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:

Date of Final Audit Report: July 9, 2026

Auditor Information

Name: Matthew Taylor	**Email:** matthew@preaauditing.com
Company Name: Corrections Consulting Services, LLC	
Mailing Address: P. O. Box 596	**City, State, Zip:** Buchanan Dam, Texas 78609
Telephone: 602-376-8989	**Date of Facility Visit:** June 2 - 4, 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 (RSD)	**Number of Compliance Managers the PREA Coordinator oversees:** 120

Facility Information

Name of Facility: Federal Correctional Institution (FCI) Safford			
Physical Address: 1529 W Highway 366		**City, State, Zip:** Safford, Arizona 85546	
Mailing Address (if different from above): P.O. Box 820		**City, State, Zip:** Safford, Arizona 85548	
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:
N/A

Warden/Jail Administrator/Sheriff/Director

Name:	Jeremy Jarrett, Acting Warden		
Email:	SAF-PREAComplianceMgr@bop.gov	**Telephone:**	928-428-6600

Facility PREA Compliance Manager

Name:	Edwardo Gutierrez, Associate Warden		
Email:	SAF-PREAComplianceMgr@bop.gov	**Telephone:**	928-428-6600

Facility Health Service Administrator ☐ N/A

Name:	Tamila Willis, Health Services Administrator		
Email:	SAF-PREAComplianceMgr@bop.gov	**Telephone:**	928-428-6600

Facility Characteristics

Designated Facility Capacity:	623

Current Population of Facility:	635
Average daily population for the past 12 months:	656
Has the facility been over capacity at any point in the past 12 months?	☒ Yes ☐ No
Which population(s) does the facility hold?	☐ Females ☒ Males ☐ Both Females and Males
Age range of population:	19 – 69
Average length of stay or time under supervision:	575.0 days
Facility security levels/inmate custody levels:	Low, Minimum / In, Out

Number of inmates admitted to facility during the past 12 months:	823
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	816
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	747
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: X N/A

Number of staff currently employed by the facility who may have contact with inmates:	191
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	7
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	8
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	8

Number of volunteers who have contact with inmates, currently authorized to enter the facility:	32
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.**	60
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.**	4
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	1
Number of open bay/dorm housing units:	3
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	16
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:

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	June 2, 2026
2. End date of the onsite portion of the audit:	June 4, 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:	Just Detention International (JDI); Mt. Graham Safe House.
Audited Facility Information	
4. Designated Facility Capacity:	623
5. Average daily population for the past 12 months:	656
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.	4
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:	647
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:	0
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:	3
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:	1
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:	27
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:	7
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:	N/A
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:	0
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	70
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	0

facility as of the first day of the onsite portion of the audit:	
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.*	N/A
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:	191
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:	8
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:	32
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.*	N/A
Interviews	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other (describe) ☐ None (explain)
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	The auditor received a copy of the facility roster which broke down the population by age, race, ethnicity, length of time in the facility and custody level. This information allowed the auditor to accurately select a

	random representation of the inmate population at the facility
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.*	N/A
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".*	15
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	FCI Safford does not hold youthful inmates.

facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
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:	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 facility reported there were no inmates identified as having anyone with a physical disability during the onsite portion of the audit. The auditor was able to confirm this information through review of inmate rosters, observations during site review process and interviews conducted with staff at the facility.
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:	1
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).	
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:	1
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).	

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:	1
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).	
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:	1
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).	
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:	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).	
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:	1 (self-reported)

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).	
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:	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 facility reported there were no inmates identified as having reported sexual abuse at the facility during the onsite portion of the audit. The auditor was able to confirm this information through review of inmate rosters, observations during site review process and interviews conducted with staff at the facility.
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:	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).	
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 facility reported there were no inmates identified as having been placed in segregated housing for risk of sexual victimization during the onsite portion of the audit. The auditor was able to confirm this through review of inmate rosters, observations during the site review process and interviews conducted with staff at the facility.
45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). *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.*	
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
46. Enter the total number of RANDOM STAFF who were interviewed:	12
47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (describe) ☐ None (explain)
48. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):	☐ Too many staff declined to participate in interviews ☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☐ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other (describe)
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:	
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.*	N/A
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):	11
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:	Interview conducted previously as part of the agency level audit.
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:	
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:	Interview conducted previously as part of the agency level audit.
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:	
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:	0
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.*	N/A

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.	
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.	
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.	
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.*	N/A
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.*	Institution Admission & Orientation Program Checklist, Inmate Acknowledgement of Receipt of PREA Orientation, PREA Intake Objective Screening Instrument, Inmate Individualized Treatment Plan, Psychology Services Risk of Sexual Victimization. Additional documentation reviewed: Unannounced Institutional Rounds, Investigative files.

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

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	1	0

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	1
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	1

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review	
Sexual Abuse Investigation Files Selected for Review	
73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	1
a. If 0, explain why you were unable to review any sexual abuse investigation files:	
74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
a. If 0, explain why you were unable to review any sexual harassment investigation files:	
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ 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:	0
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. *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.*	N/A
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:	
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:	

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.

115.11 – Zero Tolerance of Sexual Abuse and Sexual Harassment

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

BOP Organizational Chart

FCI Safford Institution Supplement (dated 3/30/2026)

FCI Safford Inmate Handbook Excerpt (English/Spanish)

Interviews:

Interview with facility PREA Compliance Manager

Interview with agency PREA Coordinator

Site Review Observations:

During the site review at FCI Safford, the auditor observed PREA-related messaging and zero-tolerance postings displayed clearly and prominently throughout the facility, including housing units, intake, program and health services areas, and common areas. These postings were presented in both English and Spanish, were readable and not obscured, and included information on how to report sexual abuse and sexual harassment. These postings supported institutional efforts to communicate the zero-tolerance policy and provide inmates with information on how to report sexual abuse and sexual harassment.

Findings by Provision:

115.11 (a)

The Bureau of Prisons (BOP) maintains a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. This is reflected in BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual.

BOP Program Statement 5333.01 outlines how the agency implements its approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, identifies sanctions for those found to have participated in prohibited behaviors, and describes strategies and responses designed to reduce and prevent sexual abuse and sexual harassment of inmates.

115.11 (b)

The BOP designates an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards across all facilities. This was evidenced by the organizational chart and information obtained through interview with the agency-wide PREA Coordinator.

The interview with the agency-level PREA Coordinator was conducted as part of an agency-level audit that was not conducted by this auditor; however, the information was reviewed for purposes of evaluating this provision.

115.11 (c)

BOP Program Statement 5333.01 requires that when the agency operates more than one facility, each facility designates an Institution PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

This was confirmed through interview with FCI Safford's PREA Compliance Manager, who serves as the Associate Warden and maintains oversight of the facility's PREA compliance efforts. The facility ensures that both staff and inmates are aware of who is serving as the Institution PREA Compliance Manager.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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: Contracting with Other Entities for the Confinement of Inmates

The auditor reviewed the agency-level PREA audit report dated 12/06/2024, which evaluated this standard and its provisions at the agency level, including completion of the required agency-level interviews and issuance of an agency compliance determination. Consistent with the audit methodology for agency-level standards, the auditor relied on that agency-level report for purposes of this facility audit.

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.

115.13 – Supervision and Monitoring

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

FCI Safford Salary/Workforce Utilization Committee Meeting Minutes (Staffing Plan)

FCI Safford Institution Duty Officer / Intermediate & Higher-Level Staff – Unannounced Institutional Rounds Documentation

FCI Safford Institution Supplement (dated 3/30/2026)

FCI Safford Memorandum (dated 3/30/2026)

Interviews:

Facility Warden/Designee

Agency PREA Coordinator

Facility PREA Compliance Manager

Intermediate and Higher-Level Staff

Site Review Observations:

During the site review at FCI Safford, the auditor observed staffing patterns and the presence of security and non-security staff throughout operational areas. The auditor assessed staff line-of-sight and supervision practices, including indirect supervision features such as camera placement, and noted the prevalence of visibility measures (including office windows and mirrors) and video monitoring across areas toured. The auditor further observed scheduled security checks in housing and recreation areas and direct staff supervision in work and program areas.

Findings by Provision:

115.13 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual requires facilities to develop, document, and make best efforts to comply on a regular basis with a staffing plan that provides for adequate staffing levels and, where applicable, video monitoring, to protect inmates against sexual abuse.

During the onsite audit interview, the facility Warden/Designee stated FCI Safford makes best efforts to comply on a regular basis with a staffing plan that provides for adequate staffing and, where applicable, video monitoring to protect inmates against sexual abuse. The Warden/Designee indicated that staffing levels are discussed at the Budget and Planning Committee meeting, which meets at least twice yearly, as well as during Quarterly Salary/Workforce Utilization Committee meetings. The Salary/Workforce Utilization Committee Meeting Minutes serve as the staffing plan, and the institution's efforts are documented on the BP-A1180, PREA Staffing and Workforce Utilization form, which is retained by the Institution PREA Compliance Manager.

The Warden/Designee confirmed that video monitoring is part of the staffing plan. Additionally, the Captain provides weekly camera updates to the Executive Staff to ensure all video equipment is working appropriately or that appropriate work orders have been submitted for repair.

The Warden/Designee indicated the staffing plan review process considers the following factors: generally accepted detention and correctional practices; any judicial findings of inadequacy; findings of inadequacy from federal investigative agencies; findings of inadequacy from internal or external oversight bodies; the physical plant layout, including blind spots and areas of potential isolation; the composition of the inmate population; the number and placement of supervisory staff; institution programs occurring on particular shifts; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The Warden/Designee stated that the plan reviews staffing levels and helps determine if the facility has adequate staff to provide custody, programming, and required functions to protect inmates against sexual abuse. During the meeting, staff discuss whether adequate video monitoring occurs in housing units, including Special Housing Units, Food Service, and programming areas. Areas of non-compliance and the need for additional resources, which may include staffing, lighting, mirrors, and monitoring technology, are also discussed.

The Warden/Designee confirmed that no judicial findings of inadequacy, no findings of inadequacy from federal investigative agencies, and no findings of inadequacy from internal or external oversight bodies have occurred at this facility.

115.13 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual requires that each time the staffing plan is not complied with, the facility documents and justifies deviations from the staffing plan.

As reported in the PAQ, there were no deviations from the staffing plan during the review period. The Warden/Designee confirmed that, in circumstances where the staffing plan is not complied with, deviations are documented and justified in the comments section of the BP-A1180, PREA Staffing and Workforce Utilization form.

115.13 (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual requires that at least annually, the facility, in consultation with the agency PREA Coordinator, reviews the staffing plan to determine whether adjustments are needed to the staffing plan, monitoring technology deployment, or allocation of facility or agency resources necessary for compliance.

Within the past 12 months, the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments were needed to the staffing plan established pursuant to paragraph (a), the facility's deployment of video monitoring systems and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan. This review is documented through the established staffing plan documentation and quarterly meetings chaired by the Institution PREA Compliance Manager.

115.13 (d)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual requires intermediate-level or higher-level staff to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such rounds are required across all shifts, including night shifts.

The auditor interviewed intermediate and higher-level staff regarding unannounced rounds. Interview responses confirmed that unannounced rounds are conducted and documented using the institutional unannounced rounds form, and that staff take steps to deter advanced notice of supervisory rounds by addressing any staff member attempting to alert others of supervisory arrival. The Institution Duty Officer (IDO) conducts and documents the unannounced rounds. At the end of the IDO's tour week, the documentation is forwarded to the Institution PREA Compliance Manager for retention.

The auditor reviewed examples of unannounced rounds documentation provided by the facility, which confirmed that rounds were being conducted across all shifts, including nights and weekends.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.14 – Youthful Inmates

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

Current Inmate Rosters

Site Review Observations:

The auditor observed the entire facility and found no evidence of youthful inmates housed at the facility.

Interviews:

Interviews with random staff

Interview with the PREA Compliance Manager

Interview with the facility Warden

Findings by Provision:

115.14 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual requires 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.

According to the PAQ, FCI Safford does not house youthful inmates. This was confirmed through inmate rosters, the site review, interviews with random staff, an interview with the PREA Compliance Manager, and an interview with the facility Warden. Accordingly, this provision is not applicable to the facility.

115.14 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual requires that, in areas outside of housing units, the agency 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.

As confirmed through inmate rosters, the site review, and interviews with random staff, the PREA Compliance Manager, and the facility Warden, FCI Safford does not house youthful inmates. Accordingly, this provision is not applicable to the facility.

