

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

# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

☐ Interim ☒ Final

Date of Interim Audit Report: ☒ N/A

*If no Interim Audit Report, select N/A*

Date of Final Audit Report: July 23, 2025

### Auditor Information

Name: Darla O'Connor	Email: darla@preaauditing.com
Company Name: Corrections Consulting Services	
Mailing Address: P. O. Box 596	City, State, Zip: Buchanan Dam, TX 78609
Telephone: 225-302-0766	Date of Facility Visit: June 24 – 26, 2025

### 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:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal
Agency Website with PREA Information: <a href="https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp">https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp</a>			

### Agency Chief Executive Officer

Name: William K. Marshal III, Director
Email: BOP-RSD-PREACoordinator-S@bop.gov
Telephone: 202-307-3198

### Agency-Wide PREA Coordinator

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

## Facility Information

**Name of Facility:** FCI Manchester

**Physical Address:** 805 Fox Hollow Road

**City, State, Zip:** Manchester, KY 40962

**Mailing Address (if different from above):**  
P.O. Box 3000

**City, State, Zip:** Manchester, KY 40962

**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](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:** Christine Hilliard

**Email:** MAN-PREAComplianceMgr-S@bop.gov

**Telephone:** 606-598-1900

### Facility PREA Compliance Manager

**Name:** Joshua Hensley, Associate Warden

**Email:** MAN-PREAComplianceMgr-S@bop.gov

**Telephone:** 606-598-1900

### Facility Health Service Administrator ☐ N/A

**Name:** Michelle Hensley

**Email:** MAN-PREAComplianceMgr-S@bop.gov

**Telephone:** 606-598-1900

### Facility Characteristics

**Designated Facility Capacity:**

1272 (FCI 760 / SCP 512)

**Current Population of Facility:**

1110 (FCI 984 / SCP 126)

**Average daily population for the past 12 months:**

1092 (FCI 996 / SCP 96)

Has the facility been over capacity at any point in the past 12 months?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?		<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:		20 to 70
Average length of stay or time under supervision:		FCI 540.7 Days / SCP 266.5 days
Facility security levels/inmate custody levels:		Medium – Minimum / Community – In- Out
Number of inmates admitted to facility during the past 12 months:		1261
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		1234
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		1133
Does the facility hold youthful inmates?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)		<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:		295
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		40
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		1
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:		5
Number of volunteers who have contact with inmates, currently authorized to enter the facility:		39
<b>Physical Plant</b>		

<b>Number of buildings:</b>  Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	15
<b>Number of inmate housing units:</b>  Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	6
<b>Number of single cell housing units:</b>	0
<b>Number of multiple occupancy cell housing units:</b>	4
<b>Number of open bay/dorm housing units:</b>	2
<b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b>	47
<b>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)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
<b>Are medical services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are mental health services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

## Summary of Audit Findings

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

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

### Standards Exceeded

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

### Standards Met

Number of Standards Met: 45

### Standards Not Met

Number of Standards Not Met: 0  
List of Standards Not Met: N/A

# Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	June 24, 2025
2. End date of the onsite portion of the audit:	June 26, 2025
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Just Detention International; Cumberland River Behavioral Health Rape Victim Services; Kentucky Association of Sexual Assault Programs
Audited Facility Information	
4. Designated Facility Capacity:	1272 (FCI 760 / SCP 512)
5. Average daily population for the past 12 months:	1092 (FCI 996 / SCP 96)
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.	6
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)



Audited Facility Population on Day One of the Onsite Portion of the Audit	
<i>Inmates/Residents/Detainees</i>	
8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	1094
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:	71
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	9
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
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:	78
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:	0
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:	1
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:	10
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0

**23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).**

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

As part of the comprehensive audit process, the Auditor conducted a thorough review of facility records and interviewed staff to evaluate the institution's capacity to identify, document, and respond to the specific needs of individuals classified under specialized or vulnerable categories as defined by the Prison Rape Elimination Act (PREA). This review paid particular attention to how the facility addresses the needs of individuals who identify as transgender or intersex, those with substantial cognitive or physical impairments, and individuals held solely for civil immigration purposes. Upon arrival for the onsite audit, the Auditor confirmed that the facility was actively housing individuals from several PREA-identified vulnerable populations. At that time, the population included 71 individuals with cognitive disabilities, 9 individuals with low vision, 78 individuals with limited English proficiency (LEP), 1 transgender individual, and 10 individuals who had previously disclosed sexual victimization. While the facility was not housing individuals from every specialized population category during the audit period—specifically, those solely held for civil immigration purposes—staff exhibited a strong working knowledge of how to implement PREA standards for all vulnerable groups. Interviews with staff revealed a clear understanding of how policies and procedures would be applied should individuals from additional PREA-defined categories be admitted. Staff were able to speak confidently and knowledgeably about the facility's protocols, demonstrating their preparedness to provide services aligned with PREA's intent. The facility's Standard Operating Procedures (SOPs) include detailed guidance on how to screen, house, monitor, and support individuals with increased vulnerability to sexual abuse or harassment. These procedures go beyond theory, ensuring that safeguards are ready to be implemented in practice, even in the absence of certain populations. Staff training and operational readiness reflect a robust infrastructure designed to uphold the dignity, safety, and rights of every person in custody. In conclusion, the facility's ability to articulate and demonstrate its commitment to the needs of vulnerable individuals—regardless of whether all populations were represented at the time of the audit, exemplifies a proactive and structured approach to PREA compliance. The institution's documented preparedness and staff competency

	reaffirm its dedication to providing equitable, respectful, and protective care to all persons in custody, especially those at increased risk.
<b>Staff, Volunteers, and Contractors</b> <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i>	
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:	295
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:	5
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:	39
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.  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	<p>Over the past twelve months, the facility consistently has maintained a dependable and policy-driven workforce composed of security staff, non-security personnel, contractors, and volunteers. The Auditor conducted an extensive review of institutional records and held multiple interviews with facility leadership and supervisory staff to assess workforce practices and alignment with PREA standards. This assessment confirmed that the facility maintained accurate, up-to-date records for all personnel and had no issues related to identification, demographic tracking, or classification of roles. Every individual—whether a full-time staff member, contracted service provider, or volunteer, was thoroughly documented and accounted for in a manner that supports ongoing compliance with PREA requirements. The workforce reflected a broad spectrum of roles and backgrounds, contributing to the operational effectiveness and cultural awareness of the institution. Gender diversity was evident, and personnel represented a range of racial, ethnic, and professional experiences. While demographic representation is not a core element of PREA compliance, such diversity can enrich the institutional culture and enhance staff responsiveness to a wide array of needs within the incarcerated population. All personnel who interact directly with individuals in custody were verified to have completed the full scope of PREA-mandated screenings prior to assignment, including criminal background checks and any additional vetting required by agency policy. Supporting documentation confirmed that every person had successfully completed the agency’s standardized PREA training program. This curriculum covers essential areas such as professional boundaries, identification and response to sexual misconduct, mandatory reporting procedures, and appropriate engagement with individuals considered at heightened</p>

	<p>risk for victimization. The training program strongly reinforces the agency’s zero-tolerance stance toward sexual abuse and sexual harassment. It also emphasizes the importance of professionalism in all interactions and equips staff with practical skills to prevent, identify, and appropriately respond to incidents. Refresher courses are provided annually, and the facility employs regular supervision and oversight mechanisms to ensure continued staff awareness and accountability throughout their tenure. Interviews with facility leadership revealed that no employees, contractors, or volunteers self-identified as members of specialized or vulnerable groups under PREA during the audit review period—such as individuals identifying as transgender, intersex, or nonbinary. Nevertheless, the facility has adopted inclusive and protective policies that apply to all workforce members. These policies are designed to safeguard the rights, dignity, and safety of any employee who may belong to such groups in the future, offering non-discriminatory protections and access to support without delay. No incidents were reported during the review period that would suggest deficiencies in training, staff behavior, or supervision in relation to PREA compliance. The Auditor found that the facility’s supervisory structure is initiative-taking and layered, ensuring consistent monitoring and enforcement of professional conduct standards. In summary, the facility’s approach to personnel management reflects a comprehensive, well-executed strategy rooted in PREA principles. From recruitment and documentation to training, supervision, and policy development, the institution has built a framework that promotes a safe, respectful, and responsive working environment. The agency’s investment in maintaining a skilled, informed, and diverse workforce enhances its ability to uphold its mission of zero tolerance for sexual abuse and harassment, fostering a culture of accountability, equity, and mutual respect across all levels of staff.</p>
Interviews	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	23
29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	<input checked="" type="checkbox"/> Age

	<input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other (describe) <input type="checkbox"/> None (explain)
<b>30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?</b>	A primary strategy for geographic diversity was selecting interviewees from every housing unit or living area within the facility. This included general population housing, specialized or restrictive housing, and any units designated for protective custody, medical care, or mental health treatment. By drawing at least one or more interviewees from each area, the sample reflected the full range of living environments within the facility.
<b>31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:</b>	N/A

<b>32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</b>  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	During the random interview process, the Auditor took deliberate steps to ensure that the sample reflected a fair, inclusive, and geographically representative cross-section of the facility's overall incarcerated population. Careful attention was given to selecting individuals from each housing unit to ensure that all areas of the facility were represented and that institutional practices and culture could be assessed across various living environments. The selection process remained strictly random, and no specific population or demographic group was intentionally oversampled. The goal was to maintain the integrity of the random sample while ensuring that it accurately reflected the general population housed at the facility during the audit period. The interview process was conducted smoothly, with no individuals refusing to participate. All those selected were cooperative, respectful, and engaged appropriately throughout the discussions. Their willingness to participate contributed positively to the audit process and provided valuable insight into the facility's adherence to the PREA standards from the perspective of those in custody. The Auditor encountered no significant barriers to completing interviews or achieving representation across the facility. Overall, the process was conducted without disruption, and the
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	environment in which interviews were held supported confidentiality, comfort, and open communication.
Targeted Inmate/Resident/Detainee Interviews	
<p><b>33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p> <p><i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i></p> <p><i>For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	23
<p><b>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b></p>	0
<p><b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population.</p>

	Policies and processes are in place to ensure that, should an individual meet the criteria for this category that be admitted in the future, they will be promptly identified and provided with all necessary protections, services, and accommodation in accordance with PREA standards.
<b>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:</b>	0

<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility’s screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meet the criteria for this category that be admitted in the future, they will be promptly identified and provided with all necessary protections, services, and accommodation in accordance with PREA standards.</p>
<b>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:</b>	6
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>8</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>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:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility’s screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meet the criteria for this category that be admitted in the future, they will be promptly identified and provided with all necessary protections,</p>



	services, and accommodation in accordance with PREA standards.
<b>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</b>	3
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	N/A
<b>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</b>	0
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility’s screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meet the criteria for this category that be admitted in the future, they will be promptly identified and provided with all necessary protections,</p>

	services, and accommodation in accordance with PREA standards.
<b>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	1
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	N/A
<b>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:</b>	0
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meet the criteria for this category that be admitted in the future, they will be promptly identified and provided with all necessary protections,</p>

	services, and accommodation in accordance with PREA standards.
<b>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:</b>	5
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	N/A
<b>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:</b>	0
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility’s screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meet the criteria for this category that be admitted in the future, they will be promptly identified and provided with all necessary protections,</p>

	services, and accommodation in accordance with PREA standards.
<p><b>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.).</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>At the time of the on-site Prison Rape Elimination Act (PREA) audit, the facility reported an incarcerated population totaling 1,094 individuals. In accordance with the guidelines set forth in the PREA Auditor Handbook, facilities of this size are required to conduct a minimum of twenty targeted interviews with individuals in custody who are considered part of vulnerable or specialized populations under the PREA standards. These targeted categories include individuals who self-identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI); minors under the age of 18 housed in adult facilities; individuals with limited English proficiency (LEP); people with physical, cognitive, or developmental disabilities; those who have experienced prior sexual victimization; individuals who have reported sexual abuse or harassment while in custody; and individuals held solely for civil immigration purposes. During the audit period, the facility confirmed that its population included individuals who fell into several of these vulnerable classifications. Specifically, the facility was housing individuals with cognitive disabilities, individuals who were blind or had low vision, individuals with limited English proficiency, a transgender individual, and persons who had previously disclosed experiences of sexual victimization. The Auditor conducted interviews with individuals representing each of these categories. In total, 23 targeted interviews were completed, exceeding the minimum required for a facility of this size. While not all vulnerable groups identified under PREA were present at the time of the audit, for example, there were no minors in custody or individuals held solely for civil immigration purposes, this absence did not impede the Auditor's ability to effectively evaluate compliance. Staff demonstrated strong knowledge of the facility's responsibilities under PREA when working with vulnerable populations. Through interviews and documentation review, the Auditor confirmed that intake, screening, and classification processes are designed to identify individuals with elevated risk factors and that comprehensive protocols are in place to provide necessary protection and supportive services. Training records and staff interviews further affirmed that facility personnel are well-versed in the procedures for addressing the needs of specialized populations, even</p>

	<p>in cases where such individuals are not currently housed at the facility. This level of preparedness ensures that, should these populations be admitted in the future, staff will be capable of providing responsive, policy-compliant care from the outset. In conclusion, although the facility's population at the time of the audit did not include every category outlined in PREA's targeted interview requirements, its well-structured intake systems, thorough staff training, and operational readiness reflect a strong institutional commitment to PREA compliance. The facility's proactive approach to identifying, interviewing, and supporting vulnerable individuals underscores its dedication to safeguarding the rights, safety, and dignity of all people in its custody.</p>
<b>Staff, Volunteer, and Contractor Interviews</b>	
<i>Random Staff Interviews</i>	
<b>46. Enter the total number of RANDOM STAFF who were interviewed:</b>	<b>14</b>
<b>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</b>	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (describe) <input type="checkbox"/> None (explain)
<b>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</b>	<input type="checkbox"/> Too many staff declined to participate in interviews <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other (describe)
<b>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:</b>	N/A
<b>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</b>  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	<p>The process of selecting and interviewing random staff was conducted in a manner designed to ensure fair representation across all shifts, job clarifications, and areas of responsibility within the facility. Staff were selected from both custody and non-custody roles, including correctional officers, case managers, medical and mental health staff, education personnel,</p>

	<p>and program facilitators. This approach helped provide a well-rounded view of staff understanding and implementation of PREA standards across all operational domains. No specific staff population was intentionally oversampled during the random selection process. However, efforts were made to include personnel from each shift (day, evening, and overnight), as well as from various posts and departments, to capture potential differences in training recall, supervision practices, and facility culture. The Auditor encountered no significant barriers to completing staff interviews. Facility leadership and scheduling coordinators were cooperative in facilitating access to staff while maintaining routine operations. All selected individuals were made available in a timely manner, and interviews were conducted in private areas that allowed for confidentiality and candid discussion. Every staff member interviewed demonstrated a clear understanding of PREA-related responsibilities, including reporting protocols, appropriate staff-inmate boundaries, and procedures for responding to allegations of sexual abuse or harassment. Staff responses were consistent with the facility's policies and training curriculum, further affirming the institution's commitment to PREA compliance. In summary, the staff interview process was conducted efficiently and without disruption. The diversity of roles, shifts, and work locations among those interviewed provided the Auditor with a comprehensive and balanced perspective on staff knowledge, training, and engagement with PREA standards.</p>
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*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.*

<b>50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	21
<b>51. Were you able to interview the Agency Head?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If no, explain why it was not possible to interview the Agency Head:</b>	N/A
<b>52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:</b>	N/A
<b>53. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If no, explain why it was not possible to interview the PREA Coordinator:</b>	N/A

<b>54. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
<b>a. If no, explain why it was not possible to interview the PREA Compliance Manager:</b>	N/A
<b>55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):</b>	<input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input checked="" type="checkbox"/> Other (describe) <b>Classification and Mail Room</b>
<b>56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1

<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):</b></p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p><b>58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>in preparation for and during the onsite audit, the Auditor ensured that a broad and representative cross-section of specialized staff was selected for interviews to assess the facility's compliance with PREA standards. Specialized staff interviews included personnel such as the Facility Head, PREA Compliance Manager, medical and mental health professionals, investigators, intake staff, classification staff, and first responders. Particular attention was given to oversampling staff members with direct responsibilities under the PREA standards, including those involved in incident response, screening and classification, victim support services, and disciplinary decision-making. This approach was intentional to ensure a comprehensive understanding of how PREA-related duties are operationalized across different departments and shifts. There were no significant barriers encountered in scheduling or completing interviews with specialized staff. Facility leadership was cooperative and supportive throughout the audit process, making all requested personnel available for timely interviews. Interviews were conducted in private settings to ensure confidentiality and foster open and candid communication. The willingness of staff to engage in thoughtful dialogue, along with their familiarity with policies and procedures, demonstrated both strong institutional knowledge and a facility-wide commitment to PREA compliance.</p>
<p align="center"><b>Site Review and Documentation Sampling</b></p>	
<p align="center"><b>Site Review</b></p>	
<p><i>PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.</i></p>	
<p><b>59. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p><b>a. If no, explain what areas of the facility you were unable to access and why.</b></p>	<p>N/A</p>
<p align="center"><b>Was the site review an active, inquiring process that included the following:</b></p>	



<b>60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If no, explain why the site review did not include reviewing/examining all areas of the facility.</b>	N/A
<b>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)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.</b>	N/A
<b>62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>63. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The site review was conducted thoroughly and included full access to all areas of the facility, including housing units, intake and classification areas, medical and mental health services, education and program spaces, recreation areas, segregation units, dining facilities, and staff-only operational zones. Facility staff were accommodated and ensured the Auditor was able to observe operations and physical plant conditions without restriction. During the walkthrough, the Auditor observed key PREA-related physical features such as camera placement and coverage, shower and restroom configurations, and the availability and accessibility of PREA informational materials and reporting mechanisms (e.g., posters, inmate handbooks, phones, and the locations of the “hotline” or reporting tools). Special attention was paid to blind spots and areas where supervision might be limited. Where necessary, the Auditor inquired about staffing patterns, supervisory checks, and mitigation strategies in areas identified as higher risk. Tests of critical functions were performed, including verification of the inmate PREA hotline and the availability of grievance and reporting forms. The Auditor also engaged in informal conversations with both staff and incarcerated individuals during the site review. These interactions offered additional insights into day-to-day operations, the culture of the institution, and the level of awareness among individuals regarding their rights and responsibilities</p>
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	<p>under PREA. The environment appeared orderly, and staff were visible and actively engaged in supervising individuals in custody. Overall, the site review confirmed the facility's adherence to PREA standards and reflected a strong institutional commitment to safety, dignity, and accountability.</p>
<p align="center"><b>Documentation Sampling</b></p>	
<p><i>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.</i></p>	
<p><b>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?</b></p>	<p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p><b>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The selection of additional documentation was guided by a need to validate and cross-reference information provided in the Pre-Audit Questionnaire (PAQ) and during staff and resident interviews. The Auditor requested and reviewed supplementary materials to ensure consistency with written policy and to assess implementation across various operational areas. These included incident reports, facility logs, training records, screening tools, staffing rosters, camera logs, and documentation of internal investigations and disciplinary actions related to sexual abuse and harassment. In some instances, documentation was intentionally oversampled to provide a more comprehensive view of institutional practices. For example, additional files were requested for staff who function in specialized roles (e.g., medical, mental health, intake/classification, investigators, and supervisory staff), as well as for residents identified as vulnerable populations (e.g., youth, transgender individuals, or those with cognitive or communication impairments). This oversampling allowed the Auditor to assess the depth and consistency of policy implementation in areas that may present heightened risk. There were no significant barriers to accessing or reviewing additional documentation. Facility staff and the agency's designated audit liaison were cooperative and responsive, ensuring timely access to the requested materials. All documentation was reviewed either electronically through the Justice Electronic Filing System (JEFS) or in hard copy onsite, in accordance with federal retention and review protocols.</p>
<p align="center"><b>Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility</b></p>	

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual abuse</u>	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	5	0	3	2
Total	5	0	3	2

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
<u>Inmate-on-inmate sexual harassment</u>	3	0	3	0
<u>Staff-on-inmate sexual harassment</u>	3	0	3	0
Total	6	0	6	0

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

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
<u>Inmate-on-inmate sexual abuse</u>	0	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0	0
Total	0	0	0	0	0

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

There were no criminal sexual abuse investigations during the previous 12 months.

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

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

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

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

There were no criminal sexual harassment investigations during the previous 12 months.

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual harassment</u>	1	2	0	0
<u>Staff-on-inmate sexual harassment</u>	1	1	1	0
Total	2	3	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 Files Selected for Review

#### Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:

5

- a. If 0, explain why you were unable to review any sexual abuse investigation files:

N/A

74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?

☐ Yes ☒ No

☐ N/A (N/A if you were unable to review any sexual abuse investigation files)

### Inmate-on-inmate sexual abuse investigation files

75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

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

78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	5
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)

*Sexual Harassment Investigation Files Selected for Review*

81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	6
a. If 0, explain why you were unable to review any sexual harassment investigation files:	N/A
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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:	3
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)

**Staff-on-inmate sexual harassment investigation files**

86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)

<p><b>89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The Auditor reviewed every PREA allegation/investigation from the past 12 months</p>
<p align="center"><b>Support Staff Information</b></p>	
<p align="center"><b>DOJ-certified PREA Auditors Support Staff</b></p>	
<p><b>90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit?</b></p> <p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p>	<p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>
<p><b>a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:</b></p>	<p>N/A</p>
<p align="center"><b>Non-certified Support Staff</b></p>	
<p><b>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</b></p> <p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p>	<p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p><b>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</b></p>	<p>1</p>
<p align="center"><b>Auditing Arrangements and Compensation</b></p>	
<p><b>92. Who paid you to conduct this audit?</b></p>	<p><input type="checkbox"/> The audited facility or its parent agency</p> <p><input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="checkbox"/> Other</p>

## 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.*

## **DOCUMENT REVIEW**

As part of the audit process, a comprehensive review was conducted of all documentation submitted through the Pre-Audit Questionnaire (PAQ) and accompanying materials. These included the Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015; FBOP Program Statement 3420.11, *Standards of Employee Conduct*, dated December 6, 2013; and the institution-specific supplement, *MAN 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*, dated August 25, 2024. The *MAN Inmate Information Handbook*, revised February 2025, and *FCI Manchester's Sexually Abusive Behavior Prevention and Intervention Information and How to Report*, dated February 2025, were also reviewed to assess local implementation of policy.

