2020
10. Office of Internal Affairs, Conducting Interviews and Union Issues Power Point, Slides 1-62, January 3, 2020
11. The FBI's Domestic Investigations and Operations Guide Link

Interviews:
1. Investigative Staff
2. Facility Warden

3. Four Confined Persons Who Reported Sexual Abuse

Site Review Observations:
1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Confined Person Notifications

Findings (By Provision):
115.73 (a-e) Program Statement 5333.01 reports following an investigation into an inmate's allegation of sexual abuse, the agency must inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The auditor reviewed a documented investigation and written notification to the confined person was provided as an unsubstantiated complaint. FCC Petersburg reported a total of 39 sexual abuse and six sexual harassment investigations conducted within the past 12 months. This includes Administrative sexual abuse cases, and cases involving sexual harassment. The investigations resulted in three substantiated claims for administrative actions, 33 unsubstantiated claims, and nine allegations that the investigation was determined to be unfounded. Administrative investigations are completed for every allegation of sexual abuse and sexual harassment, and referrals are made for criminal investigations as needed. No allegations of sexual abuse/sexual harassment remain in a pending status for review.

Agency policy requires if the allegation is that a staff member has committed sexual abuse against the confined person, the agency shall subsequently inform the victim whenever the staff member is no longer posted in the unit, no longer employed at the facility, indicted on a charge, or been convicted on a charge related to sexual abuse. The PREA policy reflects that these steps are not required if the results of the allegations are unfounded. The facility reported no substantiated allegations documented within the last 12 months against a staff member.

Program Statement 5333.01 requires when the allegation is the result of sexual abuse by another confined person, the facility must notify the victim when the agency learns that the alleged abuser has been indicted on a charge, or convicted on a charge, and these steps are not required if the result of the allegation is unfounded. The facility Warden and the PREA investigator confirmed this communication process during the on-site review. The PREA Compliance Manager indicated knowledge of this occurring throughout the investigative process.

Conclusion: The agency has a policy requiring that any confined person who makes an allegation of suffering sexual abuse in an agency or facility is informed, in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Based on the evidence provided, FCC Petersburg meets the provisions of this standard with compliance. No corrective action is required.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.76 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026

5. Investigative Reports
6. Record Retention Schedule
7. Copies of Case Records
8. Investigation Summary with Confined Person Notification
9. Program Statement 3420.14, Standards of Employee Conduct, pages 1-34, May 15, 2026
10. Program Statement 3000.03, Human Resource Management Manual, pages 1-146, December 19, 2007

Interviews:
1. Facility Warden
2.Investigative Staff

Site Review Observations:
1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Confined Person Notifications

Findings (By Provision):
115.76 (a-d) The presumptive disciplinary sanction for staff who have engaged in sexual abuse at FCC Petersburg is termination and this is explained in Program Statement 5333.01. This policy was confirmed by the facility Warden during the interview process and reviewed by the auditor. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. The disciplinary action is commensurate with the acts committed, staff disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The auditor reviewed documentation in attempts to determine if other staff actions may have contributed to the incident that led to disciplinary sanctions for staff such as failing to act to prevent sexual abuse from occurring, standing by while the abuse takes place, failing to act as required after the incident, negligent supervision that leads to, or could lead to an incident, or deliberately ignoring evidence that a colleague has abused a confined person. No findings of this nature were reported within the nine investigative reports reviewed.

The facility reported no incidents in the past 12 months for staff who have been terminated or disciplined for violation of the agency sexual abuse or sexual harassment policies. The auditor reviewed the disciplinary action of staff with the facility Warden and the sanctions imposed for violation of this policy are termination. The facility Warden confirmed past incidents being referred to law enforcement for prosecution and notifying the applicable licensing board such as the Criminal Justice Services, Board of Nursing, and the Department of Education. These notifications occur upon termination or resignations in lieu of termination. This is required by agency policy 3420.14, Standards of Conduct. Program Statement 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 will be conducted using the Program Statement Standards of Employee Conduct, and the Program Statement Human Resource Management Manual.”