115.14 (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual requires that the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision, and that, absent exigent circumstances, youthful inmates not be denied daily large-muscle exercise and any legally required special education services, and have access to other programs and work opportunities to the extent possible.

As confirmed through inmate rosters, the site review, and interviews with random staff, the PREA Compliance Manager, and the facility Warden, FCI Safford does not house youthful inmates. Accordingly, this provision is not applicable to the facility.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, inmate rosters, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision. FCI Safford does not house youthful inmates.

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 non-medical 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 non-medical 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 ☐ N/A
  See auditor note: "This provision is no longer applicable to a compliance finding."

- 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 ☐ N/A *See auditor note: "This provision is no longer applicable to a compliance finding."*

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 *See auditor note: "This provision is no longer applicable to a compliance finding."*

- 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 *See auditor note: "This provision is no longer applicable to a compliance finding."*

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.

115.15 – Limits to Cross-Gender Viewing and Searches

Document Review:

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

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

BOP PREA Training Curriculum – Correctional Fundamentals, Part 1

FCI Safford Institution Supplement (dated 3/30/2026)

FCI Safford Staff Training Logs

Interviews:

Interviews with random staff

Interviews with random inmates

Site Review Observations:

The auditor observed areas used to conduct strip searches, visual body cavity searches, and pat-down searches to assess whether opposite-gender staff (i.e., non-medical personnel) can observe the conduct of a strip search or visual body cavity search (absent exigent circumstances).

The auditor observed areas where inmates may be in a state of undress, including shower areas, toilet areas, and changing areas.

The auditor assessed whether non-medical staff of the opposite gender were able to view inmates in a state of undress, including from different angles and via mirror placement.

The auditor observed electronic surveillance monitoring areas (e.g., control rooms) to determine whether opposite-gender staff were assigned to monitor live or recorded video feeds of inmates in states of undress; whether monitoring technology included point/tilt/zoom (PTZ) capabilities; and whether the facility used software or mechanisms (e.g., pixelation, blurring, tape/post-its) to obscure cross-gender viewing where applicable.

The auditor observed the method(s) used to alert inmates that an opposite-gender staff member has entered a housing unit or area where inmates may be in a state of undress, including whether alerts were sufficiently audible, provided adequate time to cover up, and were accessible to inmates with disabilities (e.g., deaf or hard of hearing, blind/low vision, cognitive or functional disabilities).

Findings by Provision:

115.15 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual indicates staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. BOP Program Statement 5521.06, Searches of Housing Units, Inmates, and Inmate Work Areas further illustrates compliance with this requirement.

The facility reported in the PAQ that there were no cross-gender strip searches or cross-gender visual body cavity searches conducted during the last 12 months.

During the site review process, the auditor confirmed through observations that opposite-gender staff were not conducting cross-gender strip searches or cross-gender visual body cavity searches.

The auditor also conducted informal interviews with inmates at the facility which further supported compliance with this provision.

115.15 (b)

This provision prohibits cross-gender pat-down searches of female inmates absent exigent circumstances. FCI Safford is a male facility and does not house female inmates. Accordingly, this provision is not applicable to this facility.

115.15 (c)

This provision requires the facility to document all cross-gender strip searches and cross-gender visual body cavity searches, and to document all cross-gender pat-down searches of female inmates. The documentation mechanism is established through BOP Program Statement 5521.06, Searches of Housing Units, Inmates, and Inmate Work Areas. As reported in the PAQ, no cross-gender strip searches or cross-gender visual body cavity searches were conducted during the review period. Because FCI Safford is a male facility and does not house female inmates, the requirement to document cross-gender pat-down searches of female inmates is not applicable.

115.15 (d)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual requires that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Such policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

The auditor reviewed BOP Program Statement 5521.06, Searches of Housing Units, Inmates, and Inmate Work Areas and BOP PREA Training Logs & Curriculum – Correctional Fundamentals, Part 1, which prohibit cross-gender viewing and support compliance with this provision.

The auditor interviewed inmates throughout the facility. Overall, inmates reported they were able to shower and perform bodily functions without staff of the opposite gender viewing them in a state of undress.

The auditor interviewed random staff throughout the facility. Staff interviewed reported inmates had as much privacy as could be afforded in a correctional setting.

As of the onsite audit, the auditor observed that inmates were provided sufficient privacy while showering and performing bodily functions across the housing units, including through the use of shower curtains, privacy partitions, and visual blockers, and confirmed that staff of the opposite gender announced their presence when entering inmate housing units.

115.15 (e)

This provision is no longer applicable to a compliance finding.

115.15 (f)

This provision is no longer applicable to a compliance finding.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision. Provisions 115.15(e) and (f) are no longer applicable to a compliance finding.

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.

115.16 – Inmates with Disabilities and Inmates Who Are Limited English Proficient

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

BOP Blanket Purchase Agreement with LanguageLine Solutions for Telephonic Language Translations

BOP Inmate Admission & Orientation Handbook

BOP Zero-Tolerance Policy Bulletins

Interviews:

Interviews with inmates with disabilities or who are limited English proficient

Interviews with random staff

Interview with the facility Warden

Site Review Observations:

The auditor tested the facility's process for securing interpretation services on demand.

The auditor determined whether persons confined in the facility must self-identify (e.g., enter a PIN, provide name/ID number) to access interpretation services.

The auditor assessed the availability of interpretation services (e.g., ability to access immediate interpretation services).

The auditor assessed the accessibility of interpretation services (i.e., available to all persons confined in the facility who need an interpreter, including persons confined in restricted housing).

The auditor assessed the location of interpretation services (e.g., whether services are provided in a location that affords some privacy for the persons confined in the facility).

Findings by Provision:

115.16 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that the agency shall take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the facility ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

The auditor reviewed policies on facility intake procedures, initial orientation, special needs inmates, referrals for inmates with developmental disabilities, and sign language interpretation services offered by the facility.

The auditor conducted interviews with inmates who were deemed to have limited English proficiency. The majority of inmates indicated that they were provided with information in a language they could comprehend and were aware of the availability of interpretation services.

During the site review process, the auditor visually observed PREA signage in every housing unit that was available in Spanish, the second most commonly spoken language at the facility. The auditor was also able to test the on-demand access to telephone interpretation services, which worked perfectly. This service was delivered to the facility via LanguageLine Solutions.

115.16 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, dictates that the agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

115.16 (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that the agency prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants 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.

The auditor conducted interviews with random staff throughout the facility. All staff indicated they would not use inmate interpreters or readers absent exigent circumstances that would lead to an extended delay in obtaining an effective interpreter.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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: Hiring and Promotion Decisions

The auditor reviewed the agency-level PREA audit report dated 12/06/2024, which evaluated this standard and its provisions at the agency level, including completion of the required agency-level interviews and issuance of an agency compliance determination. Consistent with the audit methodology for agency-level standards, the auditor relied on that agency-level report for purposes of this facility 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: Upgrades to Facilities and Technologies

The auditor reviewed the agency-level PREA audit report dated 12/06/2024, which evaluated this standard and its provisions at the agency level, including completion of the required agency-level interviews and issuance of an agency compliance determination. Consistent with the audit methodology for agency-level standards, the auditor relied on that agency-level report for purposes of this facility audit.

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.

115.21 – Evidence Protocol and Forensic Medical Examinations

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

MOU between BOP and the Federal Bureau of Investigation (August 1996 – ongoing)

SANEs / SAFEs Uniform Evidence Protocol

BOP Sexual Assault Crisis Intervention – First Responder Guide

BOP Training Curriculum – Forensic Medical Examinations: An Overview for Victim Advocates

DOJ/OIG PREA Training Curriculum

FBI Domestic Investigations and Operations Guide

FCI Safford Orientation Handbook English/Spanish

FCI Safford Memorandums (dated 3/30/2026)

FCI Safford Memorandum of Understanding with Mt. Graham Safe House for Ongoing Emotional Support Services

FCI Safford Institution Supplement (dated 3/30/2026)

OneSource First Responder Reference Guide / Sexual Assault Crisis Intervention Checklist

Qualified Agency Staff Member Training Records

Interviews:

Interviews with random staff

Interview with the facility PREA Compliance Manager

Interviews with inmates who reported sexual abuse

Findings by Provision:

115.21 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, outlines how the facility follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The Office of the Inspector General (OIG) of the Department of Justice investigates potential criminal cases involving staff-on-inmate sexual abuse. The Office of Internal Affairs (OIA) of the Bureau of Prisons investigates administrative cases of staff-on-inmate sexual abuse or harassment. Institution investigative staff, the Special Investigative Services (SIS), investigates all other cases.

The auditor conducted interviews with randomly selected staff members from the facility. Staff interviewed were able to articulate the methods employed by the facility to obtain usable physical evidence and described the coordinated response plan implemented by the facility in response to incidents of sexual abuse and sexual harassment.

115.21 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that the agency has developed a protocol appropriate for youth where applicable, and, 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."

115.21 (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, dictates that all victims of sexual abuse have access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency documents its efforts to provide SAFEs or SANEs.

According to information provided in the PAQ, the facility provided zero SAFE/SANE exams to inmates in the past 12 months. Forensic medical examinations, when needed, are conducted at Tucson Medical Center or Banner - University Medical Center Tucson, both located in Tucson, Arizona.

115.21 (d)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, dictates that the agency attempts to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency provides these services through a qualified staff member from a community-based organization, or a qualified agency staff member. The agency documents its efforts to secure services from rape crisis centers.

The auditor reviewed the FCI Safford Memorandum of Understanding with Mt. Graham Safe House, a community-based organization, which provides ongoing emotional support services. Mt. Graham Safe House serves as the facility's community-based resource for victim advocacy and emotional support services for inmates who have experienced sexual abuse.

In addition to the agreement with Mt. Graham Safe House, FCI Safford has designated qualified agency staff members to provide victim advocacy services. The auditor reviewed training records for these designated staff members, which demonstrated they have been screened for appropriateness to serve in this role and have received education concerning sexual assault and forensic examination issues in general, consistent with the requirements of 115.21(h).

The auditor interviewed the facility PREA Compliance Manager, who confirmed the facility's agreement with Mt. Graham Safe House for ongoing emotional support services and that qualified agency staff members are also designated to provide victim advocacy services.

115.21 (e)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, requires that, if requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The auditor interviewed the facility PREA Compliance Manager, who

confirmed that qualified agency staff members and Mt. Graham Safe House are available to provide these services consistent with this provision.

115.21 (f)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that to the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

115.21 (h)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that for the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The auditor reviewed and assessed the provided BOP Training Curriculum – Forensic Medical Examinations: An Overview for Victim Advocates. The training curriculum explains the role of the victim advocate and how it relates to the forensic medical examination process. Additionally, the auditor reviewed training records for FCI Safford's designated qualified agency staff members, which confirmed they have received the required education and screening.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, documented victim advocacy agreements, qualified agency staff member training records, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.22 – Policies to Ensure Referrals of Allegations for Investigations

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

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

Memorandum of Understanding (MOU) between BOP and the Federal Bureau of Investigation (August 1996 – ongoing)

SANEs / SAFEs Uniform Evidence Protocol

BOP Sexual Assault Crisis Intervention – First Responder Guide

DOJ/OIG PREA Training Curriculum

FBI Domestic Investigations and Operations Guide

BOP public-facing website materials related to sexual abuse prevention and investigations policy

Interviews:

Interview with the local Special Investigative Services (SIS) investigator

Interview with the agency head designee

Findings by Provision:

115.22 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, requires that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse and staff sexual misconduct). The agency makes this policy publicly available through its external website or other means and documents referrals for investigation.

The facility reported in the PAQ that over the past 12 months it received two (2) allegations of sexual abuse and sexual harassment and that allegations were investigated either criminally or administratively.

The interview with the agency head designee was conducted as part of an agency-level audit that was not conducted by this auditor; however, the information was reviewed for purposes of evaluating this provision. The agency head designee confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

115.22 (b) (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, requires 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.

During the audit, the auditor verified that the Bureau publishes relevant PREA policy and investigations-related information through the agency's public-facing website.

BOP Program Statement 5508.02, Hostage Situations or Criminal Actions Requiring FBI Presence, outlines investigative responsibility for criminal activities at Bureau facilities. In accordance with the existing Memorandum of Understanding (MOU) between BOP and the FBI, upon the occurrence of any incident that may involve a criminal act, the BOP takes steps to preserve the scene of the incident and notifies the designated FBI representative.