## **INTERVIEWS**

### **National PREA Coordinator (NPC)**

In an interview with the National PREA Coordinator, it was confirmed that the NPC position is full-time and exclusively dedicated to oversight of PREA compliance across all FBOP facilities. The NPC affirmed having adequate time, resources, and authority to effectively carry out this role. It was also established that each of the Bureau's 122 institutions has a designated PREA Compliance Manager (PCM) responsible for local implementation of the PREA standards.

The NPC elaborated on their ongoing collaboration with Regional PREA Coordinators and institutional PCMs and outlined the organizational reporting structure. According to the FBOP organizational chart, the NPC reports to the Assistant Director of the Reentry Services Division. The NPC's involvement extends to training new Associate Wardens, who often serve as the institution's PREA Compliance Manager. In 2019, the NPC developed a four-hour specialized training that continues to be delivered to PREA staff throughout the system.

### **PREA Compliance Manager (PCM)**

The PCM for FCI Manchester was interviewed as part of the assessment process. The PCM, who also serves as the Associate Warden of Programs, confirmed having sufficient time and authority to manage PREA-related responsibilities effectively. The PCM demonstrated a strong understanding of PREA requirements and articulated the facility's procedures for implementation, monitoring, and compliance. The institutional organizational chart confirmed that the PCM reports directly to the Warden, which reinforces the visibility and importance of the position within facility operations.

## **PROVISIONS**

### **Provision (a): Zero Tolerance Policy**

The facility has a clearly defined zero-tolerance policy for all forms of sexual abuse and sexual harassment, applicable not only within the institution but also in relation to any contracts under its operational control. This was confirmed through the PAQ and validated by policy documentation and interviews. The policy outlines the agency's approach to preventing, detecting, and responding to incidents, and includes specific definitions of prohibited conduct as well as prescribed sanctions.



Multiple documents reinforce this zero-tolerance stance:

- The *U.S. Department of Justice, Federal Bureau of Prisons, Sexually Abusive Behavior Prevention, and Intervention Program – An Overview for Offenders* (July 2018, p. 2) affirms the FBOP’s zero-tolerance policy.
- The *MAN Institution Supplement 5324.12*, dated August 25, 2024, outlines the purpose and scope of FBOP’s approach to preventing and responding to sexual abuse and harassment.
- FCI Manchester’s informational handout, dated February 2025, further supports this policy position and provides guidance on how to report incidents.
- FBOP Program Statement 3420.11, *Standards of Employee Conduct* (pp. 6–7), makes clear that any form of sexual misconduct—whether between staff and incarcerated individuals or between incarcerated persons—is strictly prohibited and grounds for disciplinary and legal action. The policy applies regardless of whether the behavior is deemed consensual or coercive.

### **Provision (b): PREA Organizational Structure and Oversight**

FBOP Program Statement 5324.12 (pp. 13–14, Section 115.11(b)) clearly delineates the responsibilities of the National PREA Coordinator, Regional PREA Coordinators, and institutional PREA Compliance Managers. This structure ensures centralized oversight with local accountability, facilitating effective implementation and monitoring of PREA standards. The NPC’s executive-level position allows for direct communication and coordination with all FBOP institutions, as well as oversight of contracted facilities through liaison with the Privatization Management and Residential Reentry Management Branches.

This centralized yet tiered organizational model ensures consistent compliance efforts across all facilities and allows the NPC to provide expert support and training to PREA managers throughout the Bureau.

### **Provision (c): Institutional PREA Compliance Manager Responsibilities**

Program Statement 5324.12 (p. 14) identifies and defines the responsibilities of the institutional PCM. These include coordinating facility-level compliance with the PREA standards, ensuring all reports and investigations are handled appropriately, and collaborating with other departments within the facility. The PCM’s authority and role are affirmed in both agency policy and the institution’s organizational structure.

At FCI Manchester, the PCM position is held by an Associate Warden who reports directly to the Warden. This reporting structure reflects the importance placed on PREA compliance and positions the PCM to take effective action when needed. The role includes regular coordination with senior leadership to maintain a proactive and responsive approach to sexual safety within the facility.

## **CONCLUSION**

Based on the thorough review of federal policy documents, institutional supplements, and educational materials—as well as in-depth interviews with the National PREA Coordinator and the PREA Compliance Manager, the Auditor concludes that the facility is in full compliance with PREA Standard §115.11. The agency has clearly articulated a zero-tolerance approach to sexual abuse and harassment, established a strong oversight structure, and ensured that both national and institutional PREA leaders

are empowered, well-trained, and actively engaged in maintaining compliance. The documentation and practices in place meet and exceed the expectations set forth in the standard.

***Note:** All documentation related to this standard was made available for the Auditor's review either through the Justice Electronic Filing System (JEFS) or in hard copy during the on-site audit. The Auditor was not permitted to photocopy, scan, or electronically retain any materials. The agency was reminded of its responsibility to maintain all documentation and provide any materials requested by the U.S. Department of Justice. This obligation was acknowledged by agency representatives, and the Bureau of Prisons (BOP) analyst assigned as liaison to the audit confirmed that any DOJ requests would be accommodated without issue.*

## **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.*

## **DOCUMENT REVIEW**

In preparation for the PREA audit, a thorough review was conducted of the Pre-Audit Questionnaire (PAQ) along with all associated supporting documentation provided by the Federal Bureau of Prisons (FBOP). This documentation focused on the agency's approach to ensuring that all contracts for the confinement of incarcerated individuals are in full compliance with the Prison Rape Elimination Act (PREA) standards.

## **INTERVIEWS**

### **Agency Contract Administrator**

During a detailed interview, the Agency Contract Administrator provided comprehensive information regarding FBOP's contractual procedures and oversight practices related to PREA compliance. The Administrator confirmed that, as of February 2013, all contracts for the confinement of inmates were formally amended to include language that specifically mandates compliance with PREA. This ensures that any entity housing FBOP inmates is legally bound to uphold the standards required to prevent, detect, and respond to sexual abuse and sexual harassment in correctional settings.

The Administrator noted that all contracts now include the following standardized provision:

*"The contractor shall develop policy and procedures for the establishment of a sexual abuse/assault program and comply with the Prison Rape Elimination Act of 2003 and the national standards to prevent, detect, and respond to prison rape as contained in 28 CFR Part 115, National Standards to Prevent, Detect, and Respond to Prison Rape; Final Rule dated June 20, 2012."*

The FBOP maintains responsibility for monitoring each contracted facility's compliance with PREA standards. Contractors are required to submit their institutional policies and procedures for FBOP review to ensure alignment with the national standards. Additionally, each contractor is obligated to report all allegations of sexual abuse or harassment to the FBOP and provide full documentation, including investigation findings and outcomes, to the appropriate FBOP oversight personnel. These oversight staff review the submitted information to assess compliance and maintain formal documentation through monitoring reports. Furthermore, FBOP's Quality Assurance Division conducts annual evaluations of each contractor's PREA-related incidents to determine continued compliance and contract fidelity.

## **PROVISIONS**

### **Provision (a)**

According to the PAQ and confirmed by the Agency Contract Administrator, the FBOP has moved away from contracting with private prisons per the President's Executive Order on Reforming Our Incarceration System to Eliminate the Use of Privately Operated Criminal Detention Facilities on January 26, 2021. As such, no new contracts have been executed and previously existing contracts with privately operated detention facilities have expired.

### **Provision (b)**

The FBOP requires that all contracted facilities obtain and maintain national PREA certification. This certification must be renewed every three years, and proof of both initial certification and subsequent recertifications is submitted to the FBOP as a condition of ongoing contract compliance. This process

ensures that all facilities housing FBOP inmates remain aligned with PREA expectations and remain accountable for upholding the standards.

## **CONCLUSION**

Following a comprehensive review of all documentation and interview findings, the Auditor concludes that the facility meets all components of PREA Standard §115.12, which governs the agency's responsibilities in contracting with external entities for the confinement of inmates. The inclusion of mandatory PREA language in contracts, rigorous oversight mechanisms, and the requirement for regular certification demonstrates FBOP's ongoing commitment to PREA compliance across all contracted facilities. No corrective action is necessary at this time.

***Note:** All documentation related to this standard was made available for the Auditor's review either through the Justice Electronic Filing System (JEFS) or in hard copy during the on-site audit. The Auditor was not permitted to photocopy, scan, or electronically retain any materials. The agency was reminded of its responsibility to maintain all documentation and provide any materials requested by the U.S. Department of Justice. This obligation was acknowledged by agency representatives, and the Bureau of Prisons (BOP) analyst assigned as liaison to the audit confirmed that any DOJ requests would be accommodated without issue.*

## **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.*

### DOCUMENT REVIEW

In preparation for assessing the facility's compliance with PREA Standard §115.13, the Auditor conducted a thorough examination of a range of documents provided both before and during the on-site audit. Key materials reviewed included the completed Pre-Audit Questionnaire (PAQ) along with supporting documents, including the MAN Institution Supplement to Policy 5324.12 titled *Sexually Abusive Behavior Prevention and Intervention Program* (dated August 28, 2024), and the FBOP national Program Statement (PS) 5324.12 of the same title, dated June 4, 2015. Other important materials included unannounced institution round forms, FBOP Program Statement 3000.03 (*Human Resource Management Manual*), the 2024 Annual PREA Staffing Reviews, the current 2024/2025 Staffing Plan, and meeting minutes from the Salary/Workforce Utilization Committee held on July 31, 2024, October 30, 2024, and March 20, 2025.

### INTERVIEWS

The Auditor held detailed interviews with the Warden (or designee) and the facility's PREA Compliance Manager (PCM). These interviews confirmed that the facility routinely evaluates staffing levels in relation to institutional operations and PREA compliance. Topics reviewed include the effect of staffing on inmate programming, the accuracy of classification counts, and any updates to video surveillance coverage. Additionally, the PCM and leadership staff conduct ongoing assessments of factors such as the physical layout of the facility, supervisory coverage, internal and external oversight findings, and patterns in sexual abuse allegations—both substantiated and unsubstantiated. The Auditor was also informed that discussions regarding adherence to the staffing plan and deviations from it are standing agenda items at the quarterly Salary/Workforce Utilization Committee meetings. The Auditor confirmed this through a review of the relevant meeting minutes.

A mid-level staff member was also interviewed and confirmed that unannounced supervisory rounds occur regularly across all facility areas and shifts. Additional informal staff conversations verified that unannounced tours are conducted by supervisors, the Operations Lieutenant, and the PCM. Staff emphasized that these rounds are done without prior notice and that advance warnings are strictly prohibited.

## **PROVISIONS**

### **Provision (a): Staffing Plan Development and Content**

The facility reported in the PAQ that it maintains a staffing plan that addresses all thirteen elements required under this provision. As outlined in FBOP Program Statement 5324.12 (p. 15), the Warden is tasked with assisting in the development of the facility staffing plan and making every reasonable effort to comply with it. This plan is designed to ensure sufficient staffing and—where applicable—effective use of video monitoring technology to protect individuals in custody from sexual abuse. The policy also requires the PCM and Warden to meet at least annually to review staffing, camera coverage, and other monitoring tools to determine if adjustments are necessary.

The FBOP's Human Resource Management Manual (Program Statement 3000.03, Chapter 3, pp. 8–12) further reinforces these expectations. It outlines specific considerations for the staffing analysis, including:

- Accepted correctional practices
- Judicial and investigative agency findings
- Oversight body reports
- Physical plant design and blind spot mitigation
- Inmate demographics
- Supervisory staff placement
- Institutional programming
- Legal and regulatory requirements
- The incidence and prevalence of sexual abuse and harassment reports

The Auditor reviewed the 2024 PREA staffing review, which comprehensively addressed each of these elements. This annual review process also includes quality assurance audits to confirm compliance with the plan. The current staffing plan predicts an average daily population of 1,097 incarcerated individuals. Records showed that the actual daily population over the past year averaged 1,101.

### **Provision (b): Deviation from the Staffing Plan**

The facility has clearly established minimum staffing requirements. In cases where a mandatory post cannot be immediately filled, the position is covered using staff from non-mandatory posts or through overtime assignments. The Operations Lieutenant is responsible for documenting any deviations. According to the PAQ, no staffing deviations occurred within the previous 12 months, and documentation reviewed by the Auditor supported this claim.

The facility appears to be well-staffed, with strong morale among staff. It was also noted that employees assigned to 24/7 posts are not permitted to leave their assignment until relieved, further ensuring the integrity of the staffing pattern.

#### **Provision (c): Annual Staffing Plan Review**

The policy mandates that the staffing plan be reviewed at least once per year, in consultation with the PCM and executive leadership. The Auditor examined Salary/Workforce Utilization Committee minutes that documented a thorough discussion of the staffing plan, video monitoring coverage, and related resource needs. This review is part of an annual internal audit designed to ensure adequate staffing throughout the facility, particularly in areas where individuals in custody are present.

Committee membership includes facility leaders such as the Warden, the PCM, Human Resources personnel, and other supervisory staff. These reviews also evaluate whether additional staffing or adjustments in surveillance infrastructure are needed. A review of shift rosters confirmed full coverage of all mandatory posts.

The facility operates a comprehensive video monitoring system overseen from a dedicated control room, staffed by trained personnel. Cameras are strategically positioned throughout the institution to maximize oversight and visibility, and additional safety is enhanced through the use of well-placed security mirrors.

#### **Provision (d): Unannounced Rounds by Supervisors**

Facility policy requires intermediate- or higher-level supervisors to conduct and document unannounced rounds during all shifts. These tours are tracked using the *Institution Duty Officer Unannounced Institution Rounds* forms. The Auditor reviewed rounds documentation from 2021 and confirmed compliance with the standard. In addition to formal documentation, supervisors—along with the PCM and the Operations Lieutenant—are regularly observed informally walking the facility and engaging with staff and individuals in custody. These informal, but consistent interactions further contribute to the supervisory presence and accountability.

Moreover, supervisory personnel also conduct unannounced weekly fire and safety inspections. While these are not intended to serve as PREA-mandated unannounced rounds, they do provide an additional layer of oversight. These inspections are documented separately using the *Weekly Fire/Safety Inspection* forms.

### **CONCLUSION**

After a careful review of all documentation and interview evidence, the Auditor concludes that the facility fully meets the requirements set forth under PREA Standard §115.13 – Supervision and Monitoring. The facility's approach to staffing, oversight, and the use of surveillance technology reflects a strong commitment to maintaining a safe, secure, and PREA-compliant environment.



**Note:** All documentation related to this standard was made available for the Auditor's review either through the Justice Electronic Filing System (JEFS) or in hard copy during the on-site audit. The Auditor was not permitted to photocopy, scan, or electronically retain any materials. The agency was reminded of its responsibility to maintain all documentation and provide any materials requested by the U.S. Department of Justice. This obligation was acknowledged by agency representatives, and the Bureau of Prisons (BOP) analyst assigned as liaison to the audit confirmed that any DOJ requests would be accommodated without issue.

## 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.*

### **DOCUMENT REVIEW**

The Auditor reviewed the facility's Pre-Audit Questionnaire (PAQ) along with all supplemental documentation uploaded into JEFS prior to the on-site audit. Among the key documents examined was the Federal Bureau of Prisons (FBOP) Program Statement 5324.12, titled *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015. Specific attention was paid to page 16, which outlines the policy framework the agency would follow if it were ever to house youthful inmates.

### **OBSERVATIONS**

During the facility tour, the Auditor observed all areas accessible to the inmate population and confirmed that no youthful inmates were present. No visual evidence or indicators suggested that individuals under the age of 18 were housed at the facility. The inmate roster was reviewed, and no inmates were listed on the roster with a birthday after 2006.

### **INTERVIEWS**

#### **Facility Head – Warden**

In a formal interview, the Warden confirmed unequivocally that the facility does not house youthful inmates. The Warden demonstrated an understanding of the requirements related to youthful inmate housing, should such a situation ever arise, and affirmed that current operations strictly adhere to age-segregation standards.

#### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager provided a consistent and equally clear response during their interview, affirming that the facility does not, nor is not designated to, house youthful inmates. The PCM further confirmed that in the unlikely event youthful inmates were assigned to the facility, appropriate policy-driven procedures would be initiated in accordance with Program Statement 5324.12.

### **PROVISION**

#### **Provision (a)**

In accordance with information submitted in the PAQ and verified through interviews and documentation, the facility does not house youthful inmates. Nonetheless, FBOP Program Statement 5324.12 (p. 16) outlines the expectations and requirements for the safe and appropriate housing of youthful inmates should any ever be admitted. These include the use of age-appropriate housing assignments, enhanced supervision, and physical separation from adult inmates to ensure the protection of youthful individuals from sexual abuse or harassment.

### Provisions (b) and (c)

These provisions are not applicable to the facility, as there are no youthful inmates currently housed, and the institution is not designated to house individuals under the age of 18.

### CONCLUSION

Following a comprehensive review of the Pre-Audit Questionnaire, relevant federal policy documents, direct interviews with key facility leadership, and an on-site tour, the Auditor has determined that the facility fully meets the requirements of the PREA standard regarding youthful inmates. Although the standard does not apply directly due to the absence of youthful individuals, the facility maintains a clear understanding of its obligations and demonstrates readiness to implement necessary safeguards in the event youthful inmates are ever admitted.

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

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

#### 115.15 (a)

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

#### 115.15 (b)

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

#### 115.15 (c)

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

#### 115.15 (d)

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

or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

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

#### 115.15 (e)

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

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

### **DOCUMENT REVIEW**

In preparation for the audit, the Auditor conducted a thorough examination of the Pre-Audit Questionnaire (PAQ) and an extensive set of supporting materials submitted by the facility. Key documents reviewed included:

- **Federal Bureau of Prisons (FBOP) Program Statement 5324.12**, *Sexually Abusive Behavior Prevention, and Intervention Program* (dated June 4, 2015), specifically pages 17–19;
- **FBOP Program Statement 5521.06**, *Searches of Housing Units, Inmates, and Inmate Work Areas* (also dated June 4, 2015), pages 2 onward;
- 2025 Annual Training Agenda
- Warden Memorandum, PREA Standard 115.15 (d)-1, dated May 7, 2025
- Warden Memorandum, PREA Standard 115.15 (e)-1, dated May 7, 2025
- Staff training records that confirmed instruction on PREA-specific procedures related to cross-gender searches and accommodations for transgender and intersex individuals;
- Interview notes and staff/inmate responses gathered during the audit process.

These documents collectively establish a solid foundation outlining the facility’s policy directives, staff training expectations, and operational protocols related to cross-gender viewing, search practices, and the respectful treatment of transgender and intersex individuals in custody.

## **OBSERVATIONS**

While touring the facility, the Auditor made numerous direct observations that confirmed adherence to the agency’s protocols. Notably, cross-gender announcement procedures were consistently implemented across all housing and restroom areas. Every time female staff or the (female) Auditor entered areas occupied by male inmates, verbal announcements were audibly made beforehand to alert residents to the presence of opposite-gender personnel. These announcements served to protect inmate privacy and were carried out reliably throughout the tour.

Additionally, one incarcerated individual with a documented transgender status was housed at the facility at the time of the audit. Their presence was verified through the facility roster and direct observation, further supporting the facility’s transparent documentation practices.

## **INTERVIEWS**

### **Non-Medical Staff Involved in Cross-Gender Searches**

During formal interviews, non-medical staff clearly stated that cross-gender strip and visual body cavity searches are not conducted under ordinary circumstances. These types of searches are restricted to exigent situations and would only be carried out by qualified medical professionals after receiving authorization from the Facility Head. Staff demonstrated a clear understanding of the policy and its alignment with PREA mandates.

### **Random Staff**

A total of twenty-three staff members were formally interviewed, with additional informal discussions conducted during the site visit. The information shared revealed a strong institutional culture of PREA compliance:

- All staff reported receiving annual PREA training, with updates provided within the last 12 months.
- Every individual affirmed that cross-gender strip and body cavity searches are not conducted at this facility.
- No staff had ever personally witnessed or participated in such a search.
- Male staff are readily available to conduct searches of male inmates, and female officers are not assigned to conduct strip or visual body cavity searches of male individuals.
- Staff were well-versed in the protocols related to searches of transgender and intersex individuals. All emphasized that no search is conducted solely to determine an inmate’s genital status.

- Staff explained that privacy accommodations for transgender and intersex individuals are honored. Most housing areas feature private showers, and in areas without them, individualized shower schedules can be arranged with consideration of the incarcerated person's preferences.

### **Random Inmate**

Inmates interviewed (26 total) expressed important levels of satisfaction and awareness regarding privacy protections:

- 100% confirmed they had never experienced a cross-gender strip search.
- All reported they could dress and undress without being viewed by staff of the opposite gender.
- Each affirmed they could shower privately and that opposite-gender staff consistently announced their presence when entering housing or restroom areas.

### **Transgender Inmate**

One transgender individual was housed at the facility during the audit and agreed to be interviewed. The individual shared that they are allowed to participate in decisions about which gender staff would perform searches and expressed confidence in the fairness and professionalism of search practices at the institution. They also confirmed that they are allowed to shower in private.

## **PROVISIONS**

### **Provision (a)**

Fourteen randomly selected staff were questioned about cross-gender search procedures. All affirmed that cross-gender strip or visual body cavity searches do not occur. In the event of an emergency where same-gender staff were temporarily unavailable, a qualified medical professional would perform the search—though staff emphasized this would be extremely rare due to the constant presence of same-gender staff at the facility.

Similarly, all 26 inmates interviewed reported they had never been subjected to a cross-gender search.

FBOP Program Statements 5521.06 (p.3) and 5324.12 (p.17) explicitly prohibit cross-gender strip and visual body cavity searches except in exigent circumstances or when performed by medical personnel. These policies align fully with PREA requirements and were consistently reinforced by interview responses and documentation.