Conclusion: FCC Petersburg has a policy regarding disciplinary violations for acts of sexual abuse or sexual harassment. Based on the evidence provided by the facility, such as interviews, investigative reports, and agency policy referrals, the auditor determined FCC Petersburg meets the provisions required within this standard. No corrective action is required, and the presumptive expectation of disciplinary actions is termination, law enforcement referral, and notifications to licensing bodies.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.77 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Investigative Reports
6. Record Retention Schedule
7. Copies of Case Records

8. Investigation Summary with Confined Person Notification
9. Program Statement 3420.14, Standards of Employee Conduct, pages 1-34, May 15, 2026
10. Agency Policy 3000.03, Human Resource Management Manual, pages 1-146, December 19, 2007

Interviews:
1. Facility Warden

Site Review Observations:
1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Confined Person Notifications

Findings (By Provision):
115.77 (a-b) Program Statement 5333.01 requires 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. This procedure is not enforced if the activity is clearly not criminal, or the allegation is unfounded. Notifications will also be made to relevant licensing bodies, and the facility shall take appropriate remedial measures to determine further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment. The facility did not report any volunteer or contractor terminations, discipline, law enforcement referrals, or notifications to relevant licensing bodies for violations of sexual abuse, sexual assault, or sexual harassment. This was confirmed during the facility Warden interview and informal interviews with the Executive Staff. The auditor reviewed documentation in attempts to determine if other volunteer or contractor actions may have contributed to the incident that led to disciplinary sanctions for staff such as failing to act to prevent sexual abuse from occurring, standing by while the abuse takes place, failing to act as required after the incident, negligent supervision that leads to, or could lead to an incident, or deliberately ignoring evidence that a colleague has abused a confined person. No findings of this nature were reported within the nine investigative reports reviewed.

Conclusion: FCC Petersburg has a policy regarding disciplinary violations for acts of sexual abuse or sexual harassment. Based on the evidence provided by the facility such as interviews, investigative reports, and agency policy referrals the auditor determined FCC Petersburg meets the provisions required within this standard. No corrective action is required, as the presumptive expectation of disciplinary action is termination, law enforcement referral, and notification to licensing bodies.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.78 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. Investigative Reports
6. Record Retention Schedule
7. Copies of Case Records
8. Investigation Summary with Confined Person Notification
9. Program Statement 3420.14, Standards of Employee Conduct, pages 1-34, May 15, 2026
10. Agency Policy 3000.03, Human Resource Management Manual, pages 1-146, December 19, 2007
11. Classification Files
12. Disciplinary Files
13. Medical Files
14. Agency Policy 5270.09, Inmate Discipline Program, pages 1-56, November 18, 2020

Interviews:
1. Facility Warden
2. One Medical Staff
3. One Mental Health Staff

Site Review Observations:
1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Confined Person Notifications
4. Reviewed Confined Person Medical Files

Findings (By Provision):
115.78 (a-g) Program Statement 5333.01 explains that inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate is engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for sexual abuse. The facility reported three substantiated administrative findings of confined person sexual abuse or criminal findings in the past 12 months. There were two administrative substantiated abuse allegations reported and one substantiated allegation of sexual harassment. This was confirmed by the facility Warden, one Mental Health staff, one medical staff interview, and confined person medical files were reviewed. The Mental Health staff indicated potential screenings to address or correct the underlying reasons or motivations for abuse. The facility utilizes medical staff for assistance and the facility Psychology Services Department for counseling services.

Agency policy 5270.09 explains that the facility 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 prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish enough evidence to substantiate the allegation. The facility prohibits all sexual activity between confined persons and may discipline them for such activity. No staff or confined person disciplinary action was reported being issued by the facility in the past 12 months.