The auditor interviewed the local Special Investigative Services (SIS) investigator responsible for administrative investigations of inmate-on-inmate sexual abuse and sexual harassment. The investigator described the investigations process, including the standard of proof used in administrative investigations and the differentiation between criminal and administrative investigative pathways. The investigator stated that the Office of the Inspector General (OIG) of the Department of Justice investigates potential criminal cases involving

staff-on-inmate sexual abuse; the Office of Internal Affairs (OIA) of the Bureau of Prisons handles administrative cases of staff-on-inmate sexual abuse or harassment; and institution investigative staff, specifically the Special Investigative Services (SIS), investigates all other cases.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.31 – Employee Training

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

FCI Safford PREA Training Agenda

FCI Safford Institution Supplement (dated 3/30/2026)

FCI Safford Training Rosters

Interviews:

Interviews with random staff

Site Review Observations:

The auditor reviewed staff training examples and documentation to demonstrate compliance with the training requirements of this standard.

Findings by Provision:

115.31 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states the agency trains all employees who may have contact with inmates on: the agency's zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill responsibilities under sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; inmates' rights to be free from sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; common reactions of victims; detecting and responding to signs of threatened and actual sexual abuse; avoiding inappropriate relationships with inmates; communicating effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and relevant laws related to mandatory reporting of sexual abuse to outside authorities.

According to the PAQ, a total of 191 staff working at FCI Safford have been trained and may have contact with inmates.

The auditor interviewed random staff of all levels throughout the facility. Staff consistently reported receiving PREA training addressing the topics required by this provision, and staff responses reflected a strong working knowledge of PREA requirements, particularly with respect to PREA response protocols.

The auditor reviewed training records and signed acknowledgements documenting that staff understood the training they received.

115.31 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that training is tailored to the gender of the inmates at the employee's facility. FCI Safford is a male facility, and staff reported that training is provided in a manner that is tailored to the male inmate population housed at the facility.

115.31 (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that employees receive refresher training at least every two years to ensure staff remain current on the agency's sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive full refresher training, the agency provides refresher information on current sexual abuse and sexual harassment policies and procedures.

Consistent with Bureau practice, FCI Safford provides comprehensive PREA training to all staff who may have contact with inmates on an annual basis, with additional training provided as topics arise throughout the year. This annual training cycle ensures that staff remain current on the agency's sexual abuse and sexual harassment policies and procedures.

115.31 (d)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that the agency documents, through employee signature or electronic verification, that employees understand the training they have received.

The auditor reviewed examples of staff training records and acknowledgements provided by the facility demonstrating documentation of employee understanding.

The auditor reviewed the facility training curriculum titled Sexually Abusive Behavior Prevention and Intervention Program and PREA Presentation. The curriculum reviewed addressed the requirements of this standard and its provisions.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, training records, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.32 – Volunteer and Contractor Training

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

Sexually Abusive Behavior Prevention and Intervention Program Annual Training 2025

Volunteer/Contractor Training Affirmation with Signatures

BOP Volunteer Training Agenda

Interviews:

Interview with one contractor who has contact with inmates

Additional Documents Provided by the Facility:

Training records of volunteers and contractors who have contact with inmates

Findings by Provision:

115.32 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, requires that all volunteers and contractors who have contact with inmates are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. This was further supported by the training curriculum reviewed.

During the audit, the auditor conducted an interview with one contractor at FCI Safford who has contact with inmates. The contractor described receiving PREA-related training and affirmed awareness of their responsibilities under agency sexual abuse and sexual harassment policies and procedures. Due to the low volume of volunteer activity at the facility, no volunteers entered the facility during the onsite portion of the audit, and none were available for interview. The auditor reviewed the training records and signed affirmations for both volunteers and contractors provided by the facility and found the documentation to be consistent with the requirements of this provision.

The facility reported in the PAQ that there were a total of 25 volunteers and contractors who may have contact with inmates and who have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

115.32 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, provides that the level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with inmates; however, all volunteers and contractors who have contact with inmates are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed how to report such incidents. During the audit, the auditor conducted an interview with one contractor at FCI Safford who has contact with inmates. The contractor affirmed awareness of the agency's zero-tolerance policy and reported knowledge of reporting methods for sexual abuse and sexual harassment.

115.32 (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, requires that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. The auditor reviewed training documentation, including volunteer/contractor training affirmations with signatures and training records for both volunteers and contractors provided by the facility, consistent with this provision.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, training documentation, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.33 – Inmate Education

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

FCI Safford Institution Admission and Orientation Program Checklist

FCI Safford Sexually Abusive Behavior Prevention and Intervention Information on How to Report (English / Spanish)

Interviews:

Interviews with intake staff

Interviews with random inmates

Site Review Observations:

The auditor confirmed who is responsible for conducting the intake process.

The auditor tested how the facility provides the necessary PREA information to all confined persons, regardless of ability and language, including whether written information, if applicable, is clear and provided at an appropriate reading level and is accessible for all persons confined in the facility, including those who are limited English proficient. The facility provides interpreters, when needed, to assist deaf and non-English speaking persons confined in the facility. Staff are prepared to read written information out loud, if applicable, to make accommodations for persons confined in the facility when necessary. Mental health staff or other skilled educators/staff are involved in providing the required information to confined persons with cognitive or functional disabilities.

The auditor tested the facility's process for securing interpretation services on demand via LanguageLine Solutions.

The auditor determined that comprehensive PREA education is provided by both video and in person. The auditor observed a live comprehensive PREA education session.

The auditor assessed that the education provided included the required information as outlined in the standards.

The auditor assessed how the facility made the comprehensive education accessible to all persons confined in the facility, including persons who are deaf or hard of hearing, blind or have low vision, cognitively or functionally disabled, limited English proficient, non-English speaking, and/or have limited reading skills.

The auditor observed whether signage throughout the facility can be easily read and accessed by persons in the facility. Signage language is clear and easy to understand. Signage specific to services, such as emotional support services and external reporting, includes language that clearly details what services are available and for what purposes.

The auditor observed signage was provided in English and translated into Spanish. The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision or visually impaired, or those physically disabled or in a wheelchair.

The auditor observed that other PREA signage was posted in areas where staff and persons confined in the facility are able to read and retain the information being provided.

Findings by Provision:

115.33 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states inmates receive information at time of intake about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The Admission and Orientation (A&O) Handbook on Sexually Abusive Behavior Prevention and Intervention is provided to each inmate at intake screening.

The PAQ reported that in the past 12 months, the facility admitted 823 inmates.

The auditor interviewed intake staff who articulated the PREA education process for inmates arriving at the facility and described the process of educating inmates who transfer in from other facilities. Interviews conducted supported compliance with this provision.

115.33 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that within 30 days of intake, the facility provides comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

During the Admission and Orientation (A&O) Program, designated counselors present the Sexually Abusive Behavior Prevention and Intervention Program. This presentation includes information such as definitions of sexually abusive behavior and sexual harassment; prevention strategies; methods of reporting sexual abuse and sexual harassment within the institution; methods of reporting sexual abuse and sexual harassment to the

Region, Central Office, or other external sources; treatment options and programs available to victims; monitoring, discipline, and prosecution of sexual perpetrators; and notice that male and female staff routinely work and visit inmate housing areas.

The PAQ reported that over the past 12 months, 747 inmates whose length of stay in the facility was 30 days or more received comprehensive education within 30 days of intake on their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents.

The auditor interviewed intake staff who articulated the process used by the facility to ensure inmates received the required comprehensive PREA education and that the education was delivered within 30 days.

115.33 (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states the agency provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. During the site review, the auditor assessed the facility's methods for making PREA education accessible to inmates with disabilities and inmates who are limited English proficient, including the availability of interpreters and staff assistance in reading written information when necessary.

115.33 (d)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states the agency provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The facility provided written guidance for staff to obtain on-demand interpretation services, as well as training materials used for inmates considered limited English proficient or otherwise disabled, consistent with this provision.

115.33 (e)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states the agency maintains documentation of inmate participation in PREA education sessions through an online agency tracking program and through inmate signature. During the audit, the auditor reviewed and observed documentation signed by inmates confirming their participation in PREA education sessions.

115.33 (f)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. During the onsite portion of the audit, the auditor asked an inmate to demonstrate the TRULINCS system. Through this demonstration, the auditor determined TRULINCS was a method inmates could utilize at the facility to report incidents of sexual abuse and sexual harassment anonymously.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.34 – Specialized Training: Investigations

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

National Institute of Corrections (NIC) Investigating Sexual Abuse in Confinement Settings Training Module

SIS/SIA Training Curriculum

BOP Warning and Assurance to Employee Required to Provide Information

Office of Internal Affairs Conducting Interviews & Union Issues

FBI Domestic Investigations and Operations Guide

DOJ/OIG PREA Training Curriculum

Investigator training records

Interviews:

Interviews with investigative staff

Findings by Provision:

115.34 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, requires that agency investigators are trained in conducting sexual abuse investigations in confinement settings. Under the Program Statement, the Captain ensures the Special Investigative Services (SIS) Lieutenants are appropriately trained in conducting sexual abuse investigations in confinement settings, and the Chief of the Office of Internal Affairs (OIA) ensures OIA staff, including Special Investigative Agents (SIAs), are appropriately trained in same.

During the onsite portion of the audit, the auditor interviewed investigative staff. Interviewees confirmed receipt of specialized training in investigating sexual abuse in confinement settings and were able to articulate key elements of that training.

115.34 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, requires that specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The auditor reviewed specialized training materials and curricula identified in the Document Review section, including NIC training modules and investigator guidance materials addressing interview techniques, advisements/warnings, evidence collection, and investigative standards.

115.34 (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, requires the agency to maintain documentation confirming investigators have completed the required specialized training in conducting sexual abuse investigations.

The PAQ reported there were a total of 3 investigators at FCI Safford who have completed the required specialized training.

The auditor reviewed investigator training documentation, including course completion records for the NIC Investigating Sexual Abuse in Confinement Settings training, consistent with this provision.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, training documentation, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.35 – Specialized Training: Medical and Mental Health Care

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

BOP Medical & Mental Health Specialized Training Curriculum

FCI Safford Medical and mental health training records

Interviews:

Interviews with medical and mental health staff

Findings by Provision:

115.35 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) how to detect and assess signs of sexual abuse and sexual harassment; (2) how to preserve physical evidence of sexual abuse; (3) how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The PAQ reported there were a total of 6 medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy.

The PAQ also reported that 100 percent of all medical and mental health care practitioners who work regularly at this facility have received the training required by agency policy.

The auditor interviewed a medical and a mental health practitioner during the onsite portion of the audit. Both individuals interviewed indicated they received specialized training as required under this provision and that they had also been trained on the agency's zero-tolerance policy towards sexual abuse and sexual harassment.

115.35 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that if medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

The facility reported that forensic examinations are not conducted on-site. If there is a need to conduct a forensic examination, it would be completed at Tucson Medical Center or Banner - University Medical Center Tucson, both located in Tucson, Arizona. This was confirmed through the interview with the facility's Health Services Administrator during the onsite portion of the audit.

115.35 (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that the agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. The auditor reviewed medical and mental health practitioner training records consistent with this provision.

115.35 (d)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that medical and mental health care practitioners receive the training mandated for employees under §115.31 or for contractors and volunteers under §115.32, depending upon the practitioner's status at the agency. This was evidenced by medical and mental health practitioner training records that were previously reviewed under standards 115.31 and 115.32.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, training documentation, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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 *See auditor note: "This provision is no longer applicable to a compliance finding."*

- 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.

115.41 – Screening for Risk of Sexual Victimization and Abusiveness

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

FCI Safford PREA Intake Objective Screening Instrument Examples

Interviews:

Interviews with risk screening staff

Interviews with random inmates

Interview with PREA Coordinator

Site Review Observations:

The auditor attended a mock risk screening of an inmate at the facility.

The auditor confirmed the individuals responsible for conducting the risk screening process.

The auditor assessed that the screening process occurred in a setting that ensured as much privacy as possible given the potentially sensitive information that could be discussed.

The auditor assessed that screening staff ask screening questions in a manner that fostered comfort and elicited responses.

The auditor tested the method of assessing inmates to make certain the screening staff use an instrument to collect information during the risk screening process. Completion of the risk screening instrument returns a subsequent score or determination of risk of being sexually abused or being sexually abusive.

The auditor observed the physical storage area of any information and documentation collected and maintained in hard copy pursuant to the PREA standards (e.g., risk screening information, medical records, sexual abuse allegations).