### **Provision (c)**

The PAQ confirmed that the facility had not conducted any cross-gender searches—strip, visual body cavity, or pat-down—in the preceding 12 months. During interviews, staff echoed this report and affirmed that, in practice, same-gender staff are always available to carry out any required searches.

FBOP Program Statement 5521.06 (pp. 4–5) mandates documentation of any cross-gender strip or visual cavity searches should one occur. This requirement aligns with the PREA standard and was consistently reflected in staff understanding and facility protocol.

### **Provision (d)**

The PAQ stated that inmates are permitted to shower, change clothes, and perform bodily functions without being observed by staff of the opposite gender, except under exigent circumstances or when incidental to routine checks. All 26 interviewed inmates confirmed this practice.

Additionally, all 26 inmates interviewed across various parts of the audit process confirmed that opposite-gender staff announced their presence before entering inmate living areas or restrooms.

When asked about accommodations for transgender or intersex individuals, staff explained that private shower stalls are available throughout the facility. In the rare instance that an alternative arrangement is necessary, the affected individual's preferences would be heavily considered.

The transgender inmate interviewed confirmed they were given the opportunity to shower privately and participate in decisions related to personal privacy accommodations.

Warden Memorandum, PREA Standard 115.15 (d)-1, dated May 7, 2025, indicates FCI Manchester has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender.

#### **Provision (e)**

Agency policy prohibits searches or physical examinations of transgender or intersex individuals for the purpose of determining genital status. Fourteen random staff interviews reinforced this standard, with each staff member stating unequivocally that such practices are not permitted. In addition, the one transgender inmate confirmed they had never been subject to a search for that reason.

FBOP Program Statement 5324.12 (p.17) supports this approach, fully aligning with PREA's expectations.

Warden Memorandum, PREA Standard 115.15 (e)-1, dated May 7, 2025, indicates FCI Manchester has a policy prohibiting staff from searching or examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

#### **Provision (f)**

Facility training records for 2024 were reviewed and confirmed that all staff had received comprehensive training related to proper search techniques. Topics included cross-gender pat-down procedures, respectful treatment of transgender and intersex individuals, and documentation requirements for any searches conducted under exigent circumstances.

Staff affirmed receiving this training within the last year and demonstrated a strong recall of its content. Female staff noted they rarely, if ever, perform pat searches on male inmates, and that strip and visual cavity searches are exclusively conducted by same-gender staff.

Training session sign-in sheets were reviewed and verified against the staff roster, with both handwritten and electronic signatures confirming attendance.

During the facility tour, the Auditor directly observed opposite-gender announcements being made each time staff or the Auditor entered a housing unit or bathroom. This protocol was followed consistently and without exception.

### **CONCLUSION**

Based on an in-depth review of policy documents, staff training records, interview findings, direct observations, and the Pre-Audit Questionnaire, the Auditor finds that the facility is in **full compliance** with **PREA Standard §115.15 – Limits to Cross-Gender Viewing and Searches**. All six provisions of the standard are being met in

practice and policy, demonstrating the agency's commitment to safeguarding the dignity and privacy of all individuals in custody.

***Note:** All documentation related to this standard was made available for the Auditor's review either through the Justice Electronic Filing System (JEFS) or in hard copy during the on-site audit. The Auditor was not permitted to photocopy, scan, or electronically retain any materials. The agency was reminded of its responsibility to maintain all documentation and provide any materials requested by the U.S. Department of Justice. This obligation was acknowledged by agency representatives, and the Bureau of Prisons (BOP) analyst assigned as liaison to the audit confirmed that any DOJ requests would be accommodated without issue.*

## **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.*

## **DOCUMENT REVIEW**

In preparation for the audit, the Auditor reviewed a comprehensive package of materials submitted by the facility to demonstrate compliance with PREA Standard §115.16, which governs access to services and information for individuals with disabilities and those with limited English proficiency (LEP). Among the materials examined were:

- The **Pre-Audit Questionnaire (PAQ)** and all supporting documentation;
- **FBOP Program Statement (PS) 5324.12**, *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015 (pages 19–20, 26);
- The facility-specific supplement, **MAN 5324.12**, issued August 25, 2024, which adapts and localizes the FBOP program statement to the institution’s operations;
- The **Acquisitions Memorandum** establishing a Blanket Purchase Agreement (15JPSS21A00000132) with **Language Line, LLC**, effective from October 1, 2024, through September 30, 2025.

These documents reflect a well-established policy framework designed to ensure that all individuals in custody, including those with disabilities or language barriers, have equitable access to PREA-related information, reporting channels, and protective services.

## **OBSERVATIONS**

During the on-site tour, the Auditor observed an institution-wide commitment to accessibility and inclusivity in its PREA-related communications. Posters containing information on how to report sexual abuse or harassment were prominently displayed throughout the facility, including in housing units, hallways, program areas, visitation rooms, and workspaces. These postings were available in both **English and Spanish**, ensuring accessibility for a broader inmate population.

In addition to signage, **PREA brochures** were readily available in multiple locations and in both languages. The facility also prominently posted guidance on how to access interpreter services, including **printed instructions and visual guides** for using interpretation platforms such as **Language Line** and **Lionbridge**. These services support numerous spoken languages as well as **American Sign Language (ASL)** and are accessible through both telephone and video platforms.

Interpreter access is not limited to emergency staff who have clearly documented instructions for how to obtain interpretation services, including alternate resources such as **Google Translate** in situations where contracted services are temporarily unavailable. Google Translate is available 24/7 and supports over 100 languages, expanding the institution’s capacity to communicate effectively with LEP individuals.

## **INTERVIEWS**

### **Facility Head**

During a structured interview, the Facility Head confirmed the existence and consistent implementation of procedures to ensure that individuals with disabilities and LEP individuals have equitable access to PREA education, reporting options, and related services. These procedures include the **use of professional interpreters**, the distribution of **translated written materials**, and a **strict policy prohibiting the use of other incarcerated individuals as interpreters** for matters related to sexual abuse or harassment. Staff are trained annually in these policies and practices, and the Facility Head emphasized that compliance is actively monitored.

### **Random Staff**

All randomly interviewed staff (100%) affirmed they had never relied on incarcerated individuals to assist with interpretation or reporting on PREA-related matters. Staff consistently reported that only **qualified staff or contracted professionals** may be used in such roles, and no incidents of inmate-based interpretation were known to them. Interviewed staff were also able to describe the process of accessing Language Line or obtaining assistance from bilingual staff or other authorized personnel when needed.

### **Interviews with Incarcerated Individuals with Disabilities or LEP**

The Auditor interviewed **twenty-three incarcerated individuals** who identified as having special needs. Among them were:

- **8 individuals with visual impairments**
- **6 with cognitive disabilities**
- **3 individuals with limited English proficiency (LEP)**
- **5 who disclosed histories of prior victimization**
- **1 individual identifying as transgender**

All LEP individuals confirmed they had received facility rules and PREA-related information in **Spanish**, and those with disabilities stated they received information in formats they could clearly understand. Each individual affirmed understanding their rights under PREA and demonstrated knowledge of how to report sexual abuse or harassment. Notably, none of the twenty-three individuals interviewed reported feeling unsafe or vulnerable due to their disability or language barrier.

## **PROVISIONS**

### **Provision (a)**

According to the PAQ, the facility has adopted policies and practices aligned with FBOP's requirement to ensure that individuals with disabilities or LEP have **equal access** to the agency's efforts to prevent, detect, and respond to sexual abuse and harassment.

**FBOP Program Statement 5324.12 (pp. 19–20)** mandates that the **PREA Compliance Manager (PCM)** coordinate with local disability service providers to ensure accessible formats are available for individuals with visual, cognitive, or language-related barriers. Importantly, this policy prohibits reliance on incarcerated individuals to serve in these roles.

The facility confirmed a contract with **Language Line LLC**, an on-demand interpretation service available seven days a week from 7:00 a.m. to 10:00 p.m. ET (excluding federal holidays). This service currently supports interpretation in **32 languages**, while **Google Translate**, with support for over **100 languages**, provides an auxiliary option available 24/7. Interpreter services are accessible via computer or telephone with audio-enabled devices.

Written PREA materials, including brochures and posters, were confirmed to be available in both English and Spanish throughout the facility. The Warden reaffirmed during their interview that staff utilize a range of communication tools—including **closed captioning, video interpretation, and bilingual correspondence**—to ensure individuals with disabilities and LEP are not excluded from accessing critical information.

The twenty-three individuals interviewed in this category all affirmed they understood the information provided and reported no issues with communication barriers in receiving PREA education or support services.

### **Provision (b)**

**FBOP Program Statement 5324.12 (p. 26)** and its local supplement (**MAN 5324.12**, dated August 25, 2024) outline detailed provisions to ensure all individuals in custody receive PREA education in **both written and verbal formats**. These materials cover the prevention of sexual abuse and harassment, strategies for self-protection, the reporting process, and the availability of treatment and counseling services.

The institution ensures that all materials are presented in a language and format that is understandable to the individual. The training curriculum emphasizes the importance of comprehension, not just distribution.

#### **Provision (c)**

The **FBOP policy (p. 20)** expressly prohibits the use of incarcerated individuals, friends, or family members as interpreters or translators for any PREA-related services—except in rare, documented emergency circumstances where delay in obtaining professional interpretation would pose a significant threat to safety or compromise an investigation.

All fourteen staff interviewed confirmed their awareness of this policy and described procedures for contacting **Language Line** or consulting with supervisors such as the **Operations Lieutenant** in cases where interpretation assistance is required. Staff responses indicated a sound understanding of protocol and emphasized a preference for using staff interpreters or contracted services rather than makeshift solutions.

### **CONCLUSION**

After an extensive review of policy documents, training records, contractual agreements, staff and inmate interviews, and direct observations during the site visit, the Auditor finds that the facility **fully meets the requirements of PREA Standard §115.16**.

The institution has demonstrated a clear commitment to ensuring that **individuals with disabilities and limited English proficiency** are given equitable and meaningful access to all aspects of its sexual abuse prevention, detection, reporting, and response systems. All relevant procedures are in place, understood by staff, and actively practiced. The facility's strong alignment with FBOP policy and PREA standards was evident in every aspect of the audit.

***Note:** All documentation related to this standard was made available for the Auditor's review either through the Justice Electronic Filing System (JEFS) or in hard copy during the on-site audit. The Auditor was not permitted to photocopy, scan, or electronically retain any materials. The agency was reminded of its responsibility to maintain all documentation and provide any materials requested by the U.S. Department of Justice. This obligation was acknowledged by agency representatives, and the Bureau of Prisons (BOP) analyst assigned as liaison to the audit confirmed that any DOJ requests would be accommodated without issue.*

### **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.*

## DOCUMENT REVIEW

To evaluate compliance with PREA Standard §115.17 – *Hiring and Promotion Decisions*, the Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ), accompanying documentation, and relevant policies. Among the key materials examined was the **Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, Sexually Abusive Behavior Prevention and Intervention Program**, dated June 4, 2015 (pages 20–21). Additional records reviewed included personnel files for new hires, staff who had recently received promotions, and individuals classified as contractors and volunteers with potential inmate contact.

The documentation confirmed that the facility utilizes clearly defined policies and procedures to prevent the hiring or advancement of individuals with a history of sexual misconduct. These practices align with the requirements of the standard and reflect the agency's commitment to sexual safety and professional integrity within correctional environments.

## **INTERVIEWS**

### **Administrative (Human Resources) Staff**

During the on-site assessment, the Auditor interviewed key human resources personnel to gather insight into institutional practices related to hiring, promotion, and staff screening. Human Resources (HR) staff affirmed that all applicants—regardless of the position sought—are required to complete comprehensive documentation disclosing any prior misconduct, including incidents of sexual harassment or sexual abuse.

HR representatives emphasized that criminal background checks are conducted on every new hire, again at the time of promotion, and at a minimum of every five years for existing employees. These protocols apply equally to contractors and volunteers who may have contact with incarcerated individuals. To facilitate compliance, the agency utilizes a centralized background check tracking system based in Grand Prairie, Texas. This system not only verifies completed checks but also provides alerts for upcoming review deadlines.

Staff are clearly informed of their ongoing duty to report any arrest, criminal activity, or misconduct during their employment. Moreover, the agency complies with requests from other institutional employers for information about substantiated allegations of sexual abuse or harassment, unless prohibited by applicable law.

The Auditor reviewed **40 randomly selected personnel files**, confirming that each file included all documentation required by the standard, such as completed criminal background checks, responses to PREA-related screening questions, and evidence of compliance with disclosure requirements. These files represented a sample that included **20 new hires** within the past 12 months, **5 contractors**, and **39 volunteers**.

## **PROVISION**

### **Provision (a)**

According to the Pre-Audit Questionnaire, the facility employed **295 total staff**, including **40 new hires** during the previous year. Additionally, there were **five contractors** and **thirty-nine volunteers** with potential contact with incarcerated persons.

The Auditor's review of 40 selected personnel records confirmed that all documentation required under this provision was present and accurate. This included affirmative responses to the three PREA-related questions, criminal background check verification, and disclosure documentation.

**FBOP Program Statement (PS) 5324.12** (p. 20) specifically prohibits the hiring or promotion of any employee or contractor who may have contact with inmates and who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
2. Has been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force, threats, coercion, or where the victim could not or did not consent;
3. Has been civilly or administratively adjudicated to have engaged in such activity.

### **Provision (b)**

Human Resources staff elaborated on the facility's rigorous hiring practices, reiterating that all applicants must disclose prior misconduct and respond to the standard's required inquiries during the application and interview process. The FBOP takes an assertive stance in enforcing these requirements through a well-organized system that ensures all criminal background checks are completed before hiring, upon promotion, and every five years thereafter.

The Auditor's review of the requested personnel files confirmed that **100% of the files** were complete and compliant with all standard provisions, including documentation of the three required PREA-related questions.

As outlined in PS 5324.12 (p. 20), the agency is required to consider any known incidents of sexual harassment when determining an applicant's suitability for hire, promotion, or contractual service.

### **Provision (c)**

Before hiring any individual, who may have contact with incarcerated individuals, the facility conducts a criminal background records check and makes every effort—within the bounds of the law—to contact prior institutional employers to inquire about any substantiated allegations of sexual abuse or resignations during open investigations.

This practice was verified through interviews and documentation. Records of **14 new hires** from the past year confirmed that each had undergone a criminal background check, responded to PREA-related questions, and received PREA training as part of their onboarding.

**PS 5324.12 (p. 21)** requires that the FBOP:

1. Conduct a criminal background record check before hiring,
2. Make the best effort to contact prior institutional employers,
3. Ask potential employees about past misconduct as defined in Section V, A, 4, a of the policy,
4. Notify applicants that false statements or omissions are grounds for termination and that they have a continuing duty to disclose such information.

### **Provision (d)**

The agency ensures that all contractors with potential inmate contact undergo criminal background checks prior to engagement. These checks are repeated at least once every five years. The PAQ indicated five contractors currently in this category, all of whom had completed the required background checks. This was confirmed through documentation and staff interviews.

**FBOP policy (PS 5324.12, p. 21)** mandates criminal background checks prior to hiring any employee or contractor who may interact with incarcerated individuals.

### **Provision (e)**



HR staff confirmed that background checks are not a one-time requirement but are conducted at **five-year intervals** for all staff, volunteers, and contractors with potential inmate contact. These checks are systematically tracked using the agency's centralized database system, which records completions and triggers alerts for upcoming renewals.

The **FBOP Program Statement (PS 5324.12, p. 21)** clearly outlines this requirement, ensuring long-term compliance.

### **Provision (f)**

Applicants and employees who may have contact with incarcerated individuals are required to answer direct questions—both in writing and verbally—about previous sexual misconduct. This obligation continues throughout their employment. HR personnel stated these inquiries are built into application forms, promotion evaluations, and annual self-assessments, and are retained in each individual's file with the appropriate signature.

Additionally, HR confirmed that employees are obligated to report any new arrests or misconduct, and that the agency will share information regarding substantiated allegations of abuse or harassment upon request from other institutional employers, barring legal prohibitions.

### **Provision (g)**

Providing false information or omitting material facts during the hiring or promotional process, particularly regarding sexual misconduct—is considered a terminable offense. HR representatives confirmed that this policy is consistently enforced.

This aligns with **PS 5324.12 (p. 21, g)**, which establishes that dishonesty or omission about such misconduct is grounds for dismissal and emphasizes the staff's continuing duty to disclose.

### **Provision (h)**

Unless restricted by law, the agency complies with requests from institutional employers seeking information about substantiated allegations of sexual abuse or harassment involving former employees. HR staff confirmed their obligation to provide such information, ensuring transparency and accountability throughout the correctional workforce.

## **CONCLUSION**

Based on a comprehensive review of documentation, personnel files, and interviews with human resources staff, the Auditor concludes that the agency/facility is **fully compliant** with the requirements of **PREA Standard §115.17 – Hiring and Promotion Decisions**.

The facility employs a proactive, structured, and well-monitored approach to ensure that no individual with a history of sexual misconduct is hired, promoted, or retained in any role with potential inmate contact. Background checks are completed at every critical juncture—before hire, at promotion, and in five-year intervals—and disclosures are mandatory and well-documented. The centralized tracking system ensures timely compliance, while staff remain aware of their ongoing duty to report any misconduct.

Collectively, these practices reflect a strong institutional culture of **zero tolerance**, safety, and ethical responsibility.

**Note:** All documentation related to this standard was made available for the Auditor's review either through the Justice Electronic Filing System (JEFS) or in hard copy during the on-site audit. The Auditor was not permitted to photocopy, scan, or electronically retain any materials. The agency was reminded of its responsibility to maintain all documentation and provide any materials requested by the U.S. Department of Justice. This obligation was acknowledged by agency representatives, and the Bureau of Prisons (BOP) analyst assigned as liaison to the audit confirmed that any DOJ requests would be accommodated without issue.

## 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.

## **DOCUMENT REVIEW**

To assess compliance with PREA Standard §115.18 – Upgrades to Facilities and Technology, the Auditor conducted a detailed review of all relevant documents provided by the agency. This included the completed Pre-Audit Questionnaire (PAQ) and an array of supporting materials submitted both in advance and on-site. One of the cornerstone documents reviewed was the Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015. This policy serves as the foundational directive guiding the agency's responsibilities when considering facility modifications or technological enhancements to ensure they align with PREA requirements and support the agency's mission to prevent sexual abuse.

## **OBSERVATIONS**

During the on-site assessment, the Auditor conducted a comprehensive walkthrough of the facility, focusing particular attention on the physical design and use of technology to support safety and supervision. The tour included a review of housing units, program spaces, movement corridors, administrative offices, and exterior areas. A key element of this tour was the evaluation of how architectural layout and security equipment contribute to staff supervision capabilities and resident safety.

Throughout the facility, stationary security cameras were observed in positions consistent with sound correctional surveillance practices. Cameras were strategically located in housing pods, dayrooms, hallways, work areas, and main passageways. Their placement was clearly designed to maximize visibility and minimize blind spots. In locations where structural design could impede direct sightlines—such as corners, recesses, and alcoves, the facility had installed convex security mirrors to extend visibility and enhance supervision capabilities for staff. These thoughtful placements demonstrated a strong institutional commitment to effective monitoring.

## **INTERVIEWS**

### **Facility Head or Designee**

In a structured interview with the Facility Head, the Auditor explored how the institution integrates facility design and surveillance technology into its broader safety and PREA compliance strategies. The Facility Head conveyed a comprehensive and forward-looking perspective, emphasizing that any renovations, equipment updates, or infrastructure changes are approached with PREA considerations at the forefront. According to the Facility Head, the facility conducts regular assessments of camera placement, coverage effectiveness, and supervision adequacy to ensure that safety gaps are identified and resolved proactively.

Planning discussions for any upgrade or expansion, whether involving physical space, security hardware, or digital infrastructure—are conducted through a multidisciplinary process that includes executive leadership, security management, department supervisors, and operational leads. These meetings are conducted using detailed analysis of operational data and safety trends. Key focus areas typically include:

- Trends and patterns in PREA-related allegations or incidents
- Use-of-force event reviews and debriefs

- Outcomes and themes in formal grievances related to safety or sexual misconduct
- Surveillance footage evaluations tied to incident reviews
- Staffing challenges, shift coverage, and vacancies
- Institutional climate, including staff morale and internal feedback

This collaborative, data-driven approach ensures that facility enhancements are not only technically sound but also rooted in the realities of day-to-day operations and the facility's unique risk profile. It also reflects a sustained institutional culture of accountability and commitment to the principles of the Prison Rape Elimination Act.

## **PROVISIONS**

### **Provision (a): Facility Construction, Expansion, or Modification**

The facility reported via the PAQ—and this was verified during interviews and document review—that no new construction, major structural renovations, or facility acquisitions have taken place since August 20, 2012, or since the most recent PREA audit (whichever is more recent). As a result, this provision was not applicable during this audit cycle.

Nevertheless, the Facility Head affirmed that any future building projects or renovations would fully incorporate PREA considerations. Plans for such projects would be discussed in strategic planning sessions involving all relevant stakeholders, with safety, supervision, and surveillance technologies considered as core components of design. These planning meetings would also review operational data, such as PREA-related incidents, grievances, disciplinary actions, video footage summaries, staff overtime reports, leave trends, and overall staff morale to inform decisions from a comprehensive safety perspective.

In accordance with FBOP Program Statement 5324.12 (p. 21), the agency is required to consider how any new facility design, acquisition, or substantial modification might impact its ability to protect individuals from sexual abuse. The facility's current planning structure and culture reflect full alignment with this directive.

### **Provision (b): Upgrades to Video Monitoring Systems or Other Technologies**

While the facility has not undertaken a full-scale overhaul of its surveillance systems, it has implemented several meaningful upgrades aimed at enhancing security and visibility. These improvements were documented in the PAQ and confirmed through on-site observations and staff interviews.

The Auditor observed that the facility's video monitoring infrastructure had been incrementally enhanced, with newer cameras installed and additional areas brought under surveillance. These efforts are coordinated under the joint leadership of the Facility Head and the PREA Compliance Manager (PCM), both of whom take an active role in guiding technology decisions. Their oversight ensures that upgrades are not only functional but also strategically aligned with PREA standards.