Conclusion: The agency has a policy which states that confined persons are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the confined person engaged in sexual abuse. The auditor reviewed all records and findings associated with the provisions of this standard and no corrective action is required. FCC Petersburg meets the compliance required with this standard.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.81 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Pre-Audit Questionnaire Responses
2. Medical Files
3. FCC Petersburg, December 18, 2023, PREA Audit Report
4. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
5. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
6. Classification Records
7. Mental Health Confidential Disclosure Statement
8. Mental Health Records

Interviews:
1. Facility Warden
2. One Medical Staff
3. One Mental Health Staff
4. Seven Confined Persons Reporting Prior Sexual Victimization

Site Review Observations:
1. Reviewed Confined Person files.

Findings (By Provision):
115.81 (a-e) The auditor reviewed randomly selected electronic medical files and reviewed the agency policy regarding confined persons experiencing prior victimization and abusiveness. Program Statement 5333.01 explains that the confined persons are screened by mental health providers upon

entry to the facility. This information explains that staff shall ensure that the confined person is offered a follow-up meeting with a mental health practitioner within 14 days of the intake process. This was also confirmed during the interview with the Mental Health staff. Program Statement 5333.01 explains, If the screening pursuant to PREA standard 115.41 indicates that a prison or 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 or sooner, if clinically indicated. This information is documented in the medical incident injury report. Interviews with confined persons who disclosed sexual victimization during a risk screening interview, and review of corresponding documentation is consistent with the policy requirement and adhere to this standard. The auditor interviewed a confined person that reported prior sexual victimization during the risk screening and the file confirmed being offered a follow up referral with mental health staff. The confined person advised this was conducted within a few days, and the inspection of the medical file indicated two days.

The auditor identified no concerns with the tracking mechanism presented by the medical staff regarding the 14-day reviews. The auditor reviewed confined person files, and no immediate concerns were identified. The staff member from intake will generate the referral request based on the information received during the risk screening. The referral will be noted in the medical files, and this begins an internal time clock to track the number of days until the 14-day review is completed. The medical staff and authorized staff are provided with a username and password to access the medical records. This information is strictly for treatment plans, housing decisions, bed assignments, work details, educational programming, or as otherwise required by federal, state, and local law. Confined persons sign the medical screening form to provide consent for professional health care services and receive instructions regarding access to medical, dental, and mental health care. Interviews with medical and mental health staff revealed that a consent form is signed by the confined persons regarding the limits to confidentiality. The auditor reviewed two sample consent forms, and no discrepancies were noted in association with the mental health follow-up reviews.

Conclusion: FCC Petersburg has a policy governing the facility response to medical and mental health services in correlation with the review of the risk assessment screenings. The policy stresses confidentiality within the medical environment and manages the immediate health needs, security risks, and the determination for further treatment. A review of all evidence provided by the facility indicates full compliance with the provisions of this standard. No corrective action is required.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
  ☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.82 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Pre-Audit Questionnaire Responses
2. Medical Files
3. FCC Petersburg, December 18, 2023, PREA Audit Report
4. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
5. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
6. Classification Records
7. Mental Health Confidential Disclosure Statement
8. Mental Health Records

Interviews:
1. Facility Warden

2. One Medical Staff
3. One Mental Health Staff
4. Seven Confined Persons Reporting Prior Sexual Victimization
5. Sexual Assault Nurse Examiner

Site Review Observations:
1. Reviewed files and records logs

Findings (By Provision):
115.82 (a-d) Program Statement 5333.01 requires inmate victims of sexual abuse to receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The facility offers 24-hour medical care and 24-hour crisis intervention services. The facility provides off-site emergency room care and utilizes the St. Mary's Hospital for SANE exams. The James House offers 24-hour counseling and crisis intervention services, and the facility supports its own crisis stabilization and transitional care units. The St. Mary's Hospital performs all sexual assault examinations and offers prophylaxis to safeguard from sexually transmitted diseases. The SANE provides the notification to the victim advocate for on-site advocacy during the exam. The volunteers will be notified to provide crisis intervention services and advocacy.