The auditor observed electronic safeguards of any information and documentation collected and maintained electronically pursuant to the PREA standards.

Findings by Provision:

115.41 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that all inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

BOP Program Statement 5333.01 states all inmates entering an institution are screened as directed by Health Services, Psychology Services, and Unit Management policies. The following steps are taken:

> Inmates with a history of sexual victimization while in Bureau custody – when, during the intake screening process, staff identify inmates with a history of sexual victimization within Bureau custody (e.g., from self-report or from review of available documents), they must refer the inmate to Psychology Services to ensure appropriate steps have been taken, and any current Security Threat Group (STG) assignment pertaining to the alleged victim is updated.

Inmates with a history of sexual victimization while in a non-Bureau setting – if victimization occurred in a non-Bureau setting, staff document the information, and appropriate psychological treatment and monitoring is provided if needed.

Inmates with a history of sexual predation – when, during the intake screening process, staff identify inmates with a history of sexual predation (self-report or from review of available documents), staff must refer the inmate to Psychology Services to ensure appropriate steps have been taken, and any current STG assignment pertaining to the alleged perpetrator is updated. In addition, inmates identified as perpetrators may be included in the Posted Picture File, in accordance with policy.

During the audit, the auditor interviewed a staff member responsible for the inmate risk screening process. This individual confirmed that all inmates entering the facility, regardless of their previous location, undergo a risk assessment to identify potential abuse or abusive behavior towards others.

During the onsite portion of the audit, the auditor conducted a minimum of 30 interviews with inmates. The majority of inmates reported undergoing a risk screening process upon their arrival at the facility. Notably, the majority of inmates indicated that the risk screening process took place on the day of their arrival.

115.41 (b) (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states intake screening shall ordinarily take place within 72 hours of arrival at the facility. Such assessments shall be conducted using an objective screening instrument. To complete the Intake Screening Form, Unit Management staff use the PREA Intake Objective Screening Instrument, which encompasses all factors listed in section (d). The PREA Intake Objective Screening Instrument is completed using information available to staff at the time of intake, and with the purpose of referring the inmate for further assessment if needed.

BOP Program Statement 5333.01 states that after applying the criteria on the PREA Intake Objective Screening Instrument, staff complete the Intake Screening Form and note any specific information in the comment section applicable to victimization or abusiveness. If further assessment is needed, a referral to Psychology Services is made. The determination that an inmate is “at risk” requires the Psychologist to add the appropriate code into the applicable Bureau inmate management system. If none of the PREA Intake Objective Screening Instrument criteria apply, the staff member makes an entry stating, “No apparent PREA criteria met,” in the comment section applicable to victimization or abusiveness.

BOP Program Statement 5333.01 states inmates are encouraged to disclose as much information as possible for the agency to provide the most protection possible under this policy. If an inmate chooses not to respond to questions relating to their level of risk, they may not be disciplined.

The PAQ reported that in the past 12 months, a total of 816 inmates entered the facility through intake or transfer whose length of stay was more than 72 hours.

The auditor interviewed risk screening staff at the facility who confirmed that risk screening occurs within 72 hours of entering the facility.

During the onsite portion of the audit, the auditor conducted a minimum of 30 interviews with inmates. The majority of the interviewed inmates reported receiving a risk screening within 72 hours of their arrival at the facility.

115.41 (d)

Provision 115.41(d)(7) is no longer applicable to a compliance finding.

115.41 (e)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that the risk screening tool considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

115.41 (f)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that the facility reassesses each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

The PAQ reported that in the past 12 months, a total of 747 inmates whose length of stay was 30 days, or more were reassessed for risk of victimization or abusiveness.

During an interview with the staff members responsible for the risk screening process, it was confirmed that reassessing the inmate within a 30-day timeframe is necessary.

During the onsite audit, the auditor examined the risk screening process tailored to the requirement to reassess an inmate's risk of victimization or abuse within a time frame not exceeding 30 days. The auditor's evaluation did not identify any deficiencies in the risk screening process.

115.41 (g)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that an inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

115.41 (h)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, strictly prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability.

During the audit, the auditor interviewed a staff member responsible for the risk screening process. This individual confirmed that inmates are never disciplined for failing to disclose or provide complete information during the risk screening process.

115.41 (i)

The interview with the agency-level PREA Coordinator was conducted as part of an agency-level audit that was not conducted by this auditor; however, the information was reviewed for purposes of evaluating this provision.

The agency-level PREA Coordinator confirmed that information obtained through the risk screening process is limited to staff who have a need to know. The scope of access may vary depending on the recommendations resulting from the risk assessment. For example, if an elevated risk level is identified with recommendations regarding cell assignment or work assignment, the Correctional Counselor responsible for those assignments would be notified. Executive staff and the Captain are made aware in all instances due to security concerns.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision. Provision 115.41(d)(7) is no longer applicable to a compliance finding.

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 ☒ N/A

- 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 ☒ N/A

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 ☒ N/A

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 ☒ N/A

115.42 (f)

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

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 *See auditor note: "This provision is no longer applicable to a compliance finding."*

- 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 *See auditor note: "This provision is no longer applicable to a compliance finding.".*

- 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 *See auditor note: "This provision is no longer applicable to a compliance finding."*

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.

115.42 – Use of Screening Information

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

BOP PREA Intake Objective Screening Instrument

FCI Safford Memorandum (dated 10/28/2024)

FCI Safford Institution Supplement (dated 3/30/2026)

Interviews:

Interviews with staff responsible for risk screening

Interview with the PREA Compliance Manager

Interview with one transgender inmate

Findings by Provision:

115.42 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that information from the risk screening required by §115.41 is used to inform housing, bed, work, education, and program assignments with the goal of separating those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

During the audit, the auditor interviewed the PREA Compliance Manager, who described the facility's use of risk-screening information to support housing and program assignment decisions intended to promote inmate safety.

The auditor also interviewed staff responsible for the risk-screening process. Interviewees described making individualized assessments that consider relevant classification factors when determining housing and programming decisions.

115.42 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that the agency shall make individualized determinations about how to ensure the safety of each inmate.

During interviews, staff responsible for risk screening described the facility's practice of making individualized determinations regarding inmate safety when applying screening information to housing and programming decisions.

115.42 (c)

"This provision is no longer applicable to a compliance finding."

115.42 (d)

"This provision is no longer applicable to a compliance finding."

115.42 (e)

"This provision is no longer applicable to a compliance finding."

115.42 (f)

"This provision is no longer applicable to a compliance finding."

115.42 (g)

"This provision is no longer applicable to a compliance finding."

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision. Provisions 115.42(c), (d), (e), (f), and (g) are no longer applicable to a compliance finding.

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.

115.43 – Protective Custody

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse and/or Harassment form

FCI Safford Memorandum (dated 3/30/2026)

Interviews:

Interview with the facility Warden

Interviews with staff who supervise inmates in segregated housing

Findings by Provision:

115.43 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, prohibits the placement of 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. If a facility cannot conduct such an assessment

immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

The assessment of alternatives to segregated housing is completed for any inmate placed in the Special Housing Unit for a PREA-related matter by completing the BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse and/or Harassment form, which is signed and dated by the Warden and emailed to the appropriate Regional PREA Coordinator.

The PAQ reported there were a total of zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months awaiting completion of assessment.

The auditor interviewed the facility Warden, who confirmed that inmates are prohibited by policy from being placed in segregated housing solely because they have been identified at risk of sexual victimization, absent completion of the required assessment of alternatives.

115.43 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) the opportunities that have been limited; (2) the duration of the limitation; and (3) the reasons for such limitations. Where such access is limited, the Captain ensures that documentation reflects the limitation the limitation, its duration, and the rationale for the limitation.

The auditor interviewed staff members who supervise inmates in segregated housing. Staff indicated that if an inmate was placed in segregated housing for risk of victimization, the inmate would still be afforded the same out-of-cell, work, education, and programming opportunities as other inmates, to the extent possible.

115.43 (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that the facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

The PAQ reported that in the past 12 months the facility had zero inmates at risk of sexual victimization that were assigned to segregated housing for longer than 30 days while awaiting alternative placement.

The auditor interviewed the facility Warden, who confirmed that if inmates are placed in segregated housing, they are placed there only until alternative means of separation from likely abusers can be arranged.

115.43 (d)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that if an involuntary segregated housing assignment is made pursuant to paragraph (a), the facility shall clearly document: (1) the basis for the facility's concern for the inmate's safety; and (2) the reason why no alternative means of separation can be arranged.

When determining an appropriate method of safeguarding an inmate assigned "at risk" for victimization, the Warden ensures all options are considered by completing, signing, and dating the BP-A1002, Safeguarding of

Inmates Alleging Sexual Abuse and/or Harassment form, and evaluates the least restrictive methods for separation of the alleged victim and perpetrator. The completed BP-A1002 form is placed in the Inmate Central File, and if the information gathered leads to an investigation, the form becomes part of the investigative file and is emailed to the appropriate Regional PREA Coordinator. As reported in the PAQ, no inmates were placed in involuntary segregated housing for this purpose during the review period.

115.43 (e)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. The inmate's status is reviewed during the weekly Special Housing Unit multidisciplinary meetings.

The auditor reviewed relevant policy and discussed review practices with facility leadership during the onsite portion of the audit.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.51 – Inmate Reporting

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

BOP Program Statement 3420.14, Standards of Employee Conduct

BOP Sexually Abusive Behavior Prevention and Intervention: Information and How to Report, An Overview for Inmates

BOP PREA Zero-Tolerance Poster

FCI Safford Institution Supplement (dated 3/30/2026)

FCI Safford Investigation Tracking Log

Interviews:

Interviews with random staff

Interviews with random inmates

Interview with the facility PREA Compliance Manager

Site Review Observations:

The auditor observed PREA-related signage throughout the facility that was readily accessible and legible. Signage was observed in English and Spanish and was placed in locations intended to be accessible to staff and those confined in the facility, including individuals of average height, individuals with low vision or visual impairments, and individuals who are physically disabled or use a wheelchair.

The auditor assessed whether the information on signage was consistent and accurate throughout the facility, and whether the information was unobscured, undamaged, and not rendered unreadable by graffiti.

The auditor observed reporting information available to inmates, including how to report sexual abuse and sexual harassment. The auditor tested procedures available for inmates to report both verbally and in writing and assessed the accessibility of writing instruments.

The auditor observed how written communication moves from inmates to the mailroom, including the placement and accessibility of mail drop boxes/receptacles, and assessed the security of written communication.

The auditor also tested a staff member's ability to describe staff reporting methods, including whether a private reporting method exists outside the chain of command and whether reporting is available to staff on demand.

Findings by Provision:

115.51 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, establishes procedures allowing inmates multiple internal ways to report privately to agency officials regarding: (1) sexual abuse or sexual harassment; (2) retaliation by other inmates or staff for reporting sexual abuse or sexual harassment; and (3) staff neglect or violation of responsibilities that may have contributed to such incidents. Bureau inmates are encouraged to report allegations to a staff member at any level, including local, regional, and Central Office. Inmates are also provided with avenues of internal reporting, such as telephonically to the Special Investigative Services (SIS), through the Trust Fund Limited Inmate Computer System (TRULINCS), or by mail to an outside entity.

During the onsite audit, the auditor interviewed a sample of random staff. Staff were able to articulate multiple methods by which inmates may privately report sexual abuse and sexual harassment, including verbal reporting to staff, reporting through the TRULINCS electronic messaging system, and reporting through other written means.

The auditor also interviewed a sample of inmates during the onsite audit. Inmates interviewed were generally able to articulate multiple methods to report sexual abuse and sexual harassment to the facility.

115.51 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states the agency provides at least one method for inmates to report sexual abuse or sexual harassment to a public or private entity not part of the agency that can receive and immediately forward reports to agency officials, allowing the inmate to remain anonymous upon request.

Inmates are provided contact information and access to the Office of the Inspector General (OIG) to make such reports.

During interviews, staff and the PREA Compliance Manager described the availability of external reporting options and the facility's expectation that allegations received through any channel are forwarded for appropriate processing.

115.51 (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, requires staff to accept reports made verbally, in writing, anonymously, and from third parties, and to promptly document any verbal reports.

During interviews with random staff, staff reported that inmates may make reports verbally or in writing, and that reports may also be received from third parties. Staff indicated that verbal reports must be documented promptly in accordance with agency practice.