Cameras are monitored from a secure, centralized control room, staffed 24 hours a day, seven days a week. The control room allows staff to monitor real-time footage and review recorded segments from any surveillance point across the facility. Within the housing units, cameras provide comprehensive

coverage of front, middle, and rear zones. Security mirrors are used to supplement visibility where camera coverage may be less direct. The configuration allows for effective surveillance while ensuring that residents retain appropriate levels of privacy in sensitive areas such as restrooms and shower facilities.

As stated in FBOP Program Statement 5324.12 (p. 22), the agency is required to evaluate how any updates to surveillance or monitoring technologies may enhance its ability to prevent sexual abuse. The facility's measured and intentional approach to surveillance upgrades directly supports this mandate.

## **CONCLUSION**

Following a thorough review of all documentation, interviews with leadership, and comprehensive on-site observations, the Auditor concludes that the facility is fully compliant with all aspects of PREA Standard §115.18. Although no structural modifications have occurred to trigger reassessment under Provision (a), the facility has demonstrated a strong commitment to ongoing technological improvements under Provision (b). Upgrades to video monitoring systems are driven by data analysis, risk assessment, and leadership collaboration, all of which reflect a proactive, mission-aligned approach to ensuring resident safety and PREA compliance.

***Note:** All documentation related to this standard was made available for the Auditor's review either through the Justice Electronic Filing System (JEFS) or in hard copy during the on-site audit. The Auditor was not permitted to photocopy, scan, or electronically retain any materials. The agency was reminded of its responsibility to maintain all documentation and provide any materials requested by the U.S. Department of Justice. This obligation was acknowledged by agency representatives, and the Bureau of Prisons (BOP) analyst assigned as liaison to the audit confirmed that any DOJ requests would be accommodated without issue.*

## **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 *a/ways* 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.*

### DOCUMENT REVIEW

To assess compliance with PREA Standard §115.21 – Evidence Protocol and Forensic Medical Examinations, the Auditor conducted a comprehensive review of institutional documentation and federal guidelines. The following materials were examined:

- The Pre-Audit Questionnaire (PAQ) and its accompanying documents
- Federal Bureau of Prisons (FBOP) Program Statement 5324.12, *Sexually Abusive Behavior Prevention, and Intervention Program*, dated June 4, 2015 (particularly pages 22–24 and 43)
- Facility-specific supplement, MAN 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated August 25, 2024
- DOJ/OIG PREA Series 1811 Training for Criminal Investigators (Special Agents, Assistant Special Agents in Charge, and Special Agents in Charge)
- *Guide for First Responders and Operations Lieutenant*

- Memorandum of Understanding between FCI Manchester and Cumberland River Behavioral Health Rape Victim Services (CRBHRVS), dated March 11, 2024
- Warden’s Memorandum reaffirming the agreement between FCI Manchester and CRBHRVS, a KASAP-affiliated service provider, dated March 12, 2024
- Warden-issued memoranda referencing compliance with PREA Standard 115.21 subsections (f)–1, (c)–3, and (e)–1, each dated April 24, 2025
- FCI Manchester’s Inmate Admission and Orientation Handbook, most recently updated on February 7, 2025

## **INTERVIEWS**

### **PREA Coordinator**

During the interview, the PREA Coordinator described the evidence collection procedures employed by the institution, emphasizing their alignment with national protocols. The coordinator noted that while the institution only houses adults at present, all procedures are developmentally appropriate and could be readily modified to accommodate youthful individuals, should the population change in the future. These evidence protocols are designed to uphold the integrity of investigations—both administrative and criminal—while safeguarding the chain of custody.

### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager elaborated on how forensic medical exams are handled. Although no such exams were conducted in the 12 months preceding the audit, the PCM confirmed an active partnership with Cumberland River Behavioral Health Rape Victim Services. Forensic exams are completed at CHI St. Joseph Hospital. All services are provided at no cost to the individual and are accompanied by access to a trained victim advocate who offers emotional support and guidance throughout the examination process.

### **SAFE/SANE Medical Personnel**

Medical professionals certified as Sexual Assault Forensic Examiners (SAFE) and Sexual Assault Nurse Examiners (SANE) described in detail the trauma-informed procedures used during a forensic examination. These include obtaining informed consent, gathering a complete medical and incident history, performing a physical and genital examination, collecting, and preserving forensic evidence, and administering prophylactic treatment for sexually transmitted infections (including HIV). Every stage of the process is carried out with strict adherence to chain-of-custody requirements to ensure the evidentiary integrity of collected materials.

### **Facility Staff**

Interviews with randomly selected facility staff revealed a thorough understanding of the required response to allegations of sexual abuse. Staff members described appropriate procedures, including preserving the crime scene, securing any potential evidence, ensuring the safety and well-being of the reported victim, and contacting trained investigative and medical personnel. Their responses demonstrated that PREA training is regularly reinforced and effectively retained.

### **Inmates**

Since there were no reported incidents of sexual abuse in the period leading up to the audit, interviews with individuals in custody regarding forensic medical examinations were not conducted.



## **Cumberland River Behavioral Health Rape Victim Services (CRBHRVS)**

CRBHRVS representatives confirmed an active Memorandum of Understanding with FCI Manchester, through which they deliver a full continuum of trauma-informed services. These services, all free of charge to those in custody, include:

- Crisis intervention and mental health assessments
- On-call and ongoing therapeutic support
- Emotional support at all stages of the forensic examination process
- Advocacy for navigating medical, legal, and investigative systems
- Referrals to long-term, community-based resources
- Training for staff in trauma-informed practices
- Services in multiple languages and accessible formats
- 24/7 access to a crisis hotline staffed by trained advocates

## **CHI St. Joseph Hospital**

Representatives from CHI St. Joseph Hospital confirmed that the facility is fully equipped to conduct forensic medical exams using SANE-certified staff. The hospital maintains a designated area for these exams and follows strict evidence handling and chain-of-custody protocols. As with all contracted services, these are provided at no cost to the individual in custody.

## **PROVISIONS**

### **Provision (a): Evidence Protocols**

The PAQ indicated that FCI Manchester is responsible for conducting administrative investigations, while the FBI and the Department of Justice's Office of the Inspector General (OIG) handle criminal investigations, including those involving both staff misconduct and inmate-on-inmate sexual abuse. The PCM provides assistance in investigating inmate-on-inmate sexual harassment cases.

Per FBOP PS 5324.12 (p. 22), the Bureau adheres to a uniform evidence protocol designed to maximize the value of physical evidence in both administrative and criminal proceedings. Page 43 of the same policy reinforces the Bureau's commitment to conducting investigations in a fair and impartial manner while safeguarding constitutional rights and maintaining confidentiality.

### **Provision (b): Youth-Specific Considerations**

Although the facility does not house youthful individuals at this time—as confirmed by a review of the inmate roster—PREA protocols are prepared for such a scenario. FBOP PS 5324.12 (p. 22) mandates developmentally appropriate adaptations based on authoritative sources such as the Department of Justice's "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents."

### **Provision (c): Forensic Exams and Cost Coverage**

Forensic exams are offered at no cost to incarcerated individuals and are performed by qualified SANE professionals at CHI St. Joseph Hospital. A victim advocate is made available through the CRBHRVS partnership.

Though no exams were conducted in the past 12 months, medical personnel described a comprehensive, trauma-informed process, including:

- Obtaining informed consent
- Collecting a detailed account of the incident

- Conducting physical and genital examinations (photographic documentation is optional)
- Preserving evidence by chain-of-custody standards
- Providing preventive treatments for STIs and HIV

Warden-issued memoranda referencing compliance with PREA Standard 115.21 (c)–3, dated April 24, 2025, verified this information.

As per FBOP PS 5324.12 (p. 22), services must be provided irrespective of whether the victim identifies their abuser or participates in the investigation.

#### **Provision (d): Use of Advocates and Investigation Outcomes**

Victim advocates are offered before, during, and after the forensic exam process. Over the past 12 months, the facility reported 11 total allegations:

- **Five sexual abuse allegations**, all involving staff-on-inmate misconduct:
  - Two were deemed unfounded
  - Two were unsubstantiated
  - One case remained open at the time of the audit
- **Six sexual harassment allegations:**
  - Three involved inmate-on-inmate incidents: two were unfounded; one remained open
  - Three involved staff-on-inmate incidents: one unfounded, one unsubstantiated, one remained open
  - Unfounded and unsubstantiated cases were not forwarded for prosecution, and individuals were notified of findings

There were no forensic medical exams conducted during the past year.

#### **Provision (e): Support Services During Exams**

As previously stated, individuals are offered a victim advocate to provide emotional and procedural support before, during, and after a forensic exam.

Warden-issued memoranda referencing compliance with PREA Standard 115.21 (e)–3, dated April 24, 2025, verified this information.

#### **Provision (f): Investigative Responsibility**

FCI Manchester is responsible for administrative investigations, while the FBI and OIG lead criminal investigations involving sexual abuse or staff misconduct.

Warden-issued memoranda referencing compliance with PREA Standard 115.21 (f)–3, dated April 24, 2025, verified this information.

#### **Provision (g): [Not Audited]**

This provision is outside the scope of the Auditor's responsibilities and was not evaluated.

#### **Provision (h): Integration of Victim Advocacy Services**

As detailed under Provision (d), victim advocacy is integrated into all aspects of the facility's response to sexual abuse allegations, including forensic medical care.

## **CONCLUSION**

Following a thorough review of documentation, policy, and interviews with key stakeholders, the Auditor concludes that FCI Manchester meets all provisions under PREA Standard §115.21. The facility has implemented robust procedures to preserve evidence, provide timely and compassionate forensic medical care, and ensure access to victim advocacy, even in the absence of recent incidents requiring forensic exams. All services are trauma-informed, free of cost to incarcerated individuals, and aligned with best practices for sexual abuse prevention and response.

***Note:** All documentation related to this standard was made available for the Auditor's review either through the Justice Electronic Filing System (JEFS) or in hard copy during the on-site audit. The Auditor was not permitted to photocopy, scan, or electronically retain any materials. The agency was reminded of its responsibility to maintain all documentation and provide any materials requested by the U.S. Department of Justice. This obligation was acknowledged by agency representatives, and the Bureau of Prisons (BOP) analyst assigned as liaison to the audit confirmed that any DOJ requests would be accommodated without issue.*

### **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.*

#### DOCUMENT REVIEW

In preparation for evaluating compliance with PREA Standard §115.22—Policies to Ensure Referrals of Allegations for Investigations, the Auditor conducted an extensive review of relevant documentation submitted in advance of and during the on-site assessment. The reviewed materials included:

- Pre-Audit Questionnaire (PAQ) and associated supporting documentation;
- Federal Bureau of Prisons (FBOP) Program Statement 5508.02, *Hostage Situations or Criminal Actions Requiring FBI Presence*, dated December 12, 1996;
- FBOP Program Statement 5324.12, *Sexually Abusive Behavior Prevention, and Intervention Program*, dated June 4, 2015, specifically pages 24–25 and 45–46;
- FBOP Program Statement 1350.01, *Criminal Matter Referrals*, dated January 11, 1996.

These documents collectively form the foundation of the facility's approach to ensuring that all allegations of sexual abuse or sexual harassment are addressed through formal investigative processes and, when appropriate, referred to the relevant law enforcement authority.

#### INTERVIEWS

##### **Provision (a):**

The Pre-Audit Questionnaire confirmed—and interviews with agency leadership and facility staff corroborated—that the facility is fully committed to investigating all allegations of sexual abuse and sexual harassment. This commitment is consistently upheld regardless of whether the allegation is

substantiated, unsubstantiated, or unfounded. The Agency Head Designee emphasized during the interview that no allegation is dismissed without appropriate administrative or criminal review.

Although the facility reported zero allegations of sexual abuse or harassment in the 12 months leading up to the audit, the Auditor was provided documentation of five allegations of staff-on-incarcerated-person sexual abuse during that same timeframe. Each of these was formally investigated. Two allegations were determined to be unfounded, two were unsubstantiated, and one case remained open at the time of the on-site assessment.

FBOP Program Statement 5324.12 (p. 25) mandates that every allegation of sexual abuse or harassment is subject to either administrative or criminal investigation. Furthermore, Program Statement 1350.01 (p. 1) specifies that all criminal incidents involving Bureau staff or occurring on institution grounds must be documented and tracked. Each case is reviewed for potential referral to a law enforcement agency, typically the FBI in cases involving potential PREA violations. According to page 2 of the same policy, the Special Investigative Services (SIS) team is tasked with presenting each criminal matter to the Warden, who determines whether it should be referred to federal, state, or local law enforcement. Legal consultation is available during this process if needed.

#### **Provision (b):**

Both the Pre-Audit Questionnaire and the supporting documentation confirm that the facility has in place a clear and consistently implemented protocol for referring to allegations that may involve criminal conduct. These procedures align with the requirements outlined in the FBOP's overarching policy framework.

As addressed in Provision (a), all allegations of sexual abuse or harassment are subjected to either administrative or criminal investigation processes. These protocols are publicly accessible through the agency's website and were verified by the Auditor during the review.

Program Statement 5508.02 further clarifies the FBI's jurisdiction in investigating criminal conduct in federal correctional settings, citing Title 18 U.S.C. §§1791 and 1792, which relate to irregularities within federal penal institutions. Program Statement 5324.12 (p. 45, section h) specifically requires that substantiated allegations of criminal sexual conduct be referred to for prosecution. Additionally, pages 45–46 of the same document state that following an investigation, incarcerated individuals must be informed whether their allegation was substantiated, unsubstantiated, or unfounded. All notifications are conducted by the Special Investigative Services Lieutenant.

#### **Provision (c):**

As previously detailed under Provision (a), the facility applies a uniform, comprehensive process to investigate all allegations—whether administrative or potentially criminal. The facility consistently demonstrates adherence to FBOP policies by initiating investigations promptly and ensuring that all allegations are handled by appropriately designated authorities.

The facility refers to all administrative investigations to the Special Investigative Services team and all criminal investigations to the Federal Bureau of Investigation (FBI) and/or the Office of the Inspector General (OIG), in accordance with established policies. Program Statement 1350.01 continues to serve

as the guided document for the referral of criminal matters and defines the responsibilities of investigative staff in handling such referrals.

**Provision (d):**

This provision is not subject to Auditor review and was therefore not assessed.

**Provision (e):**

This provision is also not subject to Auditor review and was not evaluated.

**CONCLUSION**

Based on a comprehensive analysis of documentary evidence and interview findings, the Auditor concludes that the facility fully meets the requirements of PREA Standard §115.22. The facility has established and consistently follows robust policies and procedures to ensure that all allegations of sexual abuse and sexual harassment are promptly and thoroughly investigated and referred to the appropriate authorities when necessary. These practices demonstrate the facility's ongoing commitment to transparency, accountability, and the safety and dignity of all individuals in its custody.

***Note:** All documentation related to this standard was made available for the Auditor's review either through the Justice Electronic Filing System (JEFS) or in hard copy during the on-site audit. The Auditor was not permitted to photocopy, scan, or electronically retain any materials. The agency was reminded of its responsibility to maintain all documentation and provide any materials requested by the U.S. Department of Justice. This obligation was acknowledged by agency representatives, and the Bureau of Prisons (BOP) analyst assigned as liaison to the audit confirmed that any DOJ requests would be accommodated without issue.*

## 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.*

## **DOCUMENT REVIEW**

The Auditor conducted a thorough review of all documentation relevant to staff training on the Prison Rape Elimination Act (PREA). Materials examined included the Pre-Audit Questionnaire (PAQ) and all supporting documents submitted prior to and during the on-site audit. Key among these were the Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, titled *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015, and the institution-specific supplement to that policy—MAN 5324.12—updated most recently on August 25, 2024. Additionally, the 2025 Annual PREA Training Agenda was reviewed to evaluate the scope and relevance of ongoing staff education on PREA-related topics.

## **INTERVIEWS**

### **Randomly Selected Staff**

To validate the facility's documented practices and confirm adherence to training requirements, the Auditor conducted interviews with randomly selected staff members across a broad spectrum of departments. This included personnel from custody and security, programming, administrative support, and auxiliary services. All interviewed staff affirmed that they received PREA training prior to assuming duties that involve direct or indirect contact with incarcerated individuals.

Consistently, staff reported that PREA training was incorporated into their initial orientation and reinforced through ongoing education, including annual refresher sessions, daily briefings, roll calls, and in-service training opportunities. Each person interviewed was able to clearly articulate their responsibilities under PREA and demonstrated a solid grasp of how to prevent, detect, respond to, and report allegations of sexual abuse or harassment. Every staff member interviewed recalled being trained on all ten core content areas outlined in the PREA standards, further confirming the effectiveness and consistency of the training program.

## **PROVISIONS**

### **Provision (a): Initial and Ongoing Staff Training**

The FBOP Program Statement 5324.12 outlines comprehensive training requirements for all employees. As detailed on pages 24–25 of the Program Statement, staff must be trained in at least the following ten critical areas:



1. The agency's zero-tolerance policy regarding sexual abuse and sexual harassment;
2. Responsibilities for prevention, detection, reporting, and response to sexual abuse and harassment;
3. Incarcerated individuals' rights to be free from sexual abuse and sexual harassment;
4. Rights of both incarcerated individuals and staff to be free from retaliation for reporting such incidents;
5. The dynamics of sexual abuse and sexual harassment in confinement settings;
6. Typical reactions of victims;
7. How to recognize and respond to signs of actual or threatened abuse;
8. Strategies for avoiding inappropriate relationships with incarcerated people;
9. Techniques for effective communication with individuals who identify as lesbian, gay, bisexual, transgender, intersex, or gender non-conforming;
10. Applicable laws regarding mandatory reporting obligations.

According to the policy, all new employees must complete PREA training before beginning their duties. Refresher training is required every two years, with annual updates delivered through various means such as shift briefings and staff meetings. The facility's PREA Coordinator is responsible for coordinating and overseeing all aspects of staff training related to PREA. New employees receive their foundational PREA education through the Introduction to Correctional Techniques (ICT) program, while ongoing training is administered during Annual Training (AT) sessions.

All non-specialized staff receive core instruction that includes the prevention, detection, response, and reporting of sexual abuse, sexual harassment, and custodial misconduct. The training curriculum is designed with numbered modules that correspond to the ten mandatory topics to aid in retention and comprehension. Specialized training is tailored to the specific responsibilities of staff roles as applicable.

The Auditor reviewed training files for a total of 40 staff members, including those newly hired within the past year and long-tenured employees. Each file contained evidence of initial PREA training completion and confirmation of ongoing compliance with refresher training requirements. The Auditor also examined PREA training sign-in sheets from the past twelve months, which showed staff signatures affirming their participation.

#### **Provision (b): Training Tailored to Facility Population**

The training program not only adheres to the general standards set by FBOP but is also adapted to reflect the specific needs of the facility's population. While FBOP's national curriculum addresses issues across genders, the facility's training content is specifically tailored to a male inmate population. The Auditor confirmed that if an employee transfers from a facility housing a different demographic group, they receive additional or updated training to ensure their knowledge and skills are appropriate to the population at the new institution.

Training materials reviewed by the Auditor for this facility were fully consistent with PREA standards and demonstrated consideration of the unique needs of the incarcerated population.

#### **Provision (c): Training Completion and Frequency**

At the time of the audit, the facility employed 295 staff members. The documentation confirmed that 100% of these employees, 295 out of 295, have completed PREA training within the past twelve

months. In addition to this annual requirement, staff receive supplementary instruction through shift briefings, team meetings, and ongoing awareness initiatives. Refresher training is scheduled every two years to maintain currency and reinforce critical concepts.

#### **Provision (d): Documentation of Training**

The facility has implemented an efficient, well-organized system for documenting staff participation in PREA training. This system includes physical attendance logs, digital training records, and individual acknowledgment forms signed by employees to affirm their understanding of the training content.

The Auditor reviewed signed acknowledgment forms for a randomly selected group of thirty staff members. Each file was found to be complete, current, and systematically filed in a way that allows for easy retrieval and review. This meticulous documentation process enhances transparency and accountability, while also serving as an effective tool for quality assurance and audit readiness.

### **CONCLUSION**

After a comprehensive review of training materials, staff files, policies, and interview responses, the Auditor concludes that the facility is in full compliance with PREA Standard §115.31. All provisions related to the education and training of employees on the prevention, detection, and response to sexual abuse and sexual harassment have been met. The institution has demonstrated a consistent, well-documented, and thorough commitment to equipping staff with the necessary knowledge and tools to uphold the goals and requirements of the Prison Rape Elimination Act.

***Note:** All documentation related to this standard was made available for the Auditor's review either through the Justice Electronic Filing System (JEFS) or in hard copy during the on-site audit. The Auditor was not permitted to photocopy, scan, or electronically retain any materials. The agency was reminded of its responsibility to maintain all documentation and provide any materials requested by the U.S. Department of Justice. This obligation was acknowledged by agency representatives, and the Bureau of Prisons (BOP) analyst assigned as liaison to the audit confirmed that any DOJ requests would be accommodated without issue.*

## **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.*

### DOCUMENT REVIEW

To evaluate the facility's compliance with PREA Standard §115.32—Volunteer and Contractor Training—the Auditor conducted a detailed examination of materials submitted both prior to and during the onsite audit. The documentation reviewed included the facility's completed Pre-Audit Questionnaire (PAQ) and a range of support records relevant to volunteer and contractor training.

Key source documents included the Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015. Additionally, the Auditor reviewed the training curriculum specifically designed for volunteers and contractors, which outlines the expectations and requirements aligned with PREA standards.

### INTERVIEWS

As part of the onsite assessment, the Auditor conducted structured interviews with a sample of individuals who regularly interact with individuals in custody in a non-staff capacity, including one contractor and one volunteer.