Interviews with the medical staff indicated the level of care at FCC Petersburg is consistent with the level of care demonstrated within the community. The auditor was able to speak with the SANE staff during the on-site review. The auditor reviewed the efforts by the facility to document the GSA for the James House during the audit phase. The Psychology Services Department also provides on-site counseling services to the victims of sexual abuse. This auditor reviewed the handbook provided by the facility to ensure compliance. The treatment services are provided to every victim without financial cost, regardless of whether the victim names an abuser or cooperates with any investigation arising out of the incident. This was confirmed by the Health Services Administrator, and no concerns were present during the informal interviews. The auditor interviewed one confined person who reported sexual abuse during risk screening, and they did not indicate any concerns within this standard.

Conclusion: Based on the auditor's review of the evidence provided by the facility to include policies regarding access to treatment services, samples of secondary materials relating to forms, logs, and immediate notification documents, FCC Petersburg is fully compliant with this standard. No corrective action is required.

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

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.83 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Pre-Audit Questionnaire Responses
2. Medical Files
3. FCC Petersburg, December 18, 2023, PREA Audit Report
4. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
5. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
6. Classification Records
7. Mental Health Confidential Disclosure Statements
8. Mental Health Records

Interviews:
1. Facility Warden
2. One Medical Staff
3. One Mental Health Staff
4. Seven Confined Persons Reporting Prior Sexual Victimization
5. SANE Nurse
6. 20 Random Confined Persons

Site Review Observations:
1. Reviewed files and records logs

Findings (By Provision):
115.83 (a-h) The facility Chief Psychologist indicated the facility offers medical and mental health evaluation and treatment to all confined persons who have been victimized by sexual abuse. The Chief Psychologist advised that the evaluation and treatment plans are consistent with the level of care demonstrated within the community. At times, the confined person may qualify for additional services due to their status. The treatment plans may consist of referrals for continued care, medications, transfers to other facilities, or accommodations upon release.

FCC Petersburg does not house female confined persons as confirmed during the population analysis. Agency policy explains victims will be offered tests for sexually transmitted infections, and all treatment services will be provided at no cost to the victim. This information is supported in the handbook. The facility Psychology Services Department will provide on-site counseling services. This information was confirmed during the Health Services interview and the three informal staff interviews. The informal confined person interviews expressed knowledge regarding the free medical, mental health, and

emotional support services offered at the facility. The facility reported two substantiated allegations of sexual abuse in the past 12 months and one substantiated allegation of sexual harassment.

Conclusion: Based on the auditor's review of the following evidence provided by the facility: policy governing ongoing medical and mental health care for sexual abuse victims and abusers, medical records indicating timely access to treatment plans, referrals, and sexually transmitted infections testing as medically appropriate. The auditor determined the facility was found in compliance with the provisions of this standard as staff indicate the level of care is consistent with the level of care within the community. No corrective action is required.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.86 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Pre-Audit Questionnaire Responses
2. Investigative Reports
3. FCC Petersburg, December 18, 2023, PREA Audit Report
4. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
5. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
6. Classification Records

Interviews:
1. Facility Warden
2. PREA Coordinator
3. Incident Review Team Member

Site Review Observations:
1. Discussed the Incident Review Team Process

Findings (By Provision):
115.86 (a-e) Program Statement 5333.01 mandates the facility to conduct a sexual abuse incident review at the end of every sexual abuse investigation unless the allegation has been determined to be unfounded. This incident review must be conducted within 30 days of the conclusion of the investigation. This process was confirmed by the Warden and PREA Compliance Manager interviews. The incident review team consists of the following: The Facility Warden/Designee, Associate Warden, the facility PREA Compliance Manager, line supervisors, SIS for reviews involving confined person sexual abuse on another confined person, OIA for all staff-on-confined person sexual abuse reviews, health care staff, mental health practitioners, and all other staff deemed appropriate by the facility Warden.