115.51 (d)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states the facility has procedures for staff to privately report sexual abuse and sexual harassment of inmates. A staff member may privately contact any supervisory staff member at the local institution, Regional or Central Office staff, including the Regional PREA Coordinators and the National PREA Coordinator. Allegations involving staff members may also be reported to the Office of Internal Affairs (OIA) or the Office of the Inspector General (OIG), as appropriate.

During interviews with random staff, most staff were aware there was a private reporting method available outside the chain of command, although several staff indicated they would still report incidents locally.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.52 – Exhaustion of Administrative Remedies

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

BOP Program Statement 1330.18, Administrative Remedy Program

FCI Safford Sexually Abusive Prevention and Intervention Information on How to Report / Overview for Inmates

BOP Inmate Admission & Orientation Handbook

FCI Safford Memorandums (dated 3/30/2026)

Site Review Observations:

The auditor observed PREA-related signage throughout the facility that was readily accessible and legible. Signage was observed in English and Spanish and was placed in locations intended to be accessible to staff and those confined in the facility, including individuals of average height, individuals with low vision or visual impairments, and individuals who are physically disabled or use a wheelchair.

The auditor assessed whether the information on signage was consistent and accurate throughout the facility, and whether the information was unobscured, undamaged, and not rendered unreadable by graffiti.

The auditor observed reporting information available to inmates, including how to report sexual abuse and sexual harassment. The auditor tested procedures available for inmates to report both verbally and in writing and assessed the accessibility of writing instruments.

The auditor observed how written communication moves from inmates to the mailroom, including the placement and accessibility of mail drop boxes/receptacles, and assessed the security of written communication.

The auditor observed whether third-party reporting information was posted in public areas accessible to family members, friends, advocates, and attorneys, and confirmed the reporting method was reasonably conspicuous and understandable.

The auditor tested the third-party reporting mechanism by submitting a test report through the agency's external website and confirmed the reporting method was specific to reporting sexual abuse and sexual harassment, rather than general facility contact information.

The auditor verified the facility maintains a process for receiving and responding to third-party reports.

Findings by Provision:

115.52 (a)

BOP Program Statement 1330.18, Administrative Remedy Program, establishes an administrative procedure for dealing with inmate grievances regarding sexual abuse. Accordingly, the agency is not exempt from this standard.

115.52 (b)

BOP Program Statement 1330.18, Administrative Remedy Program, states the agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Additionally, the agency does not require an inmate to use an informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

115.52 (c)

BOP Program Statement 1330.18, Administrative Remedy Program, allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint, and ensures that such grievance is not referred to a staff member who is the subject of the complaint.

115.52 (d)

BOP Program Statement 1330.18, Administrative Remedy Program, states that a final agency decision on the merits of any portion of a grievance alleging sexual abuse will be made within 90 days of the initial filing of the grievance, not including time consumed by inmates in preparing any administrative appeal. The agency may claim an extension of time to respond of up to 70 days if the normal time period for response is insufficient to make an appropriate decision, and in such cases the agency notifies the inmate in writing of the extension and provides a date by which a decision will be made.

The PAQ reported that in the last 12 months there was a total of zero grievances filed by inmates alleging sexual abuse and there were no extensions filed because a decision was not reached within 90 days.

No grievances alleging sexual abuse were filed during the review period; accordingly, no final agency decision was due under this provision. As of the onsite portion of the audit, no inmates who had reported sexual abuse at the facility were confined at FCI Safford. Accordingly, the auditor did not conduct interviews using the Inmates who Reported a Sexual Abuse protocol.

115.52 (e)

BOP Program Statement 1330.18, Administrative Remedy Program, permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. If an inmate declines third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline.

The PAQ reported that in the last 12 months there was a total of zero grievances filed by inmates in which the inmate declined third-party assistance and documentation of the inmate's decision to decline was completed.

115.52 (f)

BOP Program Statement 1330.18, Administrative Remedy Program, establishes procedures for the filing of an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging substantial risk of imminent sexual abuse, the agency immediately forwards the grievance (or relevant portion) to a level of review where immediate corrective action may be taken, provides an initial response within 48 hours, and issues a final agency decision within five calendar days. The initial response and final decision document the agency's determination and any action taken in response to the emergency grievance.

The PAQ reported that over the past 12 months the facility received a total of zero emergency grievances alleging substantial risk of imminent sexual abuse.

115.52 (g)

BOP Program Statement 1330.18, Administrative Remedy Program, states the agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates the inmate filed the grievance in bad faith.

The PAQ reported that in the last 12 months there was a total of zero inmates who filed grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for filing the grievance in bad faith.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.53 – Inmate Access to Outside Confidential Support Services

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

Memorandum of Understanding between FCI Safford and Mt. Graham Safe House.

FCI Safford Sexually Abusive Behavior Prevention and Intervention Information on How to Report and Overview for Inmates

FCI Safford Institution Supplement (dated 3/30/2026)

FCI Safford Admission and Orientation Handbook (English/Spanish)

Auditor Outreach to Just Detention International (JDI) (dated 5/29/2026)

Interviews:

Interviews with random inmates

Site Review Observations:

The auditor observed signage throughout the facility that could be easily read and accessed by persons in the facility. Specifically, signage related to services, such as emotional support services and external reporting, included language that clearly detailed what services are available and for what purposes. Signage was provided in English and Spanish. The signage text size, formatting, and physical placement accommodated most readers, including those of average height, low vision or visually impaired, or those physically disabled or in a wheelchair. The information provided by the signage was not obscured, unreadable by graffiti, or missing due to damage.

The auditor observed whether the information on the signage was accurate and consistent throughout the facility.

The auditor observed where signage was placed in the facility to assess whether the signage was accessible to staff and those confined in the facility and other persons who may need the information or services provided, specifically how to report sexual abuse and sexual harassment.

The auditor assessed whether all persons confined in the facility have regular access to phones to contact the outside emotional support service provider, including persons confined in restricted housing, and have reasonable accommodations.

The auditor assessed how the facility provides access to phones that are unmonitored or allow for privacy, or otherwise provides a way for persons confined in the facility to correspond with outside emotional support services confidentially.

The auditor assessed how inmates had access to outside emotional support via mail.

Findings by Provision:

115.53 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states the agency shall 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. The facility enables reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

The auditor interviewed a minimum of 30 inmates throughout the facility. While many inmates were not readily familiar with the specific name of the ongoing emotional support service provider, this is not uncommon in male facilities where such services are infrequently utilized by the population. The auditor's compliance determination for this provision was not based solely on inmate awareness but was supported by the site review process, which confirmed that information regarding Mt. Graham Safe House was posted on and near the TRULINCS system and throughout the facility in a manner that was easy to read and understand. The facility also provides bulletins to inmates via the TRULINCS system with instructions on how to access ongoing emotional support services.

The auditor reviewed the Memorandum of Understanding between FCI Safford and Mt. Graham Safe House, a community-based organization, which provides ongoing emotional support services for inmates who have experienced sexual abuse. The existence of this MOU further demonstrates the facility's commitment to ensuring access to outside confidential support services.

Additionally, the auditor conducted outreach to Just Detention International (JDI) prior to the onsite audit. JDI responded but did not provide any specific information or concerns regarding FCI Safford.

115.53 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that the facility shall inform inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. Additionally, the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

During the site review process, the auditor requested that an inmate walk through the process of utilizing the TRULINCS system. The inmate was able to demonstrate the process and test access to ongoing emotional support services through Mt. Graham Safe House with ease.

115.53 (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member.

FCI Safford has secured a Memorandum of Understanding with Mt. Graham Safe House to serve as the facility's community-based resource for victim advocacy and emotional support services. In addition, the facility has designated qualified agency staff members to provide victim advocacy services, as discussed under Standard 115.21.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.54 – Third-Party Reporting

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

BOP Zero-Tolerance Bulletin in English and Spanish

FCI Safford Third-Party Reporting Test Response (dated 5/29/2026)

Site Review Observations:

The auditor observed signage throughout the facility that could be easily read and accessed by persons in the facility. Specifically, signage related to services, such as emotional support services and external reporting, included language that clearly detailed what services are available and for what purposes. Signage was provided in English and Spanish. The signage text size, formatting, and physical placement accommodated most readers, including those of average height, low vision or visually impaired, or those physically disabled or in a wheelchair. The information provided by the signage was not obscured, unreadable by graffiti, or missing due to damage.

The auditor observed whether the information on the signage was accurate and consistent throughout the facility.

The auditor observed where signage was placed in the facility to assess whether the signage was accessible to staff and those confined in the facility and other persons who may need the information or services provided, specifically how to report sexual abuse and sexual harassment.

The auditor tested all available procedures inmates have available to report instances of sexual abuse and sexual harassment, both verbally and in writing.

The auditor observed whether the third-party reporting mechanism was posted in public areas of the facility that can be accessed by family members, friends, advocates, and attorneys.

The auditor tested the third-party reporting mechanism by submitting a test report through the agency's external website.

The auditor confirmed that the method to submit third-party reports is easily accessible and understandable and can be found in reasonably conspicuous and appropriate locations.

The auditor confirmed that the third-party reporting method is not the general contact information for the facility but is specific to reporting sexual abuse and sexual harassment in the facility.

The auditor verified the facility has a process for receiving third-party reports.

Findings:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that the agency has established a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. This information is posted on the agency's external website, which was easy to locate and navigate.

During the pre-onsite portion of the audit, the auditor submitted a third-party reporting test through the agency's external website at www.bop.gov on May 28, 2026. The automated system acknowledged receipt of the submission and confirmed the concern was routed for appropriate review. On May 29, 2026, the facility's Warden's office responded to the test and fully outlined the process that would take place if the facility were to receive a legitimate allegation of sexual abuse or sexual harassment by a third party. Specifically, the facility indicated that the Operations Lieutenant would be notified and steps would be taken immediately to safeguard the inmate and preserve the crime scene. The PREA Compliance Manager, Captain, Psychology Services, and Health Services would be notified. An investigation would be initiated, and confidentiality would be maintained at all times.

The timeliness and thoroughness of the facility's response to the third-party reporting test demonstrated a functional and responsive third-party reporting process consistent with the requirements of this standard.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.61 – Staff and Agency Reporting Duties

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

Administrative Investigation Examples

Interviews:

Interview with the facility Warden

Interview with the PREA Compliance Manager

Interviews with random staff

Interviews with medical and mental health staff

Site Review Observations:

The auditor tested staff by having them walk through the staff reporting methods provided by the facility.

The auditor observed the staff reporting method was available, on demand, to all staff in the facility.

The auditor assessed whether staff are required to report to their direct colleagues or their immediate supervisor.

Findings by Provision:

115.61 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, requires that all staff report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

BOP Program Statement 5333.01 states all staff must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the Operations Lieutenant, or where appropriate, in accordance with the Program Statement Standards of Employee Conduct. Staff provide a written follow-up memorandum to the Operations Lieutenant to document such a report, and the Operations Lieutenant notifies the Institution PREA Compliance Manager. Allegations of inmate-on-inmate and inmate-on-staff sexual abuse must be entered in TRUINTEL via the Report of Incident form (BP-E583). The Institution PREA Compliance Manager forwards a copy of the BP-E583 to the appropriate Regional PREA Coordinator, and the number of BP-E583 forms pertaining to inmate-on-inmate and inmate-on-staff sexual abuse is sent to the National PREA Coordinator.

The auditor interviewed random staff throughout the facility during the onsite portion of the audit. All staff interviewed indicated they were aware they are required to report all instances of sexual abuse, sexual harassment, or retaliation through their chain of command.

115.61 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that apart from reporting to designated supervisors or officials, staff are prohibited 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.

The auditor interviewed random staff throughout the facility. Staff articulated the requirement to immediately report incidents of sexual abuse, sexual harassment, and retaliation. Staff also described the requirement to report through the chain of command and the requirement to maintain confidentiality with PREA-related incidents.

115.61 (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that unless otherwise precluded by federal, state, or local law, medical and mental health practitioners are required to report sexual abuse and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

The auditor interviewed a medical staff member and a mental health staff member during the onsite portion of the audit. Both staff members reported that they inform inmates at the initiation of services of their duty to report sexual abuse and sexual harassment and the limitations of confidentiality.

115.61 (d)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that if the alleged victim is under the age of 18 or considered a vulnerable adult under a state or local vulnerable persons statute, the agency shall report the allegation to the designated state or local services agency under applicable mandatory reporting laws.