During the interview with the contract staff member, the individual recalled receiving PREA training that was tailored to their specific responsibilities within the facility. The contractor was able to clearly articulate what PREA is, its overarching goals, and most importantly, their individual responsibilities in the event of witnessing or being informed of sexual abuse or harassment. The contractor confidently

explained their obligation to report such incidents and described the appropriate response protocols, demonstrating a thorough understanding of the agency's zero-tolerance policy for sexual misconduct.

Similarly, the interview with a facility volunteer yielded positive indicators of compliance. The volunteer readily recalled the PREA training they received, noting that the content was appropriately geared toward their level of contact and involvement with those in custody. Like the contractor, the volunteer was able to articulate the core elements of the PREA policy and emphasized their obligation to act immediately should a report or incident arise. The volunteer accurately described reporting procedures and clearly understood the boundaries and conduct expected when engaging with incarcerated individuals. Both interviews affirmed that the facility is effectively communicating and reinforcing PREA standards to volunteers and contractors.

## **PROVISIONS**

### **Provision (a):**

At the time of the audit, the facility reported that 44 volunteers and contractors had received PREA training. To verify this, the Auditor reviewed 39 volunteer and 5 contractor training files. Each file contained documentation confirming the completion of the required annual PREA training, including a signed acknowledgment form attesting to the individual's receipt and understanding of the training content.

The Auditor closely examined the training curriculum used for volunteers and contractors. The training program covered all ten key components required under this provision, including the agency's zero-tolerance stance, the dynamics of sexual abuse in confinement settings, reporting procedures, and the rights and responsibilities of third parties. Notably, the training materials utilized a numbered element structure, which aids in knowledge retention and reinforces comprehension. The content is designed to be flexible and scalable based on the role of the individual—whether they are a one-time guest speaker or a recurring volunteer with direct and frequent contact with those in custody.

Documentation submitted for review indicated that 100% (five out of five) of contractors had received PREA training within the last twelve months. While the facility is approved to host thirty-nine volunteers, the number of currently active volunteers is significantly lower, which is consistent with the documentation reviewed.

### **Provision (b):**

The facility confirmed that the depth and breadth of training provided to volunteers and contractors are determined by the nature of the services they provide and the degree of their contact with incarcerated individuals. However, regardless of their role or frequency of contact, all volunteers and contractors are educated on the agency's zero-tolerance policy for sexual abuse and sexual harassment, as well as their duty to report any incidents or suspicions immediately.

This provision was validated not only through a review of documentation but also during interviews conducted with both a volunteer and a contractor. Each individual demonstrated a solid understanding of the training content and their respective responsibilities. Their responses were consistent with the

facility's claims that the training content is proportionate to each individual's role, ensuring both appropriate scope and effective comprehension.

FBOP Program Statement (PS) 5324.12, page 26, provides the foundational policy framework supporting these practices. It mandates that all contractors and volunteers with any inmate contact must receive training on their roles and responsibilities under the agency's prevention, detection, and response policies concerning sexual abuse and harassment. While the level of training may vary based on the role, the policy clearly requires that, at a minimum, each volunteer and contractor be trained on:

1. The agency's zero-tolerance policy for sexual abuse and harassment, and
2. The procedures for reporting incidents or suspicions of such conduct.

Moreover, the Program Statement requires that all training be documented, with individuals' acknowledgment of both receipt and understanding of the training that was provided, and this documentation is retained in their personnel or contract file.

**Provision (c):**

The PAQ confirmed—and the onsite review further substantiated—that the facility maintains thorough documentation evidencing that all contractors and volunteers have received and understood PREA training. Each individual's file contains a signed acknowledgment form titled "Sexual Abuse/Sexual Harassment PREA Education Acknowledgment Statement" (Attachment 1), which certifies that the trainee comprehended the material presented.

The Auditor reviewed 39 volunteer files and 5 contractor training files. Every file contained this required acknowledgment form, and all forms were completed in full. The consistency of these records underscores the facility's dedication to transparency and compliance with training documentation requirements.

Additionally, the Auditor reviewed sign-in sheets from the PREA training sessions conducted over the previous twelve months. These sign-in sheets confirmed that all contractors had participated in the training and had signed to verify their attendance and understanding. These records further support the facility's commitment to ongoing education and adherence to federal PREA requirements.

**CONCLUSION**

After a comprehensive review of training records, policy documents, curriculum content, and the findings from onsite interviews, the Auditor concludes that the facility fully complies with all provisions of PREA Standard §115.32. The training provided to volunteers and contractors reflects a strong commitment to PREA principles, and the documentation process demonstrates accountability and due diligence. The facility effectively ensures that all non-staff individuals with access to those in custody are well-informed, appropriately trained, and fully aware of their responsibilities in preventing and responding to incidents of sexual abuse and sexual harassment.

***Note:*** All documentation related to this standard was made available for the Auditor's review either through the Justice Electronic Filing System (JEFS) or in hard copy during the on-site audit. The

*Auditor was not permitted to photocopy, scan, or electronically retain any materials. The agency was reminded of its responsibility to maintain all documentation and provide any materials requested by the U.S. Department of Justice. This obligation was acknowledged by agency representatives, and the Bureau of Prisons (BOP) analyst assigned as liaison to the audit confirmed that any DOJ requests would be accommodated without issue.*

## **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.*

### DOCUMENT REVIEW

As part of the audit process, the Auditor examined a comprehensive collection of documents designed to demonstrate the facility's compliance with PREA inmate education requirements. The materials reviewed included the Pre-Audit Questionnaire (PAQ) and associated supporting documentation; FBOP Program Statement (PS) 5290.14, *Admission and Orientation Program*, dated April 3, 2003; FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015; Institution and Unit A&O Program Checklists (BP-A0518 and BP-A0597 respectively); an Acquisitions Memorandum for Language Line, LLC dated October 1, 2024; PREA informational posters; and assorted training resources used throughout the intake and orientation process.

## **OBSERVATIONS**

During a thorough walkthrough of the facility, the Auditor observed that PREA education was highly visible and widely disseminated. Posters outlining the agency's zero-tolerance policy were prominently displayed across a variety of settings—including housing units, intake areas, corridors, bathrooms, and near phones designated for resident use. These posters clearly communicated expectations for conduct, as well as methods for reporting sexual abuse or harassment.

Equally notable was the inclusion of contact information for both the FBOP's PREA Office and the Cumberland River Behavioral Health Rape Victim Services (CRBHRVS), which serves as the facility's external victim advocacy provider. These resources were available in both English and Spanish. Facility staff also confirmed that interpretation and translation services are readily available through Language Line or other means to accommodate those with limited English proficiency.

Further, the facility demonstrated a commitment to accessible education for individuals with hearing, visual, or cognitive impairments. The facility uses closed-captioned video content, American Sign Language (ASL) interpretation, Braille materials, and one-on-one instructional sessions when necessary. This inclusive approach ensures every individual, regardless of ability or language background, receives meaningful PREA education.

## **INTERVIEWS**

### **Intake Staff**

Interviews with intake personnel revealed a clear and consistent process for delivering PREA education. Staff explained that each person entering the facility receives immediate instruction, including verbal explanations, printed handouts, and a facility orientation video focused on sexual safety and reporting processes. Within 15 days of admission, a more detailed follow-up education session is provided, outlining formal reporting mechanisms, protections against retaliation, and the agency's overall approach to preventing and responding to sexual abuse and harassment.

Staff also described how educational content is tailored to meet individual needs. For those with language barriers, disabilities, or cognitive limitations, the information is conveyed through adaptive methods to ensure comprehension. In cases where an individual has transferred from a different facility with alternative PREA policies, updated and facility-specific education is administered to align expectations.

### **Inmate**

The Auditor conducted private interviews with 20 randomly selected incarcerated individuals across multiple housing units. All individuals confirmed receiving PREA-related education upon arrival. Participants recalled receiving handbooks, brochures, and viewing an orientation video. Most were able to clearly articulate the zero-tolerance policy and explain how to report sexual abuse or harassment, including anonymous options. Several individuals also acknowledged the visibility of PREA posters,



and some had participated in refresher sessions. Collectively, these interviews indicated that residents have a solid grasp of their rights and the resources available to them.

## **PROVISIONS**

### **Provision (a)**

The facility reported that all individuals admitted within the 12 months preceding the audit—totaling 1,261—received introductory PREA education within 24 hours of arrival. This initial session covers the agency's zero-tolerance policy, outlines unacceptable behavior, and explains how to report misconduct.

FBOP Program Statement 5324.12 (p. 27) mandates that a more in-depth educational session be provided within 30 days of intake, emphasizing a person's right to be free from sexual abuse, harassment, and retaliation, as well as detailing reporting options and agency response procedures.

The Auditor reviewed 40 individual records and verified that each file contained signed documentation confirming the completion of the PREA education.

Additionally, FBOP Program Statement 5290.14 (p. 10, section g) states that staff must document the completion of the Admission and Orientation Program. This includes ensuring each individual has received PREA materials and signed the Institution A&O Program Checklist (BP-A0518), which becomes part of their permanent file. The checklist explicitly lists "Sexual Abuse/Assault Prevention and Intervention" as a required item, complete with staff initials and a dated signature by the individual upon completion.

Of the 40 records examined, all contained appropriately completed and signed A&O documentation.

The Auditor also confirmed, during the facility walkthrough, that individuals can report abuse confidentially and without cost via telephones and facility-provided computers. Multiple telephones and terminals are available in each housing unit, and the PREA hotline was confirmed to be fully operational.

### **Provision (b)**

For those who remain at the facility for 30 days, a more comprehensive PREA education session is delivered within the first 15 days. This session expands upon the initial training and includes detailed guidance on:

- The agency's zero-tolerance policy
- Definitions and examples of sexual abuse and harassment
- Strategies to avoid victimization
- Various reporting avenues (including anonymous and third-party)
- What occurs after a report is made
- Protections against retaliation
- Available advocacy and support services
- Notification that supervision may be conducted by staff of any gender

This educational content is presented through video, printed materials, and in-person discussions.

Facility policy prohibits assigning individuals to a housing unit until they have received their initial PREA education. Logs and signed forms consistently reflect this standard being upheld within 72 hours of arrival.

The PAQ indicated that 200 individuals with stays longer than 30 days received this follow-up education within the expected timeframe, achieving full compliance.

#### **Provision (c)**

The facility confirmed that PREA education is a prerequisite for housing assignments. Training logs and acknowledgment forms provided consistent evidence that the education occurs within the required 72-hour window. Those incarcerated at the time of PREA's implementation received the training as a one-time session, while individuals arriving afterward received the material during intake.

Staff guide new arrivals through the Admission and Orientation (A&O) Handbook, and questions are encouraged to ensure understanding. A signature acknowledging participation and comprehension is documented and retained in the Central File.

The Auditor verified this through multiple reviewed files and confirmed the documentation aligned with policy.

#### **Provision (d)**

To ensure equitable access, the facility offers a wide range of accommodation:

- Written materials in Spanish
- Interpretation services through Language Line, which supports 32 languages and operates from 7:00am to 10:00pm ET, excluding federal holidays
- Google Translate as a supplementary tool, offering 24/7 access to 103 languages
- Closed-captioned and ASL-interpreted videos for individuals who are deaf or hard of hearing
- Braille, audio formats, and personalized instruction for those who are blind or have limited literacy
- Support from the Local Disability Assistance Office for specialized cases

This infrastructure reflects the facility's adherence to the FBOP Program Statement (p. 27), which prohibits relying on other incarcerated individuals to provide education to those with disabilities or language barriers. The facility also meets the requirement (p. 28) to make key information continuously visible through posters, handbooks, and other written formats.

#### **Provision (e)**

A review of 40 institutional files revealed thorough documentation of both the initial and comprehensive PREA education. Each file contained a signed Acknowledgment Form, consistent with the process outlined in earlier provisions.

The A&O Checklist, signed at the end of the orientation process, serves as an official record that the individual received the full suite of educational components, including PREA.

The consistency of documentation across all 40 files reviewed underscores the facility's compliance and diligence.

### **Provision (f)**

PREA education does not end with orientation. The facility ensures ongoing access to information through:

- Strategically placed posters in housing areas, common spaces, restrooms, and visitation rooms
- Printed brochures and detailed handbooks issued at intake
- Visual cues near phones and PREA hotline access points
- Recurrent availability of the PREA orientation video

The materials are intentionally varied in design and location to maintain visibility and encourage regular engagement. The Inmate Admission and Orientation Handbook is especially effective, laying out the zero-tolerance policy, reporting options, and support services in clear language.

During the onsite visit, the Auditor confirmed that these materials were not only abundant but also well-maintained and current.

## **CONCLUSION**

Following a comprehensive review of documentation, facility observations, and interviews with both staff and incarcerated individuals, the Auditor concludes that the facility meets **all provisions** of the PREA standard relating to inmate education. The consistent application of policy, inclusive training practices, and transparent documentation reflect a culture deeply committed to safety, dignity, and accountability.

***Note:** All documentation related to this standard was made available for the Auditor's review either through the Justice Electronic Filing System (JEFS) or in hard copy during the on-site audit. The Auditor was not permitted to photocopy, scan, or electronically retain any materials. The agency was reminded of its responsibility to maintain all documentation and provide any materials requested by the U.S. Department of Justice. This obligation was acknowledged by agency representatives, and the Bureau of Prisons (BOP) analyst assigned as liaison to the audit confirmed that any DOJ requests would be accommodated without issue.*

## **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.

## **DOCUMENT REVIEW**

To assess compliance with PREA Standard §115.34—Specialized Training: Investigations—the Auditor conducted a comprehensive review of all relevant materials submitted prior to and during the on-site audit. Key documents reviewed included:

- The facility’s completed Pre-Audit Questionnaire (PAQ) and supporting documentation;
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015;
- Training records from the National Institute of Corrections (NIC) course *Investigating Sexual Abuse in a Confinement Setting* (Course ID NIC-5187-BXX-MAN).

This documentation provided a foundational understanding of the agency’s commitment to equipping investigative staff with the knowledge and skills necessary to conduct thorough, trauma-informed, and procedurally sound investigations into sexual abuse and harassment within a secure correctional setting.

## **INTERVIEWS**

### **Staff**

The Auditor conducted interviews with members of the investigative team assigned to the facility. These discussions offered strong confirmation that each investigator had successfully completed the required specialized training and demonstrated a clear understanding of the principles and practices emphasized throughout the curriculum.

Investigators were able to speak knowledgeably about core training components, including the appropriate issuance of Miranda and Garrity warnings, strategies for conducting trauma-informed interviews with incarcerated individuals, and the proper handling and preservation of physical and testimonial evidence. Each investigator articulated the distinction between the standards of proof required for administrative determinations versus criminal prosecution and emphasized the importance of neutrality, due process, and fairness during all phases of an investigation.

These conversations reflected not only technical competence but also a strong awareness of the unique challenges involved in conducting sexual abuse investigations in a correctional environment.

## **PROVISIONS**

### **Provision (a)**

The Auditor’s review of policy documents, training records, and interview responses verified that the FBOP mandates specialized training for all personnel assigned to investigate allegations of sexual abuse and sexual harassment.

The facility provided documentation confirming that investigators had successfully completed the National Institute of Corrections (NIC) course titled *PREA: Investigating Sexual Abuse in Confinement Settings*. This course is nationally recognized and explicitly designed to align with the requirements of PREA Standard §115.34.

In accordance with FBOP Program Statement 5324.12 (p. 28), this training encompasses a broad range of essential topics, including:

- Conducting interviews with sexual abuse survivors;
- Issuing Miranda and Garrity warnings appropriately;
- Managing sexual abuse investigations in a correctional setting, including evidence collection;
- Understanding the criteria and evidence necessary to substantiate administrative actions;
- Differentiating the standards of evidence for administrative versus prosecutorial referrals.

The policy also mandates that all training be thoroughly documented, verified by staff signatures, and retained by the agency to ensure accountability.

### **Provision (b)**

The Auditor confirmed that the content of the specialized training program provided to investigators aligns precisely with the standards outlined in PS 5324.12. The agency submitted training materials and course outlines that covered each required content area, and these were corroborated by investigative staff during interviews.

Investigators emphasized the training's focus on interacting with vulnerable populations and employing traumas-informed approaches to interviewing. They discussed balancing investigative integrity with compassion and procedural sensitivity, particularly when working with individuals who may have experienced sexual trauma.

The training's alignment with agency policy, coupled with its practical application in the field, reflects a comprehensive and well-implemented strategy for equipping investigative staff with the necessary skills and knowledge to conduct effective and ethical investigations.

In addition to the NIC course on investigative procedures, the Auditor was granted access to the U.S. Department of Justice's training module titled *Sexual Abuse and the Initial Responder*. This course includes the following five chapters:

- Course Introduction
- PREA Investigations
- Collaborating with Victims
- Interviewing Techniques
- Institutional Culture and Investigations

These materials further demonstrate the agency's efforts to reinforce investigative skills within the specific context of correctional institutions.

### **Provision (c)**

The facility maintains detailed and organized records verifying that all designated investigators have completed the required specialized training. During the on-site audit, the Auditor reviewed certificates of completion, attendance logs, and signed verification forms for each investigator.

Three investigators were identified as having primary responsibility for handling PREA-related investigations at the facility. Training records for all three individuals confirmed full participation in and completion of both the NIC core training and additional specialized instruction. During interviews, each investigator recalled specific elements of their training, the dates of completion, and described how the information has informed their current practices.

This level of documentation provides a clear audit trail and reinforces the agency's commitment to maintaining compliance with PREA requirements across both facility-level operations and agency-wide procedures.

As noted under Provisions (a) and (b), the expectations for training and documentation are clearly articulated in FBOP Program Statement 5324.12 (pp. 28–29). While the FBOP collaborates with the Federal Bureau of Investigation on criminal matters, administrative investigations within the complex are conducted by four trained staff members whose credentials were reviewed by the Auditor.

#### **Provision (d) – Not Applicable**

This provision does not apply to the facility and was therefore excluded from the scope of this audit review.

### **CONCLUSION**

Based on a thorough review of agency policies, staff interviews, training documentation, and relevant federal program statements, the Auditor has determined that the facility fully meets all applicable provisions of PREA Standard §115.34, which addresses the requirement for specialized training of investigative staff.

***Note:** All documentation related to this standard was made available for the Auditor's review either through the Justice Electronic Filing System (JEFS) or in hard copy during the on-site audit. The Auditor was not permitted to photocopy, scan, or electronically retain any materials. The agency was reminded of its responsibility to maintain all documentation and provide any materials requested by the U.S. Department of Justice. This obligation was acknowledged by agency representatives, and the Bureau of Prisons (BOP) analyst assigned as liaison to the audit confirmed that any DOJ requests would be accommodated without issue.*

### **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.*

### **DOCUMENT REVIEW**

To evaluate the facility's compliance with PREA Standard §115.35—Specialized Training: Medical and Mental Health Care—the Auditor conducted a comprehensive review of key materials submitted through the Justice Electronic Filing System (JEFS) and during the on-site visit. Documents reviewed included:

- The facility's completed Pre-Audit Questionnaire (PAQ) and all supporting documentation;
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015;
- Staff course completion records for the NIC-certified training *PREA for Medical and Mental Health Care – BOP (CPG-0233-BXX)*.

These documents provided critical insight into the training expectations established by agency policy, as well as evidence of compliance by healthcare professionals currently assigned to the facility.

### **INTERVIEWS**

#### **Facility Head**

During a structured interview, the Facility Head affirmed that all healthcare professionals employed within FBOP facilities are required to complete both general PREA education (as mandated for all staff) and a specialized training curriculum that addresses the distinct responsibilities of medical and mental health providers. The Facility Head expressed full confidence in the training program's effectiveness and in the preparedness of the facility's medical personnel to fulfill their roles within the PREA framework.

#### **Medical Staff**

At the time of the audit, the facility employed one full-time nurse who served as the sole on-site medical professional. In their interview, the nurse provided a detailed overview of their PREA-related training history. They reported receiving general PREA education as part of their orientation upon hire and continuing to complete annual refresher courses thereafter. The nurse also confirmed participation in specialized training focused on the medical role in identifying signs of sexual abuse, protecting the health and dignity of survivors, and adhering to mandatory reporting procedures.

The nurse demonstrated an elevated level of familiarity with both clinical and procedural aspects of PREA implementation. They described in detail how to document disclosures, preserve confidentiality, differentiate between internal incident reports and external mandatory reporting, and respond supportively to individuals who present with symptoms or disclosures indicative of sexual abuse.

### **Mental Health Services**

The facility did not employ on-site mental health professionals at the time of the audit. Instead, mental health services are delivered through community-based providers by referral. As no FBOP-employed mental health staff were present, no interviews were conducted with mental health professionals under this standard.

### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager confirmed that all medical personnel are subject to the same dual-level training approach—general PREA instruction under Standard §115.31 and additional specialized training tailored to healthcare roles. The PCM indicated that training files are routinely monitored to ensure all staff are current in their certifications and meet the expectations of FBOP policy. The PCM also noted that medical staff training is embedded within the facility's broader commitment to professional development and PREA compliance, reinforcing a culture of safety and accountability.

## **PROVISIONS**

### **Provision (a)**

The Auditor verified that agency policy mandates specialized PREA training for all medical and mental health staff who routinely work within the facility. This requirement was supported by documentation provided in the PAQ and further corroborated through staff interviews and training records.

The facility submitted documentation confirming that the on-site nurse had completed the NIC training titled *PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting*. This nationally recognized course is specifically designed to equip healthcare providers with the knowledge and skills necessary to prevent, detect, and appropriately respond to sexual abuse in secure environments.

FBOP Program Statement 5324.12 (page 28) outlines the required components of this training, which include but are not limited to:

- Recognizing and assessing indicators of sexual abuse and sexual harassment;
- Preserving physical evidence in the event of a suspected sexual assault;
- Responding professionally and sensitively to individuals reporting sexual abuse or harassment;
- Understanding how and to whom reports or suspicions of abuse should be made.

In total, sixteen medical and mental health professionals are assigned to the facility. The Auditor reviewed training records and confirmed through interviews that all personnel have successfully completed the required training.

### **Provision (b)**

This provision does not apply to the facility. Agency policy prohibits on-site medical staff from performing forensic medical examinations. If such an exam is needed, the individual is referred to an outside medical facility that employs clinicians certified in Sexual Assault Nurse Examiner (SANE) protocols. These external facilities are equipped to conduct forensic exams in compliance with national standards and best practices.