The facility presents a report of its findings from the sexual abuse incident reviews and makes a final recommendation for improvement or documents the reasons for not performing improvements. The criteria included within the reviews consists of the following: suggested policy revisions, incident motivations by race, ethnicity, gang affiliation, physical barriers that may have contributed to the abuse, adequate staffing levels, video monitoring equipment or lack of, mandated training by staff and confined persons, appropriate supervision, notifications, and operational considerations. The auditor reviewed incident review documents and noted the information was provided within the form. The Warden confirmed review of reported facility incident reviews. The Warden/Designee shall distribute copies of the Sexual Abuse Incident Review Report to the Regional Director and the Regional PREA Coordinator. This was confirmed in Program Statement 5333.01, and during the Facility Warden interview.

Conclusion: The auditor determined the facility meets this standard with compliance based on the review of the following documentation: policies on conducting sexual abuse incident reviews, sample documentation or completed investigations, documentation of review team minutes, and recommended findings.

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
  ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☐ Yes ☐ No ☒ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
  ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.87 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Pre-Audit Questionnaire Responses
2. Investigative Reports
3. FCC Petersburg, December 18, 2023, PREA Audit Report
4. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
5. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
6. Classification Records
7. 2025 Federal Bureau of Prisons Annual PREA Report, effective June 16, 2026, pages 1-23

Interviews:
1. Facility Warden

2. PREA Coordinator
3. Incident Review Team Member
4. PREA Compliance Manager

Site Review Observations:
1. Discussed the data collection process

Findings (By Provision):
115.87 (a-f) The auditor reviewed the agency uniform data for every allegation of sexual abuse and compared the data to the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The agency aggregates incident-based sexual abuse data annually and includes definitions as appropriate to the Survey of Sexual Violence.

The auditor reviewed the data collected from 2014 to 2025 as the data is compiled for a one-year (calendar) period after December. The auditor requested feedback from the PREA Compliance Manager regarding the data and did not find any discrepancies noted during the onsite review. FCC Petersburg does not operate another facility or contract other facilities for the confinement of its confined persons.

The agency securely maintains all documentation used to compile the information and the SIS and OIA maintain the investigative data and records. Approved data is posted on the Agency website and available upon request by the Department of Justice. The facility Warden confirmed the use of all facility data relative to this standard.

Program Statement 5333.01 fully explains the procedures associated with this standard compliance: 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 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 sexually abusive staff behavior to all Chief Executive Officers and the Psychology Services Department 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 reports on the data used in the Bureau of Justice Statistics Survey of Sexual Violence.

(4) SENTRY Data. The captain 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 participate in managing and treating the inmate victim or inmate perpetrator or investigating the incident. The National PREA Coordinator, with the assistance of the Regional PREA Coordinators, aggregates, and reviews data from all sources annually.

Conclusion: The auditor reviewed the agency policies for collecting data on sexual abuse allegations, the instrument used for collecting the data, the set of definitions applied, the facility website, and a sample of the historical data used to determine the facility is fully compliant with the provisions of this standard. No corrective action is required.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.88 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Pre-Audit Questionnaire Responses
2. Investigative Reports
3. FCC Petersburg, December 18, 2023, PREA Audit Report
4. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
5. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
6. Classification Records
7. 2025 Federal Bureau of Prisons Annual PREA Report, effective June 16, 2026, pages 1-23

Interviews:
1. Facility Warden
2. PREA Coordinator
3. Incident Review Team Member
4. PREA Compliance Manager

Site Review Observations:
1. Discussed the Incident Review Team Process
2. Reviewed the agency website data

Findings (By Provision):
115.88 (a-d) Program Statement 5333.01 requires the National PREA Coordinator to review data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This auditor reviewed the data posted on the agency website that includes the total number of substantiated, unsubstantiated, and unfounded allegations of sexual harassment by inmate-on-inmate and staff-on-inmate reports from 2014 to 2025. This information is approved by the Agency Director and posted on the agency website for review. The agency National PREA Coordinator reviews data compiled by the Regional PREA Coordinators, the Information Technology and Data Division, and the Office of Internal Affairs, issues a report to the Director on an annual basis, meeting the requirements of this section. The facility Warden advised this information is utilized to identify problem areas and initiate corrective action measures when appropriate. The facility Warden confirmed the use and data associated with this report during the interview. Any facility data redacted from the annual report for publication follows the Privacy Act, and the Freedom of Information Act. This statement was provided in the Program Statement 5333.01.