FCI Safford does not house individuals under the age of 18 or those who are considered vulnerable adults. This was verified through auditor observations during the onsite portion of the audit, review of available inmate population information provided to the auditor, and discussions with random staff, the facility Warden, and the PREA Compliance Manager.

115.61 (e)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. Staff must report and respond to allegations of sexually abusive behavior, regardless of the source of the report. The Institution PREA Compliance Manager supervises the response action plan, institution investigative response, and referrals to external agencies for investigation and/or prosecution. As the severity of the alleged sexually abusive behavior increases, so must the level of response.

The auditor interviewed the facility Warden, who reported that all allegations of sexual abuse and sexual harassment are referred to designated investigators, and to criminal investigators when the allegation rises to the level of potential criminal conduct, regardless of the origin of the report.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.62 – Agency Protection Duties

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

FCI Safford Memorandum (dated 3/30/2026)

Interviews:

Interview with the facility Warden

Interview with agency head designee

Interviews with random staff

Findings:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that when the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate.

BOP Program Statement 5333.01 states that in cases where the alleged perpetrator is another inmate, the Operations Lieutenant is notified without delay and immediately safeguards the alleged victim. The response will vary depending on the severity of the alleged sexually abusive behavior and could include monitoring the situation, changing housing assignments, changing work assignments, or placing the alleged perpetrator in the Special Housing Unit. An alleged victim is not placed in the Special Housing Unit unless failure to do so would result in immediate danger to that individual. The Operations Lieutenant promptly refers all inmates reported or suspected of being the victim of sexually abusive behavior to Health Services for a PREA medical assessment and to Psychology Services for an in-person Sexual Abuse Intervention. The Operations Lieutenant also notifies the Institution PREA Compliance Manager, documents the report in a memorandum, and completes the BP-E583, Report of Incident.

BOP Program Statement 5333.01 states that if the alleged perpetrator is a staff member, all options for safeguarding the inmate must be considered. The decisions made to safeguard the inmate should take the impact on the staff member into account. Removal from the facility is not ordinarily the first option considered; other options for separation that should be considered include reassignment to another area or shift.

The PAQ reported there were a total of zero times in the past 12 months that the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

The PAQ also reported that if the facility became aware of imminent sexual abuse, it would take immediate action to protect the inmate.

The auditor interviewed the facility Warden, who articulated the facility's response protocol once staff become aware an inmate may be in imminent danger of sexual abuse.

The auditor interviewed random staff throughout the facility. All staff articulated the facility's coordinated response plan to protect the inmate and to protect and preserve potential evidence.

The interview with the agency head designee was conducted as part of an agency-level audit that was not conducted by this auditor; however, the information was reviewed for purposes of evaluating this provision. Based on the interview that was conducted, the agency head designee was able to articulate the appropriate response protocols the agency has in place to protect inmates that have been determined to be at substantial risk of imminent sexual abuse.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.63 – Reporting to Other Confinement Facilities

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

FCI Safford Memorandum (dated 3/30/2026)

FCI Safford Facility Notification Examples

Interviews:

Interview with the facility Warden

Interview with agency head designee (agency-level audit)

Findings by Provision:

115.63 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual states that 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.

In cases where there is an allegation that inmate-on-inmate sexually abusive behavior occurred at another Bureau facility, the Warden (or designee) of the victim's current facility reports the allegation to the Warden of the identified institution. In cases alleging sexual abuse by a staff member at another Bureau institution, the Warden of the inmate's current facility refers the matter directly to the Office of Internal Affairs and provides the Warden of the facility where the alleged abuse occurred a courtesy notification. When sexually abusive behavior is alleged to have occurred at a non-Bureau secure facility, jail, or juvenile facility, the Warden contacts the appropriate office of that correctional agency or facility to provide notification of the alleged abuse. When such behavior is alleged to have occurred at a Residential Reentry Center, the Warden contacts the Residential Reentry Management Branch to provide notification.

The PAQ reported that within the last 12 months the facility handled a total of zero allegations in which an inmate alleged they were sexually abused while housed at another facility.

115.63 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual states that such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

The auditor reviewed the facility notification examples provided, which demonstrated that notifications to other facilities are provided as soon as possible and no later than 72 hours after receiving the allegation.

115.63 (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual states that the agency shall document that it has provided such notification.

The auditor reviewed the facility notification examples provided by the facility, which documented that the required notifications were made, consistent with this provision.

115.63 (d)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual states that the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

The PAQ reported that within the last 12 months the facility received a total of zero allegations of sexual abuse from another facility. The auditor interviewed the facility Warden, who articulated the process the facility utilizes when it receives allegations of sexual abuse or sexual harassment from other facilities, explaining that the facility implements the same protocols and investigative process as with all PREA allegations to ensure the allegation is investigated in accordance with these standards.

The interview with the agency head designee was conducted as part of an agency-level audit that was not conducted by this auditor; however, the information was reviewed for purposes of evaluating this provision. Based on that interview, the agency head designee was able to articulate the processes used by facility-level

Wardens and national-level leadership to ensure allegations of sexual abuse and sexual harassment are tracked, reported to the appropriate confinement facility or agency, and investigated as required by this provision.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.64 – Staff First Responder Duties

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

Interviews:

Interviews with random security staff

Interviews with random inmates

Findings by Provision:

115.64 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (1) separate the alleged victim and abuser; (2) preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

The PAQ reported that within the last 12 months the facility handled one allegation that an inmate was sexually abused. Of those instances, there was one time when the security staff member separated the alleged victim and the abuser.

The PAQ also reported that within the last 12 months there were a total of zero instances when a staff member was notified within a time period that still allowed for the collection of physical evidence.

The auditor interviewed random staff throughout the facility who acted as first responders to an allegation of sexual abuse. Not all staff members interviewed were immediate first responders; however, the auditor tested staff on their ability to articulate the facility's coordinated response to allegations of sexual abuse and sexual harassment. All staff interviewed were able to explain their duties and responsibilities when presented with allegations of sexual abuse in compliance with this provision.

As of the onsite portion of the audit, no inmates who had reported sexual abuse at the facility were confined at FCI Safford. Accordingly, the auditor did not conduct interviews using the Inmates who Reported a Sexual Abuse protocol.

115.64 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, requires that if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The staff member first responder must preserve the crime scene. SIS staff are responsible for collecting statements and physical evidence. The investigation, in coordination with the agency to which the case may be referred, must follow the guidance given in Bureau policies and practices concerning evidence gathering and processing procedures.

The PAQ reported that over the last 12 months there were a total of zero instances when a non-security staff member was the first responder to an allegation of sexual abuse.

The auditor interviewed random staff throughout the facility who articulated the facility's coordinated response plan to instances of sexual abuse and sexual harassment. Staff interviewed were able to break down each step of the process in a manner that complied with the requirements of this provision.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.65 – Coordinated Response

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

FCI Safford Institution Supplement (dated 3/30/2026)

Interviews:

Interview with the facility Warden

Interview with the PREA Compliance Manager

Interviews with medical and mental health staff

Interviews with random security staff

Site Review Observations:

The auditor assessed whether the facility maintains a written institutional plan to coordinate actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The auditor reviewed the facility's written coordinated response procedures to determine whether responsibilities are clearly assigned for immediate security response, evidence preservation, medical and mental health referrals, and investigative notifications.

Findings:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, requires the facility to develop a written institutional 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. This coordinated response plan is further supported by the FCI Safford Institution Supplement.

Under the coordinated response process, all staff report incidents of sexual abuse to the Operations Lieutenant. The Operations Lieutenant immediately safeguards the inmate and promptly refers all inmates reported or suspected of being the victim of sexually abusive behavior to Health Services for physical assessment and documentation of injuries, and to Psychology Services for an in-person Sexual Abuse Intervention. During business hours, the Operations Lieutenant ensures that SIS, the Captain, the Institution PREA Compliance Manager, and the Warden are notified; during non-business hours, notifications additionally include the Duty Officer, the on-call Health Services clinician, and the on-call Psychologist.

The Institution PREA Compliance Manager ensures all allegations of sexual abuse and sexual harassment are investigated and entered onto the BP-A1181, Institution PREA Tracking Log form, and reviews relevant factors to determine the appropriate level of response. Where an incident occurs at the facility in which the inmate is

currently housed, a Level 2 or Level 3 response is indicated; the Institution PREA Compliance Manager determines whether to proceed with a Level 3 response, which involves the highest level of coordinated intervention, including a forensic medical examination and evidence collection. Not all allegations of sexually abusive behavior require the activation of a Level 3 response.

The coordinated response reflects the roles of Correctional Services (including safeguarding the inmate and assisting SIS with evidence collection and preservation), SIS (including collecting and preserving evidence and conducting the investigation), Psychology Services (including crisis intervention and treatment referrals), and Health Services (including assessment, examination, documentation, and treatment of injuries arising from sexual abuse, and referrals for forensic services when indicated). Services are provided in a manner that meets both security and therapeutic needs.

The auditor interviewed the facility Warden, who described the facility's coordinated response plan for allegations of sexual abuse and sexual harassment, including notification requirements, staff roles during the initial response, and the coordination of referrals for medical and mental health services and investigative follow-up.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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 – Preservation of Ability to Protect Inmates from Contact with Abusers

The auditor reviewed the agency-level PREA audit report dated 12/06/2024, which evaluated this standard and its provisions at the agency level, including completion of the required agency-level interviews and issuance of an agency compliance determination. Consistent with the audit methodology for agency-level standards, the auditor relied on that agency-level report for purposes of this facility audit.

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.

115.67 – Agency Protection Against Retaliation

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

Review of Administrative Investigations that Included Retaliation Monitoring Examples

Interviews:

Interview with the facility Warden

Interview with staff responsible for monitoring retaliation

Interviews with inmates who reported sexual abuse

Findings by Provision:

115.67 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states the agency protects all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and shall designate which staff members or departments are charged with monitoring retaliation.

As reported in the PAQ, FCI Safford designates the Captain as the individual responsible for monitoring retaliation.

115.67 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that the agency shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The auditor interviewed the facility Warden, who reported that any type of retaliation against inmates or staff was strictly prohibited. The Warden articulated the retaliation monitoring process afforded for inmates at the

facility, which included periodic check-ins with the inmates for up to 90 days or longer, if necessary, unless the investigation was determined to be unfounded.

The auditor interviewed the staff member charged with retaliation monitoring, the Captain. The Captain articulated the process utilized to ensure retaliation against inmates is monitored and handled appropriately as required by policy.

As of the onsite portion of the audit, no inmates who had reported sexual abuse at the facility were confined at FCI Safford. Accordingly, the auditor did not conduct interviews using the Inmates who Reported a Sexual Abuse protocol.

115.67 (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that for at least 90 days following a report of sexual abuse, the agency monitors the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation.

BOP Program Statement 5333.01 states the items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The PAQ reported that over the last 12 months there have been zero instances of retaliation reported by either inmates or staff.

The auditor interviewed the facility Warden, who reported that any instances of retaliation by either inmates or staff would be swiftly investigated and handled appropriately.

115.67 (d) (e)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states in the case of inmates, such monitoring shall also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

During the onsite portion of the audit, the auditor reviewed the facility's administrative investigations. As part of the investigation review process, the auditor examined the files to ensure retaliation monitoring was completed as required under this standard. For the investigations reviewed, retaliation monitoring included periodic status checks at the appropriate 30-, 60-, and 90-day intervals, which included a one-on-one conversation with the inmate. The auditor confirmed that retaliation monitoring was conducted in compliance with the requirements of this provision.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.68 – Post-Allegation Protective Custody

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

BOP Form BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse and/or Harassment

FCI Safford Memorandum (dated 3/30/2026)

Interviews:

Interview with the facility Warden

Interviews with staff who supervise inmates in segregated housing

Interviews with inmates who reported sexual abuse

Findings:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.43. Form BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse and/or Harassment, is also used in cases of post-allegation protective custody.

BOP Program Statement 5333.01 states that inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a

facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

BOP Program Statement 5333.01 states that inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) the opportunities that have been limited; (2) the duration of the limitation; and (3) the reasons for such limitations.

BOP Program Statement 5333.01 states the facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If an involuntary segregated housing assignment is made, the facility shall clearly document: (1) the basis for the facility's concern for the inmate's safety; and (2) the reason why no alternative means of separation can be arranged.

The PAQ reported there were a total of zero inmates who alleged to have suffered sexual abuse that were held in involuntary special housing in the past 12 months for 24 hours awaiting completion of assessment.