#### **Provision (c)**

The facility maintains a robust and well-organized system for tracking and verifying training completion. During the audit, the Auditor reviewed the training file of the on-site nurse, which included documentation of initial and ongoing specialized training. Records reviewed included a certificate of completion for the NIC course on medical care for sexual assault victims, as well as evidence of annual refresher training.

This documentation clearly supports the facility's compliance with the training requirements and reinforces the agency's investment in professional preparation, recordkeeping, and oversight.

#### **Provision (d)**

Information collected through the PAQ and verified during staff interviews confirmed that medical personnel are fully integrated into the facility's overall PREA training program. The on-site nurse confirmed their participation in the general PREA training provided to all staff, contractors, and volunteers, in addition to specialized medical training. The PCM emphasized that PREA training for medical personnel is not treated as a one-time obligation, but rather as part of an ongoing, multi-layered training initiative that ensures continued preparedness and reinforces institutional culture and expectations.

### **CONCLUSION**

Following a thorough review of agency policies, training documentation, and interviews with key staff, the Auditor concludes that the Hall County Correctional Institution is in full compliance with PREA Standard §115.35—Specialized Training: Medical and Mental Health Care. The facility has established and implemented clear policies to ensure that medical personnel receive both the general and specialized training required under the standard.

Although the current medical team consists of a single on-site provider, that individual has fulfilled all training requirements and demonstrated comprehensive knowledge of their responsibilities in preventing and responding to incidents of sexual abuse. The training records, staff interviews, and agency policies reviewed reflect a deep institutional commitment to clinical competence, trauma-informed care, and the safety and dignity of individuals in custody.

The Auditor also acknowledges the facility's broader culture of professionalism and preparedness. Medical training is clearly treated as an essential part of the facility's overall strategy for sexual safety, integrated into both policy and daily practice.

***Note:** All documentation related to this standard was made available for the Auditor's review either through the Justice Electronic Filing System (JEFS) or in hard copy during the on-site audit. The Auditor was not permitted to photocopy, scan, or electronically retain any materials. The agency was reminded of its responsibility to maintain all documentation and provide any materials requested by the U.S. Department of Justice. This obligation was acknowledged by agency representatives, and the Bureau of Prisons (BOP) analyst assigned as liaison to the audit confirmed that any DOJ requests would be accommodated without issue.*

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

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

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### DOCUMENT REVIEW

As part of the comprehensive PREA compliance audit, the following documents were reviewed to evaluate institutional adherence to Standard §115.41, Screening for Risk of Victimization and Abusiveness:

- Pre-Audit Questionnaire (PAQ) and associated documentation
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015

- FBOP Program Statement 5290.15, *Intake Screening*, dated March 30, 2009
- FBOP Intake Screening Form
- FBOP Psychology Services *Risk of Sexual Abusiveness Form*, Attachment A: PREA Intake Objective Screening Instrument
- Memorandum from the Warden, dated April 24, 2025, regarding PREA Standard 115.41(c)-1

## **INTERVIEWS**

### **PREA Coordinator**

During the audit, the PREA Coordinator (PC) affirmed that screening data is managed with the utmost confidentiality and is only accessible to individuals with a direct and legitimate need—such as medical and mental health providers, classification personnel, and the PREA Compliance Manager (PCM). According to the PC, this information serves to improve safety outcomes by informing decisions on housing, work assignments, educational placement, and access to programming. The PC also confirmed that the FBOP does not house individuals detained solely for civil immigration reasons.

### **PREA Compliance Manager**

The PCM highlighted that the risk screening process functions as a preventative tool aimed at safeguarding individuals in custody. The screening helps to proactively identify those at heightened risk of sexual victimization as well as those who may pose a threat to others. The PCM reiterated that the initial screening, as well as subsequent reassessments, are essential to preserving a safe and secure institutional environment in alignment with the agency's zero-tolerance policy toward sexual abuse.

### **Risk Screening Staff**

Staff responsible for conducting intake screenings confirmed that each individual is assessed within 24 hours of arrival. The intake process involves a set of standardized questions designed to explore a range of factors—including prior victimization, history of sexual aggression, criminal background, and other risk indicators. Follow-up assessments are performed within 30 days of intake and thereafter as circumstances require—such as following a PREA-related incident, a transfer from another institution, or the discovery of new risk-relevant information. Transgender individuals are reassessed at intake, again within 30 days, and then at least every six months.

Staff emphasized that participation in the screening process is voluntary, and individuals who opt not to respond to sensitive questions are not penalized. Staff are trained to approach these situations with empathy and are encouraged to revisit the questions once rapport has been established.

### **Inmates**

Several individuals were randomly selected for interviews. Their accounts corroborated staff reports that screenings occur promptly—usually within the first 24 hours of admission. Interviewees confirmed they were asked questions related to gender identity, sexual orientation, past victimization, and prior incarceration. Most individuals indicated that the process felt respectful and that they understood the screening to be a protective measure aimed at ensuring personal and institutional safety.

## **PROVISIONS**

### **Provision (a): Screening Upon Admission**

FBOP policy mandates that all newly admitted or transferred individuals be screened promptly to determine their risk of sexual victimization or abusive behavior. This requirement is outlined in Program Statement 5290.15, which stipulates that each person must undergo a social interview, a medical assessment, and a PREA screening prior to being placed in general population.

In practice, this screening is conducted within 72 hours of arrival, though interviews and documentation confirmed that the majority are completed within the first 24 hours. The Auditor reviewed forty case files and found that all forty individuals had been screened on the day of their arrival, meeting, and exceeding policy requirements. This procedural expectation is further reinforced by the Warden's memorandum dated April 24, 2025.

**Provision (b): Screening Timeframes**

The facility maintains a consistent record of timely screenings. Over the past year, 1,261 individuals were screened within the 72-hour window following admission, representing 100% compliance. This finding was verified through both documentation review and interviews with intake personnel.

The Auditor conducted a random sampling of forty records and verified that every file included a properly completed screening conducted within the required timeframe. Staff confirmed that the intake screening process integrates all PREA-required questions and is conducted systematically during admission.

**Provision (c): Use of an Objective Screening Tool**

The facility uses a validated, objective screening instrument—Attachment A of SOP 208.06—to assess the risk of victimization or abusiveness. This tool includes 14 specific items scored using a weighted system that informs classification decisions.

The Auditor examined several completed intake forms, including the BOP SENTRY Intake Screening Form and the Psychology Services Risk of Sexual Abusiveness Form. Each reflected the standardized use of the objective tool. Staff were able to articulate the purpose of the tool and how it guides referral decisions, including the threshold for mental health evaluations.

**Provision (d): Screening Elements**

The screening tool evaluates a range of individual characteristics and experiences, including but not limited to:

1. History of sexual victimization
2. Age under 25 or over 60
3. Low BMI (under 18.5)
4. Physical, developmental, or mental disabilities
5. First-time incarceration
6. LGBTQI+ identity or perceived identity
7. Prior convictions for sex-related offenses
8. Self-reported safety concerns
9. History of sexually aggressive behavior
10. Non-violent criminal background
11. Experiences of sexual abuse during previous incarcerations
12. Convictions for sexual violence
13. Current charges involving sexual violence
14. Overall violent criminal history

The Auditor compared the questions on the screening instruments to the required elements under this provision and found full alignment. The tools comprehensively address all criteria outlined under Provision (d).

**Provision (e): Consideration of Criminal History and Past Behavior**

The screening process incorporates a thorough review of an individual's institutional behavior, history of sexual aggression, and any known convictions for sexual or violent crimes. This information informs both the initial screening and any necessary follow-up assessments.



Documentation confirmed that these factors are built into the objective assessment instrument, and staff interviews demonstrated clear understanding of their relevance.

**Provision (f): 30-Day Reassessment**

For individuals who remain in custody beyond the initial 30 days, a second screening is conducted to reassess risk factors. The PAQ reported that 1,133 individuals—100% of those who remained in custody past 30 days—received this reassessment, a claim substantiated by the Auditor’s review of fifty-one randomly selected records.

Each reviewed file included documentation of a timely reassessment, in full compliance with policy and federal standards.

**Provision (g): Incident-Driven Reassessment**

Beyond scheduled reassessments, the facility also conducts screenings in response to significant events. This includes allegations of sexual abuse, institutional transfers, or newly obtained information relevant to an individual’s risk profile.

Classification staff confirmed that such events automatically trigger a reassessment and that transgender individuals are reassessed at least every six months. Staff emphasized their attentiveness to emerging concerns and individualized risk monitoring.

**Provision (h): No Disciplinary Consequences for Non-Participation**

The facility’s policy explicitly prohibits disciplinary action against individuals who choose not to answer specific PREA-related questions. FBOP Program Statement 5324.12 reiterates that refusal to disclose information concerning gender identity, sexual orientation, prior victimization, or perceived vulnerability shall not result in any penalty.

Risk screening staff affirmed that they approach the screening process with sensitivity and explain the relevance of each question. They reported that if an individual chooses not to respond, staff may revisit the conversation later but never impose consequences for non-participation.

**Provision (i): Confidentiality and Controlled Access**

Information gathered through risk assessments is strictly protected and disclosed only to personnel with a legitimate operational need. These include staff responsible for classification, mental and medical health services, and facility safety.

FBOP policy restricts access to this information for purposes such as housing, work, education, or program assignments. During interviews, staff confirmed that screening results are securely stored and accessed only through authorized systems with appropriate safeguards in place.

**CONCLUSION**

After a thorough review of institutional policies, relevant documentation, staff interviews, and on-site procedures, the Auditor concludes that the facility is fully compliant with PREA Standard §115.41. The institution has implemented a comprehensive, evidence-based screening process that prioritizes the safety of all individuals in custody.

The facility's approach reflects not only technical compliance but also a broader institutional culture of care, professionalism, and accountability. Through timely screenings, use of objective tools, trauma-informed practices, and respect for individual dignity, the facility demonstrates a sustained commitment to sexual safety and ethical management.

***Note:** All documentation related to this standard was made available for the Auditor's review either through the Justice Electronic Filing System (JEFS) or in hard copy during the on-site audit. The Auditor was not permitted to photocopy, scan, or electronically retain any materials. The agency was reminded of its responsibility to maintain all documentation and provide any materials requested by the U.S. Department of Justice. This obligation was acknowledged by agency representatives, and the Bureau of Prisons (BOP) analyst assigned as liaison to the audit confirmed that any DOJ requests would be accommodated without issue.*

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

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

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

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

#### **115.42 (b)**

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

#### **115.42 (c)**

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  
☒ Yes ☐ No

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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

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

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

### Instructions for Overall Compliance Determination Narrative

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

## **DOCUMENT REVIEW**

To evaluate compliance with PREA Standard §115.42 – Use of Screening Information, the Auditor conducted a comprehensive review of materials provided by the facility both prior to and during the onsite visit. These included:

- The Pre-Audit Questionnaire (PAQ) and accompanying documentation;
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015;
- The institution's inmate risk screening instrument;
- A sampling of inmate classification records and documentation of housing and program assignments.
- Warden Memorandum, PREA Standard 115.42 (a)–1, dated April 24, 2025

These documents collectively outlined the facility's policies and procedures governing the use of screening data to inform housing, work, education, and program placement decisions. The materials reviewed reflected a deliberate and structured approach to using this information to reduce the risk of sexual abuse and victimization within the institution.

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## **INTERVIEWS**

### **PREA Coordinator**

The facility's PREA Coordinator (PC) described a well-developed and person-centered classification process that balances safety, security, and individual dignity. While initial intake screening considers an individual's sex assigned at birth, the PC explained that housing and program placements—particularly for individuals who identify as transgender or intersex—are based on a holistic assessment of safety risks, institutional needs, and the individual's own perspective on safety and well-being.

The PC confirmed that reassessments are performed at least every six months, and sooner if there are any reported safety concerns, incidents, or changes in circumstance. Questions related to known enemies, prior incidents, and perceptions of vulnerability are routinely incorporated into the classification interview to support safer and more informed placement decisions.

### **Risk Screening Staff**

Staff responsible for conducting PREA risk screenings reported that they view each assessment as an opportunity to build rapport and establish trust. While the standardized PREA screening tool serves as the foundation, staff indicated that they routinely supplement these assessments with direct conversations to identify nuanced concerns and vulnerabilities that may not be captured in a checklist format. Their approach emphasizes empathy, active listening, and responsiveness—resulting in decisions that are better tailored to the individual’s safety needs and overall institutional harmony.

### **PREA Compliance Manager**

The PREA Compliance Manager (PCM) confirmed that the facility, as well as the broader FBOP, is not operating under any legal agreement, consent decree, or settlement mandating the separate housing of LGBTQ+ individuals. The PCM reiterated that housing and program assignments are not made based on sexual orientation, gender identity, or intersex status alone. Instead, each case is assessed independently using a range of safety, vulnerability, and institutional considerations.

### **Transgender and Intersex Individuals**

At the time of the onsite audit, one individual in custody identified as transgender and was interviewed by the Auditor. The individual confirmed that they were housed in general population and had access to private shower facilities. The individual also expressed confidence that staff took their safety, preferences, and overall well-being into account when making housing and programming decisions.

The Auditor confirmed through interviews that the individual:

- Had been reassessed within 30 days of arrival;
- Underwent subsequent reassessments every six months;
- Felt that their views and personal safety concerns were taken seriously;
- Believed that institutional staff had made housing and program decisions with their best interests in mind.

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## **PROVISIONS**

### **Provision (a): Use of Screening Data**

Screening data obtained during PREA risk assessments are actively used to guide housing assignments, bunk placements, work detail assignments, educational opportunities, and program participation. The facility ensures that individuals identified as vulnerable to sexual victimization are not housed with those classified as substantial risk for sexually abusive behavior. This practice aligns with FBOP PS 5324.12, page 33 (a), which requires institutions to utilize screening data for the purpose of separating potential victims from potential aggressors.

The Auditor’s review of forty inmate records confirmed that these practices are consistently implemented in case-by-case classification decisions.

Warden Memorandum, PREA Standard 115.42 (a)–1, dated April 24, 2025, addresses this provision.

### **Provision (b): Individualized Decision-Making**

The institution consistently applies an individualized approach to all housing and programming decisions. For transgender and intersex individuals, decisions are informed by detailed assessments and, when applicable, mental health evaluations. Staff take into consideration the individual's own safety concerns, health needs, and

preferences. This approach reflects the guidance in FBOP PS 5324.12, page 33 (b), which calls for individualized, safety-driven placement decisions based on comprehensive screening information.

#### **Provision (c): Consideration of Management and Security Factors**

Placement decisions are made with careful attention to both individual safety and institutional management needs. Staff consider medical and mental health input, behavioral history, security classification, and the results of previous screenings. Interviews confirmed that such decisions are made collaboratively by classification, mental health, and security personnel in accordance with the standards outlined in PS 5324.12, page 33 (c).

#### **Provision (d): Reassessment of Placement**

The facility complies with the requirement to reassess the placement and programming assignments of transgender and intersex individuals at least every six months. These reassessments are designed to review any threats to safety and to adjust placements accordingly. Interviews confirmed that reassessments also occur in response to significant incidents or concerns expressed. This practice is consistent with the expectations established in PS 5324.12, page 33 (d).

Warden Memorandum, PREA Standard 115.42 (a)–1, dated April 24, 2025, addresses this provision.

#### **Provision (e): Consideration of Individual Safety Views**

The personal safety views of transgender and intersex individuals are consistently solicited and seriously considered during classification and reassessment processes. This includes preferences related to housing, access to privacy in showering, and program participation. Interviews and documentation confirmed the facility's compliance with PS 5324.12, page 33 (e), which mandates the incorporation of an individual's own view regarding their safety.

#### **Provision (f): Shower Access and Privacy**

The facility provides transgender and intersex individuals with the opportunity to shower separately from others, either through private shower stalls or by scheduled access to shower facilities. These accommodations are made regardless of housing assignment and reflect a proactive approach to safety and dignity. This practice aligns with PS 5324.12, page 33 (f), which requires institutions to provide separate showering opportunities.

#### **Provision (g): No Segregation Based on Identity**

The facility does not isolate or house LGBTQ+ individuals in separate units or wings based solely on sexual orientation or gender identity. Such separations only occur when required by legal agreements or consent decrees, none of which apply to this facility. This approach is in full compliance with PS 5324.12, page 33 (g).

### **CONCLUSION**

Based on a thorough review of institutional policy, documentation, interview responses, and observed practices, the Auditor finds that the facility is **fully compliant** with PREA Standard §115.42 – Use of Screening Information.

The institution demonstrates a robust, individualized approach to classification that prioritizes safety, dignity, and inclusivity. Risk screening results are clearly used in meaningful ways to inform housing, work, education, and programming assignments. Special attention is paid to the needs and safety of vulnerable populations, particularly those who identify as LGBTQI+ or have a history of sexual victimization.

Staff across all departments displayed a shared understanding of PREA goals and a strong commitment to trauma-informed and respectful care. Their practices support a correctional environment that is safer, more responsive, and aligned with federal expectations.

***Note:** All documentation supporting this standard was made available to the Auditor either through the Justice Electronic Filing System (JEFS) or via hard copy during the onsite audit. The Auditor was not permitted to scan, copy, or retain physical or digital versions of these materials. The agency was reminded of its responsibility to maintain these records and respond to any requests made by the U.S. Department of Justice. Agency officials acknowledged this responsibility, and the BOP liaison assigned to the audit affirmed that such requests would be honored without issue.*

## 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.*

#### DOCUMENT REVIEW

The Auditor conducted a thorough examination of the facility's compliance with PREA standards regarding the use of segregated housing for protective purposes. As part of the review process, the Auditor evaluated the **Pre-Audit Questionnaire (PAQ)** and all accompanying materials submitted by the facility. In particular, the Auditor closely reviewed the **Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, Sexually Abusive**



*Behavior Prevention and Intervention Program*, dated June 4, 2015, and the Warden Memorandum, PREA Standard 115.43 (e)–1, dated April 24, 2025. This policy serves as the guiding document governing the use of segregated housing for individuals at risk of sexual victimization or those who report sexual abuse.

## **INTERVIEWS**

### **Facility Head or Designee**

During the onsite audit, the Facility Head emphasized that any use of segregated housing—whether for administrative, disciplinary, or protective purposes—is handled with the utmost care, oversight, and accountability. The Facility Head made clear that involuntary placement in protective custody is considered only as a last resort, and only after all other less restrictive housing options have been evaluated and ruled out. When such a placement is deemed necessary, it is carefully documented and reviewed no less than every 30 days to determine whether continued segregation is justified or if a safer, less restrictive alternative has become available.

### **Staff Assigned to Segregated Housing Units**

Correctional staff assigned to segregated housing reported that over the past 12 months, no individual had been placed in segregation for reasons related to sexual victimization or in retaliation for reporting sexual abuse. Staff affirmed that current segregation placements were unrelated to PREA concerns and instead reflected disciplinary or administrative custody decisions. Staff further indicated that, should a PREA-related protective placement ever become necessary, all applicable documentation requirements, review timelines, and procedural safeguards would be followed in accordance with policy.

### **Individuals Housed in Segregation**

At the time of the onsite audit, there were no individuals housed in segregation due to vulnerability to sexual abuse or as a result of having reported such abuse. All segregation placements were for reasons unrelated to PREA, and no person reported being housed in protective custody due to safety concerns stemming from sexual victimization or threat thereof.

### **PREA Compliance Manager (PCM)**

The facility's PREA Compliance Manager confirmed that during the 12-month period preceding the audit, there were no cases in which an individual was involuntarily housed in segregation for protective reasons related to sexual abuse. The PCM explained that if such a scenario were to arise, protective custody would be considered only after every other housing alternative had been explored and deemed unsuitable. The PCM also affirmed the facility's readiness to implement required documentation, review procedures, and service provision in the event such a placement becomes necessary.

## **PROVISIONS**

### **Provision (a): Use of Segregated Housing as a Last Resort**

Facility policy and actual practice strongly discourage the use of involuntary segregated housing for individuals at risk of sexual abuse, reserving it solely for situations in which no other safe alternative exists. The PAQ and all interviews confirmed that in the past year, no individual was placed in involuntary protective custody due to sexual victimization. The PREA Compliance Manager's statement further validated this finding.

According to FBOP Program Statement 5324.12 (p. 33, subsection a), individuals identified as being at elevated risk of sexual abuse or who report such abuse shall not be placed in involuntary administrative or disciplinary segregation unless it has been determined that no other viable alternatives are available. This policy has been faithfully upheld by the facility over the past audit cycle.

### **Provision (b): Access to Programs and Services**

The facility's policy guarantees that any individual placed in segregated housing for their protection will continue to have access to programming, work assignments, educational opportunities, and facility services, to the extent

that safety permits. If access must be restricted for legitimate safety reasons, the rationale must be clearly documented in writing.

Since no PREA-related protective custody placements occurred during the past year, there were no situations requiring documentation of service limitations. The PAQ reflects this, and no interviews related to this provision were required. Nevertheless, the facility has procedures in place to ensure compliance with these expectations if such placements are needed in the future.

Warden Memorandum, PREA Standard 115.43 (e)–1, dated April 24, 2025, addresses this provision.

FBOP Program Statement 5324.12 (p. 34, subsection b) further states that segregated housing should only be used as a temporary means of separation until an alternative, safer housing solution is identified. Individuals must retain access to programs and privileges unless restrictions are necessary and justifiable.

**Provision (c): Time Limitations for Protective Custody**

The PAQ indicates that, over the past 12 months, no individuals were housed in protective custody for longer than 30 days while awaiting alternate placement. This was verified during the PCM interview.

Warden Memorandum, PREA Standard 115.43 (e)–1, dated April 24, 2025, addresses this provision.

FBOP Program Statement 5324.12 (p. 34, subsection c) specifies that segregated housing placements for protective reasons are not to exceed 30 days unless no other means of separation from the threat can be arranged. The facility remains aligned with this policy.