Conclusion: The auditor reviewed evidence provided by the facility such as corrective action plans, an annual report of findings, website materials, and found the facility is compliant with the provisions of this standard. No corrective action is required.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? ☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.89 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Pre-Audit Questionnaire Responses
2. Investigative Reports

3. FCC Petersburg, December 18, 2023, PREA Audit Report
4. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
5. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
6. Classification Records
7. 2025 Federal Bureau of Prisons Annual PREA Report, Effective June 16, 2026, pages 1-23

Interviews:
1. Facility Warden
2. PREA Coordinator
3. Incident Review Team Member

Findings (By Provision):
115.89 (a-d) The Program Statement 5333.01 indicated all documentation utilized for data collection is maintained by the following: 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 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 reports on the data used in the Bureau of Justice Statistics Survey of Sexual Violence.

(4) SENTRY Data. The captain 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 participate in managing and treating the inmate victim or inmate perpetrator or investigating the incident.

The National PREA Coordinator, with the assistance of the Regional PREA Coordinators, aggregates, and reviews data from all sources annually. The data report is approved by the Agency Director and posted on the Agency website annually. The auditor reviewed the report and did not observe any personally identifying information. Agency policy requires the facility to maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Conclusion: Based on the auditor's review of the agency policy, website, interviews, and historical data, FCC Petersburg is fully compliant with the provisions of this standard. No corrective action is required.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☒ Yes ☐ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.401 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. PREA Audit Notice Verification

Interviews:
1. Facility Warden
2. PREA Coordinator

Site Review Observations:
1. Reviewed the Agency Website and Facility Data

Findings (By Provision):
115.401(a-n) The auditor verified the agency has conducted a PREA audit for all agency facilities starting in 2014. FCC Petersburg has conducted an audit during the previous cycles. No interview restrictions were placed on the auditor during the on-site review. The auditor received all documents requested for viewing upon request but was not allowed to retain the documents offsite from the facility. The auditor requested the facility to retain the documents for future reference if required. The on-site review provided the auditor with the opportunity to conduct private interviews with confined persons, staff, volunteers, and contractors without limitations. This is the facility's first year in the fifth audit cycle.

The facility PREA Compliance Manager provided photographic evidence regarding the posting of the PREA Audit Notification in all housing units on April 30, 2026. The audit notice was confirmed in the housing units during the onsite review. The audit notice was posted in both English and Spanish formats, large color print, and visible for everyone to see upon entering the units on day one of the onsite review. The posting provided the confined persons and staff with a name and mailing address for the auditor. The auditor confirmed this posting during the on-site review as staff and confined person interviews validated the posting. The auditor received no postal communications from a confined person at FCC Petersburg and no correspondence from staff during the post audit phase.

Conclusion: No further corrective action is required.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.403 Analysis

The following evidence was analyzed in making compliance determinations:

Documents:
1. FCC Petersburg Responses to the Pre-Audit Questionnaire
2. FCC Petersburg, December 18, 2023, PREA Audit Report
3. Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, Pages 1-72, March 19, 2026
4. Institution Supplement 5333.01a, Sexually Abusive Behavior Prevention and Intervention, Pages 1-5, May 19, 2026
5. PREA Audit Notice Verification

Interviews:
1. Facility Warden
2. PREA Coordinator

Site Review Observations:
1. Reviewed the Agency Website and Facility Data

Findings (By Provision):
115.403 (a-f) The auditor verified and reviewed the audit cycle reports on the agency website during the pre-audit phase. This data was confirmed by the PREA Compliance Manager during the on-site review. All facility audit reports are posted on the agency website.

Conclusion: Based on the evidence provided by the facility, FCC Petersburg is following the provisions of this standard, and no corrective action is required.

AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Brian Sutherland 09-29-2026

Auditor Signature **Date**

[1] See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110 .

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.