The PAQ also reported there were a total of zero inmates who alleged to have suffered sexual abuse who were assigned to special housing in the past 12 months for longer than 30 days while awaiting alternative placement.

The auditor interviewed the facility Warden, who confirmed that inmates are not placed in special housing in lieu of other housing areas. The Warden reported that risk assessments are conducted with urgency to determine the likelihood of potential abuse.

The auditor interviewed a staff member who supervises inmates in segregated housing. The staff member explained that if an inmate is placed in special housing for protection from sexual abuse or having alleged sexual abuse, they still have access to programs, privileges, education, and work opportunities. The staff member also confirmed that if inmates are placed in special housing, the length of time is very limited, and confirmed that per policy, an inmate would receive a placement review every 30 days if that circumstance were to exist.

As of the onsite portion of the audit, no inmates who had reported sexual abuse at the facility were confined at FCI Safford. Accordingly, the auditor did not conduct interviews using the Inmates who Reported a Sexual Abuse protocol.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.71 – Criminal and Administrative Agency Investigations

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

DOJ/OIG PREA Training Curriculum

FBI Domestic Investigations and Operations Guide

Administrative Investigation Samples

Interviews:

Interviews with administrative investigators

Interview with the facility Warden

Interview with the PREA Compliance Manager

Site Review Observations:

The auditor observed the physical storage area of any information and documentation collected and maintained in hard copy pursuant to the PREA standards.

The auditor observed electronic safeguards of any information and documentation collected and maintained electronically pursuant to the PREA standards.

Findings by Provision:

115.71 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. At the conclusion of the investigation, the allegations must be indicated as substantiated; unsubstantiated (may have occurred, but insufficient evidence to prove); or unfounded (evidence proves that this could not have happened). SIS Lieutenants, the Captain, and the Institution PREA Compliance Manager meet monthly to review all ongoing cases and ensure timely completion of investigations.

In the event that an inmate is alleged to have perpetrated sexually abusive behavior against another inmate, SIS is notified immediately. In the event a staff member is alleged to have perpetrated sexually abusive behavior against an inmate, the Institution PREA Compliance Manager notifies the Warden immediately, and the Warden notifies the Regional Director and the Office of Internal Affairs (OIA), who in turn notifies the Office of the Inspector General (OIG) and, when appropriate, the Federal Bureau of Investigation (FBI).

The auditor interviewed administrative investigators during the onsite portion of the audit. The investigators reported that allegations of sexual abuse and sexual harassment are immediately initiated when reported. Investigative staff articulated the process of handling third-party or anonymous reports of sexual abuse and sexual harassment, which is not handled any differently than any other allegation related to PREA.

115.71 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states the agency shall use investigators who have received special training in sexual abuse investigations pursuant to §115.34.

The auditor interviewed administrative investigators during the onsite portion of the audit. The investigators reported they had received specialized training on conducting investigations in confinement settings, which included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

115.71 (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, requires that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The auditor interviewed administrative investigators during the onsite portion of the audit. The investigators articulated how criminal or administrative investigations are initiated, including prompt initiation, conducting interviews, preserving evidence, and creating a complete and comprehensive report of findings.

115.71 (d)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that when the quality of evidence appears to support criminal prosecution, the facility shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

115.71 (e)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. The facility shall not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The auditor interviewed administrative investigators during the onsite portion of the audit. The investigators spoke to the importance of completing credibility assessments for alleged victims and alleged perpetrators. The investigators stated they would never require an inmate to submit to a polygraph or truth-telling device as a condition of proceeding with an investigation.

As of the onsite portion of the audit, no inmates who had reported sexual abuse at the facility were confined at FCI Safford. Accordingly, the auditor did not conduct interviews using the Inmates who Reported a Sexual Abuse protocol.

115.71 (f)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that administrative investigations: (1) include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) shall be documented in written reports that include a description of the

physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The auditor interviewed administrative investigators during the onsite portion of the audit. The investigators articulated the actions taken during investigations to determine whether staff actions or failures to act contributed to an incident and stated all investigations are documented in a report that includes descriptions of physical and testimonial evidence.

115.71 (g)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

115.71 (h)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The PAQ reported that since the last PREA audit there have been zero substantiated allegations of conduct that appeared to be criminal that were referred for prosecution.

115.71 (i)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that the agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.71 (j)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that the departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation.

The auditor interviewed administrative investigators who confirmed an investigation of sexual abuse would be completed regardless of whether a staff member terminated employment prior to conclusion of the investigation.

115.71 (l)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that when an outside entity investigates sexual abuse, facility staff shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

During the onsite portion of the audit, the auditor reviewed the facility's administrative investigations. The review encompassed assessment of timely initiation of the investigation, a well-defined investigative process that included the collection of both physical and testimonial evidence, and the preparation of a clear, concise, and comprehensive written report outlining findings and conclusions. No deficiencies were identified in the investigation files reviewed. The auditor interviewed the facility Warden and PREA Compliance Manager, who described the facility's process for cooperating with and remaining informed about investigations conducted by outside entities such as the OIA, OIG, and FBI when a matter is referred externally.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.72 – Evidentiary Standard for Administrative Investigations

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

Administrative investigations

Interviews:

Interview with investigative staff

Findings:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that the agency shall not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

During the onsite portion of the audit, the auditor conducted an interview with an administrative investigator directly employed at the facility. The investigator provided a comprehensive explanation of the administrative investigative process, including the collection of both physical and testimonial evidence. The investigator further informed the auditor that the standard of proof employed in substantiating sexual abuse allegations is the preponderance of the evidence.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.73 – Reporting to Inmates

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

BOP PREA Investigative Case – Victim Notifications

Investigation Examples

Interviews:

Interview with the facility Warden

Interview with investigative staff

Interviews with inmates who reported sexual abuse

Findings by Provision:

115.73 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual states that following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

For inmate-on-inmate allegations, the SIS Lieutenant provides notification to the alleged victim of the outcome of the investigation, regardless of whether it is substantiated, unsubstantiated, or unfounded. For allegations against a staff member, the SIA or Institution PREA Compliance Manager provides notification to the alleged victim of the outcome of the investigation. Notification to an inmate must occur whenever that inmate is under Bureau jurisdiction, regardless of current housing location.

The PAQ reported there was a total of one criminal and/or administrative investigation of alleged inmate sexual abuse that was completed by the facility in the past 12 months.

The PAQ also reported that one inmate was notified, verbally or in writing, of the results of the investigation, and that zero inmates were released from the agency's custody before notification could be provided.

The auditor interviewed the facility Warden, who reported the facility always attempts to notify inmates of the outcome of their investigation as long as they remain in custody.

During the onsite portion of the audit, the auditor conducted an interview with an SIS investigator. The auditor inquired about the investigator's procedures for notifying inmates at the conclusion of an investigation. The investigator informed the auditor that inmates are provided with notification paperwork and are advised of the investigation's outcome, whether it is substantiated, unsubstantiated, or unfounded.

As of the onsite audit, the auditor reviewed the facility's completed investigations and the associated inmate-notification records and confirmed that, for investigations concluded while the inmate remained in custody, the inmate was informed of the outcome of the investigation, and the notification was documented in the record.

As of the onsite portion of the audit, no inmates who had reported sexual abuse at the facility were confined at FCI Safford. Accordingly, the auditor did not conduct interviews using the Inmates who Reported a Sexual Abuse protocol.

115.73 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual states that if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate. Efforts are made by SIS or the SIA at least once a quarter to obtain a status update from outside investigative agencies. These efforts are documented, and the alleged victim is informed of any update or lack thereof.

The PAQ reported there was a total of zero investigations that were conducted by an outside agency within the last 12 months.

115.73 (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual states that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) the staff member is no longer posted within the inmate's unit; (2) the staff member is no longer employed at the facility; (3) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The auditor interviewed the SIS investigator and the facility Warden, who confirmed that when an inmate alleges staff-on-inmate sexual abuse, the inmate is subsequently informed of the outcomes described in this provision, unless the allegation is determined to be unfounded. As of the onsite audit, the notification records the auditor examined reflected that these notifications are provided to inmates and documented in the record as required by this provision.

115.73 (d)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual states that following an inmate's allegation that he or she has been sexually abused by another inmate, the facility shall subsequently inform the alleged victim whenever: (1) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The auditor reviewed the facility's administrative investigations and associated notification records and interviewed investigative staff, who confirmed that alleged victims of inmate-on-inmate sexual abuse are subsequently informed if the alleged abuser is indicted or convicted on a charge related to sexual abuse within the facility.

115.73 (e)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual states all notifications or attempted notifications to inmates shall be documented, and documentation is maintained in the investigation file.

The PAQ reported there was a total of one notification to an inmate provided pursuant to this standard, and that notification was documented. As of the onsite audit, the auditor's review of the facility's notification records confirmed that the notification made pursuant to this standard was documented in the record as required.

115.73 (f)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual states an agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

The auditor confirmed, through review of the facility's investigation and notification records and interviews with investigative staff, that the agency's obligation to report terminates when an inmate is released from the agency's custody.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.76 – Disciplinary Sanctions for Staff

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

FCI Safford Memorandum (dated 3/26/2026)

Interviews:

Interview with Human Resources staff

Interview with the facility Warden

Findings by Provision:

115.76 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, provides that Bureau staff are subject to the Program Statement Standards of Employee Conduct and employment-based laws, rules, and regulations. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

115.76 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

The PAQ reported that in the past 12 months there have been zero staff members who have been terminated or resigned prior to termination for violating agency sexual abuse or sexual harassment policies.

115.76 (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

The PAQ reported that in the past 12 months there have been zero employees from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

115.76 (d)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The PAQ reported that in the past 12 months there have been zero staff members that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.77 – Corrective Action for Contractors and Volunteers

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

FCI Safford Memorandum (dated 3/30/2026)

Interviews:

Interview with the facility Warden

Findings by Provision:

115.77 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Generally, this section is applied in cases where there is possible criminal prosecution.

The PAQ reported that in the past 12 months there have been zero contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.

The facility Warden provided a memorandum dated 3/30/2026 documenting that there have been no contractors or volunteers reported to law enforcement agencies or relevant licensing bodies for engaging in sexual abuse.

115.77 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Generally, this section is applied in cases where administrative investigation or actions would be appropriate.

The auditor interviewed the facility Warden. The Warden explained that a volunteer or contractor would not be permitted, at least temporarily, from entering the facility until the investigation is completed related to an allegation of sexual abuse.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.78 – Disciplinary Sanctions for Inmates

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

Administrative Investigation Files

FCI Safford Memorandum (dated 3/30/2026)

Interviews:

Interview with the facility Warden

Interviews with medical/mental health staff

Findings by Provision:

115.78 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

Under BOP Program Statement 5333.01, if a staff member observes inmates engaged in a sexual act, that staff member writes an incident report for engaging in sexual acts. The incident report is suspended pending an investigation and administrative finding of whether the sexual activity was abusive or engaged in willingly by the involved parties. If the investigation determines the sexual activity was abusive, the incident report is re-written to the appropriate prohibited act code and issued only to the perpetrator. If the investigation reveals the

involved parties willingly engaged in sexual behavior, the original incident reports are issued to the involved parties and disciplinary proceedings resume.

The PAQ reported that in the last 12 months there were a total of zero administrative findings of inmate-on-inmate sexual abuse that occurred at the facility.

The PAQ also reported that in the last 12 months there were a total of zero criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at the facility.

115.78 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

The auditor interviewed the facility Warden. The Warden indicated that sanctions imposed on inmates are 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.

115.78 (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The facility Warden further articulated that the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, should be imposed.

115.78 (d)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that if the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the inmate to participate in such interventions as a condition of access to programming or other benefits.

During the onsite portion of the audit, the auditor conducted interviews with medical and mental health staff members. Medical staff confirmed that the facility provides therapy, counseling, and other interventions to inmates. Staff further clarified that inmates are not obligated to participate in these interventions as a prerequisite for accessing programming or other benefits.

115.78 (e)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states 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.

115.78 (f)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, prohibits the facility from disciplining an inmate 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 evidence sufficient to substantiate the allegation.

115.78 (g)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, provides that the agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. The agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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 ☒ NA

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

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

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

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.

115.81 – Medical and Mental Health Screenings; History of Sexual Abuse

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

FCI Safford Memorandums (dated 3/30/2026)

Interviews:

Interviews with inmates who disclosed sexual victimization at risk screening

Interviews with staff responsible for risk screening

Interviews with medical and mental health staff

Site Review Observations:

The auditor observed the physical storage area of any information and documentation collected and maintained in hard copy pursuant to the PREA standards.