**Provision (d): Documentation Requirements for Segregated Housing**

Although no protective custody placements occurred within the reporting period, the facility's procedures require comprehensive documentation in any case where such placement is used. Specifically, documentation must include: (1) the rationale for the placement based on safety concerns, and (2) a written explanation of why alternative housing could not be arranged.

The Auditor confirmed through interviews and document review that the facility has the infrastructure and awareness necessary to ensure timely documentation if a PREA-related segregated housing placement becomes necessary in the future.

Warden Memorandum, PREA Standard 115.43 (e)–1, dated April 24, 2025, addresses this provision.

FBOP Program Statement 5324.12 (p. 34, subsection d) outlines these documentation expectations in detail, and the facility's policies reflect those requirements.

**Provision (e): 30-Day Review Requirement**

The PAQ and PCM interview both confirmed that no individuals were placed in protective custody during the 12-month review period, making 30-day reviews unnecessary. Nevertheless, the facility maintains an internal process to ensure that if such a placement were made, regular status reviews would occur at least every 30 days to evaluate whether continued separation from the general population is still warranted.

FBOP Program Statement 5324.12 (p. 34, subsection e) mandates these regular reviews, and the facility stands ready to implement them when necessary.

**CONCLUSIONS**

Based on the comprehensive review of facility documentation, relevant policy, and multiple interviews with staff and the PREA Compliance Manager, the Auditor has determined that the facility is in full compliance with each

provision of the standard relating to the use of segregated housing for protective purposes. The facility has demonstrated that it does not rely on segregation as a default measure for individuals vulnerable to sexual abuse and is committed to exploring less restrictive alternatives wherever possible. When protective custody is deemed necessary, the facility has procedures in place to ensure it is used sparingly, reviewed regularly, documented properly, and administered in a manner that protects the individual's rights and access to services.

***Note:** All documentation related to this standard was made available for the Auditor's review either through the Justice Electronic Filing System (JEFS) or in hard copy during the on-site audit. The Auditor was not permitted to photocopy, scan, or electronically retain any materials. The agency was reminded of its responsibility to maintain all documentation and provide any materials requested by the U.S. Department of Justice. This obligation was acknowledged by agency representatives, and the Bureau of Prisons (BOP) analyst assigned as liaison to the audit confirmed that any DOJ requests would be accommodated without issue.*

## 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.*

### DOCUMENT REVIEW

The Auditor conducted an extensive review of the documentation submitted prior to and during the on-site audit to evaluate the facility's compliance with PREA Standard §115.51—Inmate Reporting. The Pre-Audit Questionnaire (PAQ), along with a full complement of supporting materials, served as the foundation for assessing this standard. Key policy documents reviewed included the Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, titled *Sexually Abusive Behavior Prevention and Intervention Program* (dated June 4, 2015), which outlines agency-wide procedures for preventing, detecting, and responding to incidents of sexual abuse and sexual harassment.

Also reviewed was FBOP Program Statement (PS) 3420.11, *Standards of Employee Conduct*, dated June 24, 2024, which defines professional conduct expectations and reinforces staff responsibilities concerning reporting inmate sexual abuse and harassment. The U.S. Department of Justice (USDOJ), Federal Bureau of Prisons' publication *Sexually Abusive Behavior Prevention and Intervention: Information and How to Report* (dated February 2025) was also examined, providing inmates with a clear explanation of reporting options.

Facility-specific materials reviewed included the institution's local supplement MAN 5324.12, dated August 25, 2024, which operationalizes the national policy within the facility. Two Warden-issued memoranda, both dated April 24, 2025, addressed specific PREA requirements outlined in Standards 115.51(b)-1 and 115.51(c)-2. These memoranda reaffirmed institutional commitment to inmate access to both internal and external reporting options.

Additionally, PREA informational posters—available in both English and Spanish—were among the reviewed materials. These posters are intended to ensure that all individuals in custody are aware of their rights and the numerous ways they can report sexual abuse or harassment.

## **OBSERVATIONS**

During the on-site assessment, the Auditor observed PREA awareness materials displayed prominently throughout the facility. These included strategically placed posters in housing units, intake areas, dayrooms, corridors, and the dining hall. Messages were presented in both English and Spanish to ensure accessibility to individuals from diverse linguistic backgrounds. The facility further reinforced awareness through creative means, including PREA-themed wall murals and typography embedded into the facility's architecture, emphasizing a culture that prioritizes safety and transparency.

The Auditor also inspected multiple inmate telephones located in various housing areas. All phones were found to be functional, accessible, and appropriately placed, thereby ensuring that individuals had the opportunity to report incidents of abuse confidentially and safely or seek assistance if needed.

## **INTERVIEWS**

### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager provided detailed explanations during the interview, confirming that individuals in custody are informed of multiple reporting options. These include both internal and external mechanisms. Individuals may report sexual abuse or harassment directly to staff, to independent external agencies such as the State Board of Pardons and Paroles, or the Office of Victim Services. These alternatives ensure access to confidential reporting that extends beyond facility personnel.

### **Random Staff Interviews**

Staff members interviewed during the audit demonstrated a thorough understanding of the various reporting options available to those in custody. Each staff member acknowledged their responsibility to report any disclosure of abuse or harassment immediately to the appropriate authority. Staff accurately described internal reporting avenues including verbal disclosures, written grievances, third-party reports, and the use of the facility's PREA hotline. They also affirmed that they were familiar with confidential options that allow incarcerated individuals to report directly to the Warden, the PCM, or to external oversight bodies.

### **Random Inmate Interviews**

Individuals in custody expressed confidence in their understanding of how to report sexual misconduct. Each was able to describe several avenues for doing so, including using the telephone hotline, submitting a written report, telling a staff member directly, or having a trusted third party such as a family member make a report on their behalf. Interviewees were also aware that they could approach the PREA Compliance Manager directly if they needed assistance.

## **PROVISIONS**

### **Provision (a): Internal Reporting Methods**

Documentation and interviews confirmed that the facility provides several internal, confidential means for individuals to report allegations of sexual abuse, harassment, staff neglect, or retaliation. The PAQ and inmate materials reflect the guidance established in FBOP Program Statement 5324.12, which mandates that inmates be afforded multiple avenues to report incidents, including verbal and written communication, anonymous submissions, third-party reporting, and formal grievance processes. Specific methods include calling the PREA hotline, contacting the Office of the Inspector General (OIG) through the TRULINCS system, or notifying any

staff member, contractor, or volunteer. These internal pathways are clearly delineated and designed to encourage reporting without fear of reprisal.

#### **Provision (b): External Reporting Mechanisms**

The facility provides access to at least one external, independent entity through which incarcerated individuals can report abuse or harassment. This requirement, affirmed in both the PAQ and PCM interviews, ensures that individuals can communicate with an agency not affiliated with the FBOP. Program Statement 5324.12 explicitly requires that incarcerated persons be given a method to report incidents confidentially to outside organizations that are capable of forwarding the information to appropriate authorities while maintaining the reporter's anonymity upon request. The documentation also clarified that the facility does not house individuals detained solely for civil immigration purposes, making additional DHS or consular notifications unnecessary in this context.

#### **Provision (c): Staff Reporting Protocols**

Staff interviews and supporting documentation confirmed that employees are trained to respond promptly to any disclosure of sexual abuse or harassment, regardless of the form it takes. According to Program Statement 5324.12, all FBOP staff, including non-custody and contracted personnel—are obligated to report any knowledge, suspicion, or information related to incidents of abuse, harassment, retaliation, or staff negligence. Reports may be verbal, written, anonymous, or third-party. Staff members are instructed to report immediately and in accordance with agency procedures to ensure thorough and timely investigations.

The *Sexually Abusive Behavior Prevention and Intervention: Information and How to Report* document, dated February 2025, reinforces this requirement by listing specific reporting methods available to inmates, such as:

- Speaking directly with a trusted staff member (e.g., Case Manager, Chaplain, Psychologist, Special Investigative Staff, PCM, or Warden)
- Writing to the Regional or Central Office PREA Coordinator
- Filing an administrative remedy
- Contacting the OIG through traditional mail or TRULINCS email
- Submitting a cop-out form to any staff member
- Having a trusted third party submit an online report

The document also explains that TRULINCS emails sent to the OIG are secure, untraceable at the institution level, not saved in the inmate's "sent" box, and will not receive replies. Inmates are advised to request anonymity in the body of the message if they wish to remain unidentified.

#### **Provision (d): Staff Reporting Options**

The agency also provides secure, confidential channels for staff to report any knowledge or suspicion of inmate sexual abuse or harassment. As outlined in Program Statement 5324.12 and supported by interviews and the PAQ, employees are not only required but also empowered to report incidents without fear of retaliation. Confidential reporting by staff helps to ensure a safe and transparent institutional culture.

## **CONCLUSION**

Following an in-depth review of policy documents, on-site observations, and comprehensive interviews with staff and individuals in custody, the Auditor concludes that the facility meets all requirements outlined under PREA Standard §115.51—Inmate Reporting. The institution has demonstrated full compliance by establishing accessible, well-publicized reporting mechanisms that include both internal and external options. Staff are well-trained and responsive, and individuals in custody are aware of their rights and the avenues available to them to report sexual abuse, harassment, or retaliation. The facility's commitment to upholding a culture of safety, transparency, and accountability is clearly reflected in its practices and policies.

***Note:** All documentation related to this standard was made available for the Auditor's review either through the Justice Electronic Filing System (JEFS) or in hard copy during the on-site audit. The Auditor was not permitted to photocopy, scan, or electronically retain any materials. The agency was reminded of its responsibility to maintain all documentation and provide any materials requested by the U.S. Department of Justice. This obligation was acknowledged by agency representatives, and the Bureau of Prisons (BOP) analyst assigned as liaison to the audit confirmed that any DOJ requests would be accommodated without issue.*

## **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.*

### DOCUMENT REVIEW

To assess compliance with PREA Standard §115.52—Exhaustion of Administrative Remedies, the Auditor conducted a comprehensive review of relevant documentation provided through the Pre-Audit Questionnaire (PAQ) and supporting materials. Key documents reviewed included:

- **FBOP Program Statement (PS) 1330.18**, *Administrative Remedy Program*, dated January 6, 2014, which outlines the procedures by which incarcerated individuals may seek formal review of issues related to their confinement;
- **FBOP Program Statement (PS) 5324.12**, *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015;
- **U.S. Department of Justice (USDOJ) FBOP publication**, *Sexually Abusive Behavior Prevention, and Intervention: Information and How to Report*, dated February 2025;
- Two **Warden-issued memoranda** specific to PREA Standard 115.52, both dated April 24, 2025: one addressing emergency grievance procedures (§115.52(d)-4) and the other clarifying the timeliness of administrative responses (§115.52(d)-6).

These materials collectively demonstrated the agency's commitment to ensuring that individuals in custody have meaningful access to administrative remedies in cases of sexual abuse or sexual harassment.

### INTERVIEWS

### **Random Staff**

Interviews with staff—both formal and informal—consistently demonstrated a clear understanding of how PREA-related allegations are processed. Staff were able to articulate that sexual abuse or harassment allegations are not handled through the standard grievance process. Instead, such reports are treated as formal allegations and immediately redirected to appropriate investigative authorities. Staff emphasized that incarcerated individuals are not required to follow traditional grievance steps in these cases.

Additionally, staff confirmed they receive training to differentiate between routine grievances and PREA-related reports. All information related to sexual abuse or harassment, regardless of how it is received (verbally, in writing, anonymously, or by a third party), is handled promptly and elevated without delay. Their responses aligned with federal policy and reflected a facility culture centered on safety and accountability.

### **Random Inmates**

Individuals in custody shared a consistent understanding of how allegations of sexual abuse or harassment differ from standard grievances. They explained that PREA-related concerns are addressed through specific channels such as speaking directly with staff, submitting written statements to designated personnel, calling the PREA hotline, or reporting to outside oversight bodies. Interviewees expressed confidence that these reports are taken seriously and processed outside the normal grievance structure.

## **PROVISIONS**

### **Provision (a): Grievance Process of PREA Allegations**

Based on a review of facility documents and interviews with staff and individuals in custody, the Auditor confirmed that allegations of sexual abuse and harassment may be submitted through the administrative remedy process if the individual chooses to do so. However, this method is not an exclusive or required reporting mechanism.

If a grievance is submitted alleging sexual misconduct, it is immediately treated as a formal report and routed to the appropriate investigative office. In such cases, standard filing deadlines and procedural steps do not apply. The PAQ notes the following:

- PREA-related allegations may be submitted through the grievance process but may also be reported through other channels.
- There is no time limit for filing a PREA-related grievance.
- Third-party grievances are permitted, including those submitted by family members, attorneys, or advocates.
- Grievances alleging misconduct by a specific staff member are never routed to that staff person for review.
- The agency is required to issue a final decision within 90 days, excluding time consumed by appeals or external investigations.
- Emergency grievances alleging imminent danger must be initially addressed within 48 hours and resolved within five calendar days.

The PAQ also indicated that **no PREA-related grievances** were submitted in the twelve months preceding the audit.

FBOP Program Statement 1330.18, p.13, affirms that §115.52(a) does not apply to FBOP, which maintains its own administrative remedy system. Nonetheless, allegations of sexual abuse submitted through this process are addressed with urgency and seriousness, in line with PREA standards.

### **Provision (b): Timeliness and Informal Resolution**

As stated in the PAQ, incarcerated individuals may submit grievances related to sexual abuse at any time,

regardless of when the alleged incident occurred. Moreover, they are not required to attempt informal resolution or to discuss the issue with staff prior to filing a formal grievance.

FBOP PS 1330.18, p.13–14, confirms:

1. No time limit is imposed on filing grievances related to sexual abuse.
2. Time limits may be applied to portions of a grievance unrelated to sexual abuse.
3. The agency does not require informal resolution attempts for PREA-related matters.
4. These provisions do not prevent the agency from defending lawsuits on statute-of-limitations grounds where appropriate.

**Provision (c): Staff Named in Grievances**

Documentation and staff interviews confirmed that the facility has safeguards to ensure that grievances alleging sexual abuse are not submitted to or reviewed by the staff member named in the complaint.

FBOP PS 1330.18, p.14, states:

- Incarcerated individuals may file PREA-related grievances without submitting them to the staff member who is the subject of the allegation.
- Any grievance received that identifies the subject staff member is automatically reassigned to another staff person not named in the complaint.

**Provision (d): Agency Response Timeline**

According to the PAQ, the facility did not receive any PREA-related grievances in the previous twelve months. Nonetheless, policies remain in place to ensure compliance with response timelines.

FBOP PS 1330.18, p.14–15, outlines:

1. A final decision must be made within 90 days of the initial filing.
2. The 90-day period does not include time spent by the inmate on appeal.
3. The agency may extend the response timeline by up to 70 days with written notice to the individual.
4. If no response is received within the applicable timeframe (including extensions), the individual may consider the grievance denied at that level.

The Warden Memoranda dated April 24, 2025, reaffirmed the institution's adherence to these provisions.

**Provision (e): Third-Party Grievances**

The facility allows third-party grievances to be filed on behalf of an incarcerated individual. Acceptable third parties include other individuals in custody, staff members, legal representatives, family members, and external advocates. However, the individual on whose behalf the grievance is filed retains the right to determine whether the report should proceed.

FBOP PS 1330.18, p.14 (e), states:

1. Third parties may assist with or file grievances regarding allegations of sexual abuse.
2. The facility may require the alleged victim to agree to the filing and personally participate in later steps of the grievance process.
3. If the individual declines to pursue the grievance, the decision is documented.

This approach aligns with trauma-informed care principles, protecting the individual's autonomy and decision-making authority.

### Provision (f): Emergency Grievances

According to the PAQ, no emergency grievances alleging imminent risk of sexual abuse were filed during the prior 12-month period.

FBOP PS 1330.18, p.14–15, outlines that:

1. Emergency procedures must be available for individuals facing substantial risk of imminent sexual abuse.
2. Emergency grievances must be forwarded for immediate action, with an initial response provided within 48 hours and a final decision issued within 5 calendar days. All actions and determinations must be documented.

### Provision (g): Disciplinary Action for Grievances in Bad Faith

The PAQ confirmed that in the past year, there were no instances in which an incarcerated individual was disciplined for submitting a PREA-related grievance in bad faith.

FBOP PS 1330.18, p.15, makes clear that the agency **may only impose discipline** for PREA-related grievances if it can **demonstrate that the individual filed in bad faith**, ensuring that legitimate reports are not deterred or penalized.

## CONCLUSION

Following a detailed review of documentation, observations during the on-site audit, and interviews with staff and incarcerated individuals, the Auditor determined that the facility meets **all provisions** of PREA Standard §115.52 regarding the exhaustion of administrative remedies.

The agency's policies and practices ensure that individuals have access to a fair, flexible, and confidential grievance system that supports both formal reporting and the ability to bypass traditional procedures when reporting sexual abuse or harassment. Staff are well-trained, the reporting infrastructure is clearly communicated, and the facility has safeguards to protect individuals from retaliation or procedural barriers.

**Note:** All documentation supporting this standard was made available to the Auditor through the Justice Electronic Filing System (JEFS) or in hard copy during the on-site review. The Auditor was not permitted to scan or retain physical or electronic copies of materials. The agency was reminded of its obligation to maintain these records and provide them to the U.S. Department of Justice upon request. Agency representatives acknowledged this responsibility, and the assigned BOP analyst confirmed that any requests from DOJ would be honored without issue.

## 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.*

#### DOCUMENT REVIEW

As part of the audit preparation process, the Auditor conducted a detailed and systematic review of documents submitted through the Pre-Audit Questionnaire (PAQ), as well as additional facility-provided materials. These resources served to demonstrate compliance with the Prison Rape Elimination Act (PREA) standards related to access to external support services for individuals in custody. The materials reviewed included:

- The Pre-Audit Questionnaire (PAQ) and related attachments
- The facility's Admission and Orientation (A&O) Handbook, revised August 19, 2022
- PREA informational posters displayed throughout the institution

- Federal Bureau of Prisons (FBOP) Program Statement 5324.12, *Sexually Abusive Behavior Prevention, and Intervention Program*, dated June 4, 2015
- A current Memorandum of Understanding (MOU) between the facility and Cumberland River Behavioral Health Rape Victim Services, effective May 30, 2024
- A facility-issued informational guide titled *Sexually Abusive Behavior Prevention and Intervention: Information and How to Report*, dated February 2025

## **OBSERVATIONS**

During the on-site tour of the facility, the Auditor personally inspected and tested inmate telephones in multiple housing units to verify operational status. Each phone test was found to be functional. According to facility protocol, intermediate-level or higher staff are required to check phone operability once per shift to ensure continued access to critical resources, including confidential contact with outside victim advocacy services.

PREA-related signage was prominently displayed throughout all housing units, corridors, program spaces, and visitation areas. These posters contained key messages such as, “You have a right to be free from sexual assault,” and “Zero tolerance for sexual abuse or harassment.” In addition, the signage included the toll-free telephone number for Cumberland River Behavioral Health Rape Victim Services, providing clear instruction for reaching out for support.

## **INTERVIEWS**

### *Randomly Selected Inmates*

In interviews with a randomly selected cross-section of incarcerated individuals, the Auditor found a strong level of awareness regarding access to emotional support services. Individuals interviewed consistently affirmed that they had been informed during their orientation process—and through facility postings—of their right to contact external victim advocates. Each interviewee was able to cite both the toll-free number and mailing address for Cumberland River Behavioral Health and understood that these communications were both free and confidential.

Interviewees also demonstrated a solid understanding of the boundaries of confidentiality. They acknowledged that while most communications remain private, mandatory reporting obligations apply in specific situations, such as if a person discloses a plan to harm themselves or others or describes ongoing criminal activity.

### *PREA Compliance Manager (PCM)*

The PREA Compliance Manager confirmed that the facility has an active MOU with Cumberland River Behavioral Health Rape Victim Services. The PCM noted that individuals receive comprehensive written information during intake, including how to reach the hotline, how to mail correspondence, and the nature of support services provided. The PCM stressed that the facility prioritizes confidential, trauma-informed access to advocacy services for all people in custody.

### *Intermediate or Higher-Level Staff*

Interviews with supervisory staff confirmed that inmate phones are routinely checked once per shift. Staff emphasized their understanding of the importance of this access—not only for staying in touch with loved ones but also as a lifeline for confidential contact with victim advocacy organizations. Several staff members specifically referenced the PREA hotline as a critical resource.

## **PROVISIONS**

### **Provision (a): Inmate Access to External Support**

The facility reported through the PAQ that it maintains compliance with PREA Standard §115.53 by ensuring that individuals in custody have access to outside victim advocacy services for emotional support in cases of sexual abuse. These services include:

- Toll-free phone numbers and mailing addresses for local, state, and national rape crisis centers
- Access to services for those held for civil immigration purposes
- Opportunities for reasonable and confidential communication between individuals in custody and external support organizations

In addition to telephone communication, individuals have access to the TRULINCS system to send secure, confidential messages. The Auditor independently verified the functionality of the toll-free hotline, which successfully connected to the designated support agency. This information is clearly outlined in the A&O Handbook and facility postings. Individuals are also informed they may report sexual abuse to a staff member or the PREA Compliance Manager directly.

FBOP Program Statement 5324.12 (p. 36) mandates that all FBOP institutions must provide access to external victim services and ensure such communications occur in a confidential and secure manner, consistent with institutional safety protocols.

#### **Provision (b): Notification of Monitoring and Mandatory Reporting Limits**

As requested, the facility informs individuals prior to accessing outside support, of the extent to which communications may be monitored and the legal exceptions to confidentiality. These exceptions include disclosures involving abuse or neglect of minors or vulnerable adults, or threats of violence or self-harm.

Individuals interviewed were fully aware of these limitations and explained that external service providers may be required to notify authorities under certain circumstances. This transparency helps preserve trust while complying with legal mandates.

#### **Provision (c): Agreements with Community Providers**

The facility maintains a formal agreement with an established victim services provider. The Auditor reviewed the signed Memorandum of Understanding with Cumberland River Behavioral Health Rape Victim Services, which became effective May 30, 2024. This agreement outlines the agency's responsibilities, including its 24/7 availability to provide emotional support to individuals who have experienced sexual abuse or harassment.