The auditor observed electronic safeguards of any information and documentation collected and maintained electronically pursuant to the PREA standards.

Findings by Provision:

115.81 (a)

Under BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, follow-up meetings under this section are conducted by Psychology Services and Health Services as clinically appropriate. Consistent with Standard 115.63, when an inmate reports being the victim of sexual abuse at a previous facility, psychologists review the clinical record to determine whether treatment needs associated with the reported sexual abuse have been assessed and document the record review, assessment of treatment needs, and current mental health functioning accordingly.

BOP Program Statement 5333.01 states that if the screening pursuant to §115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

The PAQ reported that 100 percent of inmates who disclosed prior sexual victimization during the screening process were offered a follow-up meeting with a medical or mental health practitioner.

The auditor interviewed inmates who reported prior victimization during the risk screening process. Inmates disclosed they were previously sexually abused and were offered a follow-up meeting with medical and mental health professionals.

During the audit, the auditor conducted interviews with staff members responsible for the risk screening process. Risk screening staff provided detailed information about the process involved in screening inmates and handling cases where inmates disclose prior sexual victimization, and emphasized that inmates are consistently offered follow-up appointments with medical and mental health professionals.

115.81 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that if the screening pursuant to §115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Inmates considered high risk for sexual re-offending may be referred to specialty treatment or management programs, referred to individual or group counseling, or managed through standard correctional techniques. If an inmate perpetrator is determined in need of treatment services and refuses treatment, Psychology Services staff document the refusal in the electronic health record.

115.81 (c)

This provision applies to jail inmates who have experienced prior sexual victimization. FCI Safford is a prison and does not operate as a jail. Accordingly, this provision is not applicable to the facility, and the corresponding prison requirement is addressed under paragraph (a) above.

115.81 (d)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform

treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

115.81 (e)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that medical and mental health practitioners shall 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.

During the onsite portion of the audit, the auditor conducted interviews with medical and mental health staff, who confirmed that informed consent is obtained from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, consistent with the requirements of this provision.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.82 – Access to Emergency Medical and Mental Health Services

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

Medical and Mental Health Secondary Materials Examples

FCI Safford Memorandum (dated 3/30/2026)

Interviews:

Interviews with random staff throughout the facility

Interviews with medical and mental health staff

Interviews with inmates who reported sexual abuse

Findings by Provision:

115.82 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that 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.

Under BOP Program Statement 5333.01, Psychology Services is responsible for providing clinical intervention within 24 hours of the reported allegation, documented as a Sexual Abuse Intervention in the electronic health record, including assessment of current mental health functioning and treatment needs, offer of victim advocate services, and recommendation for follow-up services. Medical professionals are responsible for examination, documentation, and treatment of inmate injuries arising from sexually abusive behaviors, including testing for

pregnancy and sexually transmitted infections. When an inmate self-reports or is referred directly to Health Services for a PREA-related concern, Health Services staff ensure the Operations Lieutenant is informed so additional notifications can be made.

To avoid compromising medical evidence of an inmate who reports recent sexual abuse, the individual will be offered the opportunity to be transported to a community facility equipped, in accordance with local laws, to evaluate and treat sexual assault victims by a trained professional (e.g., a SANE or a SAFE). At FCI Safford, forensic medical examinations, when needed, are conducted at Tucson Medical Center or Banner - University Medical Center Tucson, both located in Tucson, Arizona. The inmate has the right to be accompanied by a victim advocate during both the PREA injury assessment and forensic medical examination at their request.

The auditor interviewed medical and mental health staff during the onsite portion of the audit. Individuals interviewed articulated that inmates receive unimpeded access to emergency medical treatment and crisis intervention as soon as they receive the referral or information from security staff.

As of the onsite portion of the audit, no inmates who had reported sexual abuse at the facility were confined at FCI Safford. Accordingly, the auditor did not conduct interviews using the Inmates who Reported a Sexual Abuse protocol.

115.82 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to §115.62 and shall immediately notify the appropriate medical and mental health practitioners.

115.82 (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that inmate victims of sexual abuse while incarcerated are 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.

FCI Safford is a male facility. Emergency contraception is not applicable to the population housed at this facility; however, sexually transmitted infection prophylaxis remains applicable and is offered as medically appropriate.

As of the onsite portion of the audit, no inmates who had reported sexual abuse at the facility were confined at FCI Safford. Accordingly, the auditor did not conduct interviews using the Inmates who Reported a Sexual Abuse protocol.

The auditor interviewed medical and mental health personnel during the onsite portion of the audit. Personnel confirmed compliance with this provision.

115.82 (d)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that treatment services are 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.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

Interviews:

Interviews with medical and mental health staff

Interviews with inmates who reported sexual abuse

Findings by Provision:

115.83 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

115.83 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

115.83 (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states the facility shall provide victims with medical and mental health services consistent with the community level of care.

During the onsite portion of the audit, the auditor conducted interviews with medical and mental health personnel. Both medical and mental health professionals affirmed that the services provided at the facility were consistent with community-level care. Mental health staff further reported that, in their professional judgment, the services offered are often of higher quality compared to those received by some individuals in the community.

115.83 (d)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

The facility offers pregnancy testing to any inmate for whom it is medically appropriate. No inmate victims met the medical criteria for this provision during the review period.

115.83 (e)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that if pregnancy results from the conduct described in paragraph (d) of this section, such victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

The facility provides timely information about and timely access to all lawful pregnancy-related medical services to any inmate for whom it is medically appropriate. No inmate victims met the medical criteria for this provision during the review period.

115.83 (f)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

During the onsite portion of the audit, the auditor conducted interviews with medical and mental health personnel. Personnel confirmed that inmate victims of sexual abuse are offered testing for sexually transmitted infections as medically appropriate. As of the onsite portion of the audit, no inmates who had reported sexual abuse at the facility were confined at FCI Safford. Accordingly, the auditor did not conduct interviews using the Inmates who Reported a Sexual Abuse protocol.

115.83 (g)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that treatment services are 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. Bureau policies concerning inmate co-pays for medical treatment are not applied to victims of sexual abuse.

During the onsite portion of the audit, the auditor conducted interviews with medical and mental health personnel. Personnel confirmed that treatment services related to sexual abuse are provided to inmate victims at no financial cost. As of the onsite portion of the audit, no inmates who had reported sexual abuse at the facility were confined at FCI Safford. Accordingly, the auditor did not conduct interviews using the Inmates who Reported a Sexual Abuse protocol.

115.83 (h)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that all prisons shall 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.

During the onsite portion of the audit, the auditor conducted interviews with medical and mental health personnel. Personnel confirmed compliance with the requirement specified in this provision.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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.

115.86 – Sexual Abuse Incident Reviews

Document Review:

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual

FCI Safford Memorandums (dated 3/30/2026)

Completed sexual abuse incident reviews

Interviews:

Interview with the facility Warden

Interview with the facility PREA Compliance Manager

Interview with incident review team member

Findings by Provision:

115.86 (a)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that the facility shall 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.

Under BOP Program Statement 5333.01, in cases of unsubstantiated allegations, Institution Executive Staff review the incident to assess the facility's response to the allegation, and the Institution PREA Compliance Manager documents the review in a report, including recommendations for improvements, if any, which is submitted to the Warden. In cases of substantiated sexual abuse, Institution Executive Staff review the incident to assess the facility's response, the Institution PREA Compliance Manager documents the review in a report, and a copy of that report is forwarded to the Regional Director through the Regional PREA Coordinator.

The PAQ reported that in the past 12 months, the facility completed two criminal and/or administrative investigations of sexual abuse and sexual harassment, excluding unfounded incidents. The auditor reviewed the corresponding sexual abuse incident reviews during the onsite portion of the audit.

115.86 (b)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that all sexual abuse incident reviews ordinarily occur within 30 days of the conclusion of the investigation.

The auditor examined the completed sexual abuse incident reviews during the onsite portion of the audit. The auditor determined through the documented timeframes that the sexual abuse incident reviews were completed within 30 days of the conclusion of the investigation for those cases.

The PAQ reported that in the past 12 months there were a total of two criminal and/or administrative investigations of alleged sexual abuse and sexual harassment completed at the facility that were followed by a sexual abuse incident review within 30 days.

115.86 (c)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that the review team consists of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The auditor interviewed the facility Warden, who confirmed that the sexual abuse incident review team consisted of executive staff, Health Services, Psychology Services, and investigative staff.

115.86 (d)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that the sexual abuse incident review team shall consider the following: whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) through (d)(5) of this section, and any recommendations for improvement, and submit such report to the facility head and PREA Compliance Manager.

The auditor reviewed the completed sexual abuse incident reviews provided by the facility during the onsite audit, which illustrated compliance with the requirements of this provision.

During the audit, the auditor interviewed the facility Warden, who outlined a consistent process that is completed at the conclusion of each criminal or administrative sexual abuse investigation. The Warden explained how the facility utilizes the information gathered from the incident review to assist in removing potential barriers and enhancing video monitoring technology. The Warden also confirmed that the team completes a written electronic report of their findings at the end of each sexual abuse investigation.

During the audit, the PREA Compliance Manager confirmed that the facility conducts a sexual abuse incident review at the conclusion of each sexual abuse investigation. The PREA Compliance Manager also confirmed that the facility submits an electronic report that is reviewed by the PREA Compliance Manager and the facility Warden on any recommendations for changes that may be necessary to enhance sexual safety.

During an interview with a staff member who participated in the facility's sexual abuse incident review team, the individual detailed the process of reviewing sexual abuse incidents and ensuring compliance with all applicable requirements outlined in this provision.

115.86 (e)

BOP Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, states that the facility will implement the recommendations for improvement, or shall document its reasons for not doing so as part of the sexual abuse incident review process.

The auditor reviewed the completed sexual abuse incident reviews provided by the facility, which illustrated compliance with this provision.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, investigation documentation, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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 – Data Collection

The auditor reviewed the agency-level PREA audit report dated 12/06/2024, which evaluated this standard and its provisions at the agency level, including completion of the required agency-level interviews and issuance of an agency compliance determination. Consistent with the audit methodology for agency-level standards, the auditor relied on that agency-level report for purposes of this facility audit.

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 – Data Review for Corrective Action

The auditor reviewed the agency-level PREA audit report dated 12/06/2024, which evaluated this standard and its provisions at the agency level, including completion of the required agency-level interviews and issuance of an agency compliance determination. Consistent with the audit methodology for agency-level standards, the auditor relied on that agency-level report for purposes of this facility audit.

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 – Data Storage, Publication, and Destruction

The auditor reviewed the agency-level PREA audit report dated 12/06/2024, which evaluated this standard and its provisions at the agency level, including completion of the required agency-level interviews and issuance of an agency compliance determination. Consistent with the audit methodology for agency-level standards, the auditor relied on that agency-level report for purposes of this facility audit.

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 – Frequency and Scope of Audits

Findings by Provision:

115.401 (a)

The auditor confirmed that during the prior three-year audit period, the agency ensured that each facility it operated was audited once.

115.401 (b)

The auditor confirmed through the BOP external website that FCI Safford was last PREA audited on June 13, 2023, through June 15, 2023, which is in compliance with this provision.

115.401 (h)

The auditor had unrestricted physical access to and observed all areas of the facility during the onsite portion of the audit. The auditor was provided full access to all requested investigation files and supporting documentation during the onsite portion of the audit.

115.401 (i)

The auditor was permitted to request and receive copies of all relevant documents, including electronically stored information, during the onsite portion of the audit.

115.401 (m)

The auditor was permitted to conduct private interviews with inmates.

115.401 (n)

Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

The auditor verified the methods that inmates are afforded for sending confidential correspondence to the auditor through their legal mail process.

The auditor verified with facility management that inmates were given at least six weeks advance notice of the audit. The auditor had the facility provide time-stamped pictures as examples of when the audit notices were posted and that accurate information was provided to the population regarding where to send correspondence.

As of the writing of this audit report, the auditor did not receive any correspondence from inmates incarcerated at the facility.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

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 – Audit Contents and Findings

The auditor reviewed the agency-level PREA audit report dated 12/06/2024, which evaluated this standard and its provisions at the agency level, including completion of the required agency-level interviews and issuance of an agency compliance determination. Consistent with the audit methodology for agency-level standards, the auditor relied on that agency-level report for purposes of this facility audit.

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.

Matthew Taylor 07/09/2026

Auditor Signature **Date**