### **CONCLUSION**

After a comprehensive review of all relevant documentation, on-site observations, and interview data, the Auditor has determined that the facility **fully meets** the requirements of this standard. The institution provides meaningful, confidential access to community-based victim advocacy services and actively supports the rights and emotional well-being of those in custody who experience or report sexual abuse.

**Note:** All documentation supporting this standard was reviewed either via the Justice Electronic File System (JEFS) or in hard copy during the onsite visit. In alignment with the Bureau of Prisons procedures, the Auditor was not permitted to retain physical or electronic copies of the materials. Facility leadership was reminded of their responsibility to retain and produce these records for the U.S. Department of Justice upon request. Both the facility and the designated BOP analyst acknowledged this requirement and expressed their full commitment to compliance.

## 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.*

## DOCUMENT REVIEW

As part of the compliance assessment for this standard, the Auditor conducted a comprehensive review of the facility's documentation related to third-party reporting of sexual abuse and sexual harassment. Materials examined included the Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the facility, which collectively provided insight into policies, practices, and public-facing resources.

Key documents reviewed consisted of the Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015. This foundational policy outlines agency responsibilities and procedural requirements for the prevention, detection, response, and reporting of sexual abuse and sexual harassment within FBOP facilities.

In addition to policy documents, the Auditor reviewed visual and digital materials that demonstrate the facility's commitment to PREA compliance, including posted PREA informational signage available to incarcerated individuals, the FBOP's publicly accessible website on sexual abuse prevention [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp), and the link for third-party reporting located at <https://www.bop.gov/inmates/concerns.jsp>. Furthermore, the Office of the Inspector General's (OIG) hotline for reporting concerns was verified through the website <https://oig.justice.gov/hotline>.

## PROVISIONS



**Provision (a):**

The Pre-Audit Questionnaire affirmed that the facility provides third-party access for reporting allegations of sexual abuse or sexual harassment via the agency's website. The Bureau of Prisons hosts a dedicated third-party reporting webpage at <https://www.bop.gov/inmates/concerns.jsp>, where individuals external to the agency—such as family members, friends, advocates, or legal representatives—can submit concerns on behalf of someone in custody.

Program Statement 5324.12 (page 37) reinforces this requirement, stating that the FBOP “shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report such incidents on behalf of an inmate.” In alignment with this directive, the FBOP's public-facing website provides instructions and links for initiating third-party reports. Users are directed to the sexual abuse prevention page, where they can access the appropriate forms and guidance for submitting concerns related to PREA.

These mechanisms demonstrate a robust and accessible approach to third-party reporting, ensuring that individuals outside the institution can play a role in reporting abuse or harassment and that those reports are directed to appropriate personnel for prompt review and follow-up.

**CONCLUSION**

After thoroughly evaluating the documentation, online reporting pathways, and policy provisions, the Auditor concludes that the facility meets all elements of the standard pertaining to third-party reporting. The Federal Bureau of Prisons has clearly established and publicly communicated procedures for submitting reports on behalf of incarcerated persons, thereby ensuring that individuals in custody have multiple avenues of support and advocacy in cases of alleged sexual abuse or harassment.

**Note:** All documentation supporting this standard was reviewed either via the Justice Electronic File System (JEFS) or in hard copy during the onsite visit. In alignment with the Bureau of Prisons procedures, the Auditor was not permitted to retain physical or electronic copies of the materials. Facility leadership was reminded of their responsibility to retain and produce these records for the U.S. Department of Justice upon request. Both the facility and the designated BOP analyst acknowledged this requirement and expressed their full commitment to compliance.

**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.*

#### DOCUMENT REVIEW

As part of the comprehensive evaluation of this PREA standard, the Auditor conducted a thorough review of the facility's Pre-Audit Questionnaire (PAQ) and all associated supporting documentation. Key materials reviewed included the Federal Bureau of Prisons (FBOP) Program Statement 5324.12, *Sexually Abusive Behavior Prevention, and Intervention Program*, dated June 4, 2015. This Program Statement outlines the agency's mandatory requirements related to the reporting of sexual abuse and sexual harassment within FBOP-operated facilities.

## **INTERVIEWS**

### **PREA Coordinator**

During the on-site interview, the facility's PREA Coordinator provided clear and detailed responses regarding institutional practices for reporting sexual abuse and harassment. The coordinator confirmed that the facility strictly adheres to FBOP policy requiring the reporting of all allegations—regardless of whether the report is made anonymously, by a third party, or directly by the incarcerated individual. These reports are immediately routed to the facility's designated investigative personnel to ensure a timely and thorough response. The PREA Coordinator emphasized that the facility maintains zero tolerance for any delay in processing such reports.

### **Medical Staff**

Medical personnel interviewed demonstrated a solid understanding of their professional responsibilities under both PREA guidelines and applicable state mandatory reporting laws. They articulated the precise steps they would follow in the event an individual in custody discloses an incident of sexual abuse, including immediately notifying the appropriate supervisory or investigative authority. They also affirmed that all patients are informed, prior to receiving medical or mental health services, about the limitations of confidentiality and the practitioner's legal obligation to report sexual abuse disclosures.

### **Facility Head or Designee**

The Facility Head expressed a clear command of the agency's and facility's expectations for immediate reporting. It was reiterated that all employees—regardless of classification or role—are required to report any suspicion, knowledge, or allegation of sexual abuse or harassment without delay. This obligation extends to reporting any retaliatory behavior or staff misconduct that may be linked to a reported incident. The Facility Head underscored that protecting incarcerated individuals from harm is a top priority and that failure to report such matters is considered a serious violation of policy.

### **Random Staff**

Interviews with randomly selected staff members confirmed a strong institutional culture of compliance with PREA reporting mandates. Staff consistently described the process they would follow upon receiving an allegation, including immediately alerting a supervisor or the PREA Compliance Manager (PCM). All staff interviewed demonstrated awareness of the need to preserve confidentiality, sharing that information would only be disclosed to individuals with a legitimate need to know, such as investigators or healthcare professionals. Each staff member (100%) confirmed that reports involving sexual abuse are always directed to the PCM for coordination of the facility's response and investigation.

## **PROVISIONS**

### **Provision (a): Mandatory Staff Reporting**

The PAQ affirms that agency policy mandates all staff members to immediately report any knowledge, suspicion, or information concerning sexual abuse or harassment. This duty applies regardless of whether the incident occurred at the current facility or at another institution under the agency's jurisdiction. Additionally, reports must be made regarding any retaliation against individuals who report sexual misconduct and any staff negligence or dereliction of duty that may have contributed to such incidents. The Facility Head confirmed these expectations during the on-site interview.

As outlined in FBOP Program Statement 5324.12, p. 37, staff are explicitly required to make such reports immediately and in accordance with agency procedures.

**Provision (b): Confidentiality of Reports**

The facility's response to the PAQ and staff interviews confirmed that information related to allegations of sexual abuse is treated with strict confidentiality. Employees are only permitted to share such information with personnel directly involved in the medical, investigative, or administrative response. The program statement (p. 38) reinforces this standard by prohibiting the disclosure of sensitive information beyond what is necessary to make informed decisions related to treatment, safety, and institutional management.

**Provision (c): Practitioner Duty to Inform and Limits of Confidentiality**

According to the PAQ and corroborated through interviews with medical and mental health practitioners, individuals receiving services are informed at the outset about the provider's duty to report incidents of sexual abuse. Practitioners also explain the limits of confidentiality, ensuring that individuals are aware that certain disclosures must be reported by law. FBOP Program Statement 5324.12, p. 38, outlines this requirement and affirms that such communication must take place at the beginning of any service interaction, unless otherwise limited by applicable federal, state, or local laws.

**Provision (d): Special Reporting Requirements for Vulnerable Populations**

The facility maintains a clear protocol for handling allegations involving individuals who are minors or meet the legal definition of a vulnerable adult. The PAQ indicates—and interviews with the Facility Head confirmed—that such allegations are reported to the appropriate state or local protective services in accordance with mandatory reporting laws. FBOP Program Statement 5324.12, p. 38, mandates compliance with all laws related to reporting allegations involving vulnerable populations.

**Provision (e): Routing of Allegations to Investigative Personnel**

The facility's procedures ensure that every allegation of sexual abuse or harassment—regardless of whether it is submitted anonymously, via a third party, or directly—is immediately forwarded to the designated investigative personnel. The PREA Coordinator validated this process during the interview, affirming that the facility is committed to swift and appropriate investigative response. FBOP Program Statement 5324.12, p. 38, establishes this expectation as standard protocol.

**CONCLUSION**

Based on an exhaustive review of relevant documentation, combined with information obtained through staff interviews and policy analysis, the Auditor finds that the facility fully meets all requirements of this PREA standard related to staff and agency reporting duties. The institution has clearly demonstrated a consistent commitment to ensuring timely, confidential, and appropriate responses to all reports of sexual abuse and harassment.

*Note: All documents supporting this standard were reviewed either via the Justice Electronic File System (JEFS) or in hard copy during the on-site audit. In accordance with the Federal Bureau of Prisons' procedures, the Auditor was not authorized to retain physical or digital copies of any materials. Facility officials were reminded that they bear responsibility for the preservation of all documentation and must make such materials available to the U.S. Department of Justice upon request. Both facility leadership and the assigned BOP analyst acknowledged this requirement and affirmed their full cooperation with ongoing compliance efforts.*

**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.*

As part of the comprehensive evaluation of the facility's compliance with the Prison Rape Elimination Act (PREA) Standard §115.62 – Agency Protection Duties, the Auditor reviewed a range of documents and conducted interviews with both facility leadership and randomly selected staff members.

### DOCUMENT REVIEW

- Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the facility
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015, page 38
- Warden Memorandum 115.62 (a)-2, (a)-3, (a)-4, dated April 24, 2025

### INTERVIEWS

#### *Facility Head or Designee*

During the on-site interview, the Facility Head clearly outlined the agency's commitment to taking immediate action whenever it becomes aware that an incarcerated individual is at risk of imminent sexual abuse. The Facility Head explained that protective strategies may include relocating the at-risk individual to a different housing unit or transferring them to another facility altogether, depending on the assessed threat level and available resources. If an alleged aggressor is identified that individual would be removed from the general population without delay, typically by placement in segregated housing, to eliminate any further risk and to safeguard the integrity of the investigation process.

#### *Random Staff Interviews*

Staff selected at random for interviews consistently echoed this approach. Each person interviewed demonstrated a sound understanding of their responsibility to ensure the safety of individuals under their

supervision. They reported that if someone were to disclose an imminent threat of sexual abuse, their immediate response would involve separating the alleged victim from the potential perpetrator. This would be followed by prompt notification to their supervisor and steps to preserve any relevant evidence. Staff members emphasized that their training reinforced the importance of prioritizing the safety and protection of the individual who may be at risk.

## **PROVISIONS**

### **Provision (a): Immediate Protective Action When Risk is Identified**

According to information provided in the PAQ, the agency affirms its obligation to act immediately to safeguard any individual identified as being at substantial risk of imminent sexual abuse. The facility reported no such cases during the past 12 months. Nevertheless, the Auditor found convincing evidence, both in documentation and in the consistent responses given during interviews, that staff and leadership are thoroughly familiar with the protocol and prepared to act without hesitation when circumstances demand it.

Page 38 of FBOP Program Statement 5324.12 explicitly requires that when a facility becomes aware that an individual may be in imminent danger of sexual abuse, it must take immediate steps to ensure that individual's protection.

## **CONCLUSION**

Following an in-depth review of relevant policies, procedural memoranda, and staff interviews, the Auditor has determined that the facility is in full compliance with the PREA standard governing agency protection duties. The institution has demonstrated a clear commitment to acting swiftly to protect individuals from harm and has ensured that all staff are well-informed and prepared to execute those duties effectively.

***Note:** All documentation relevant to this standard was made available to the Auditor either through the Justice Electronic Filing System (JEFS) or via physical review during the onsite visit. The Auditor was not authorized to copy, scan, or electronically retain any documents. Agency representatives were reminded of their obligation to preserve these records and to produce them upon request by the U.S. Department of Justice. The assigned BOP analyst confirmed the agency's readiness to comply with such requests without delay.*

## **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.*

### DOCUMENT REVIEW

The Auditor conducted a thorough review of documentation provided in advance of and during the onsite PREA audit to assess the facility's compliance with Standard §115.63—*Reporting to Other Confinement Facilities*. Key documents reviewed included the completed Pre-Audit Questionnaire (PAQ) along with several supporting materials. These materials offered insight into the facility's adherence to federal PREA guidelines and its internal reporting protocols. Documents reviewed included:

- Pre-Audit Questionnaire (PAQ) and supporting documentation
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015
- Warden Memorandum titled "115.63 (c)-1," dated April 24, 2025
- Warden Memorandum titled "Alleged Sexual Abuse," dated December 6, 2024
- Warden Memorandum titled "115.63 (a)-2," dated April 24, 2025

Each of these documents provided relevant evidence confirming institutional processes, procedures, and responsibilities pertaining to the handling and forwarding of allegations involving sexual abuse that may have occurred in other confinement settings.

### INTERVIEWS

#### Agency Head Designee

The Auditor interviewed the individual designated to speak on behalf of the agency's executive leadership. During the discussion, the designee emphasized that any report of sexual abuse, sexual harassment, or staff sexual misconduct—regardless of when or where the incident is alleged to have occurred—is fully investigated in

accordance with the FBOP policy. This obligation applies across all facilities operated by the agency and includes incidents that may have originated at other institutions under the agency's jurisdiction or beyond it.

### **Facility Head**

In a separate interview, the Facility Head affirmed that when the facility receives an allegation that an individual was subjected to sexual abuse while housed at a different institution, the allegation is immediately forwarded to the appropriate facility or agency where the abuse allegedly occurred. The Facility Head further confirmed that this reporting occurs without delay and is consistently made within the 72-hour timeframe mandated by policy. The Facility Head stated that no such allegations had been received during the previous 12-month period.

## **PROVISIONS**

### **Provision (a): Reporting Allegations of Abuse from Other Facilities**

The facility reported via the PAQ that its standard protocol is to notify the appropriate leadership at another facility or agency whenever it receives an allegation that an incarcerated individual was sexually abused while confined elsewhere. This process ensures that the facility where the abuse allegedly occurred can initiate its own investigation. The Warden Memorandum titled “115.63 (a)-2,” dated April 24, 2025, supports this practice and aligns with FBOP Program Statement 5324.12, which, on page 39, mandates that the Warden or equivalent facility head notify the appropriate official at the other facility upon receiving such an allegation. The facility stated that it received three such allegations in the past 12 months, a fact that was confirmed during interviews. In each instance the facility head contacted the facility head of the other institution well within the 72-hour mandated timeframe.

### **Provision (b): Timeliness of Notification**

Documentation reviewed, along with statements from the Facility Head, confirmed that policy requires notifications to other facilities to be made as soon as possible and no later than 72 hours after the allegation is received. This policy is supported by FBOP PS 5324.12, which outlines this requirement clearly on page 39, subsection (b). The Facility Head assured the Auditor that this timeline is strictly followed whenever such cases arise.

### **Provision (c): Documentation of Notification**

The PAQ noted, and the Facility Head confirmed, that all notifications sent to other confinement facilities are formally documented according to agency procedures. Though there were no such notifications during the previous audit period, the facility demonstrated that it maintains the capacity and structure to appropriately document such actions if and when required. The Warden Memorandum titled “115.63 (c)-1,” dated April 24, 2025, further reinforces the importance of maintaining written records, as echoed in FBOP PS 5324.12, page 40, subsection (c).

### **Provision (d): Investigation of Allegations Received from Other Facilities**

According to the PAQ and the interview with the Facility Head, if the facility receives a report from another institution that alleges a resident was sexually abused at this facility, it is obligated to conduct an internal investigation in compliance with PREA standards. Although no such reports were received within the past 12 months, the facility has established procedures in place that align with FBOP PS 5324.12, which states in subsection (d), page 40, that the receiving facility or agency is responsible for ensuring the allegation is investigated accordingly.

## **CONCLUSION**

Following a comprehensive review of agency documentation, operational procedures, and multiple interviews with key facility personnel, the Auditor finds that the facility fully meets all requirements of PREA Standard §115.63 concerning the reporting of sexual abuse allegations to other confinement agencies. The institution has



clearly articulated procedures that align with federal policy, adheres to mandated timelines, and maintains appropriate documentation practices. Although there were no applicable cases reported within the previous audit cycle, the facility demonstrated a strong and well-prepared posture toward ensuring compliance should such a case arise.

**Note:** All documentation relevant to this standard was made available to the Auditor either through the Justice Electronic Filing System (JEFS) or via physical review during the onsite visit. The Auditor was not authorized to copy, scan, or electronically retain any documents. Agency representatives were reminded of their obligation to preserve these records and to produce them upon request by the U.S. Department of Justice. The assigned BOP analyst confirmed the agency's readiness to comply with such requests without delay.

## **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.*

## **DOCUMENT REVIEW**

As part of the compliance assessment for this standard, the Auditor conducted an extensive review of relevant documentation and held multiple interviews with staff from a range of departments. The facility provided the completed Pre-Audit Questionnaire (PAQ) along with supporting documentation, including the Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, titled *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015. These materials outlined the agency's policy framework for ensuring that all staff, regardless of job classification, understand and are capable of fulfilling their duties as first responders to allegations of sexual abuse.

## **INTERVIEWS**

### **Security Staff – First Responders**

Interviews with correctional staff members who serve as first responders confirmed a strong grasp of their responsibilities under PREA. These staff reported receiving annual refresher training supplemented by on-the-job mentoring and periodic briefings. Each interviewee was able to clearly describe the mandated sequence of actions following a disclosure of sexual abuse. These included separating the alleged victim from the suspected perpetrator, protecting the integrity of any potential evidence, safeguarding the scene, and providing immediate notification to their supervisor. Their responses reflected adherence to policy and a commitment to both inmate safety and investigative integrity.

### **Non-Security First Responders**

Non-custody staff—such as medical, education, and program personnel—also demonstrated an understanding of their obligations as first responders. They articulated a slightly different response process due to their non-security roles but echoed the same urgency and care in protecting the alleged victim and preserving evidence. These staff emphasized their responsibility to alert custody staff immediately, to advise the victim not to eat, drink, wash, change clothing, or perform any other action that could compromise physical evidence, and to ensure the area remained undisturbed until security personnel arrived.

### **General Facility Staff**

Staff from various departments—regardless of classification—displayed consistent knowledge of the required steps when responding to a report of sexual abuse. Interviewed staff routinely cited the need to protect the alleged victim, separate them from the alleged perpetrator, preserve the scene, ensure access to timely medical care, and report the incident through the chain of command without delay. The training all staff receive appears to be effective in establishing a shared understanding of response protocols across the facility.

### **Inmates Who Reported Sexual Abuse**

At the time of the on-site audit, there were no inmates currently housed at the facility who had reported incidents

of sexual abuse within the preceding 12 months. As such, there were no interviews conducted under this category for this standard.

## **PROVISIONS**

### **Provision (a): First Responder Duties for Custody Staff**

The PAQ confirms that the facility adheres to a formal first responder protocol in accordance with agency policy. This protocol outlines clear responsibilities for both custody and non-custody staff. According to FBOP Program Statement 5324.12, page 40, the first responding custody staff member who learns of a sexual abuse allegation is required to:

1. Immediately separate the alleged victim and abuser;
2. Protect and preserve the crime scene until appropriate measures can be taken to collect and document physical evidence;
3. If within a time frame where evidence may still be collected, advise the alleged victim not to take any actions that might compromise evidence, such as eating, drinking, washing, brushing teeth, changing clothing, urinating, defecating, or smoking;
4. Likewise, if applicable, ensure that the alleged perpetrator also refrains from taking any actions that could destroy physical evidence.

Staff interviews demonstrated that these protocols are not only understood but actively practiced. Correctional officers provided consistent accounts of how they would respond and emphasized their responsibility to protect both the victim and the integrity of the investigation.

### **Provision (b): Non-Custody Staff Responsibilities**

According to the PAQ and verified through staff interviews, if the first person to receive a report is not a custody staff member, that individual is still required to take immediate protective action. Specifically, they must advise the alleged victim not to take any actions that could compromise evidence and then notify custody staff without delay.

The Auditor reviewed the training curriculum provided to staff, contractors, and volunteers. These materials clearly identify any individual who becomes aware of a sexual abuse allegation as a “first responder.” The training reinforces that all such individuals are responsible for taking immediate, protective action: securing the scene, minimizing contamination of evidence, and ensuring that the appropriate supervisory or investigative personnel are alerted.

## **CONCLUSION**

Following a thorough review of documentation, interviews with both security and non-security staff, and an assessment of training materials and agency policy, the Auditor finds that the facility has fully implemented and institutionalized the requirements of this standard. All staff interviewed, regardless of classification, demonstrated a strong awareness of and adherence to first responder protocols in the event of a sexual abuse allegation. Based on the totality of the evidence, the facility is found to be in full compliance with PREA Standard §115.64 – Staff First Responder Duties.

***Note:** All documentation relevant to this standard was made available to the Auditor either through the Justice Electronic Filing System (JEFS) or via physical review during the onsite visit. The Auditor was not authorized to copy, scan, or electronically retain any documents. Agency representatives were reminded of their obligation to preserve these records and to produce them upon request by the U.S. Department of Justice. The assigned BOP analyst confirmed the agency's readiness to comply with such requests without delay.*

## 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.*

### DOCUMENT REVIEW

As part of the audit process, the Auditor conducted a comprehensive review of all documents submitted in support of the standard regarding coordinated response to sexual abuse allegations. Key documents reviewed included the facility's completed Pre-Audit Questionnaire (PAQ) and its accompanying supporting materials. In addition, the Auditor analyzed several foundational policies and facility-specific supplements, including:

- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015.
- Institution-specific Supplement MAN 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated August 25, 2024.
- ONESource First Responder Reference Guide, *Sexual Assault Crisis Intervention*, issued June 5, 2015.

These documents collectively outline the facility's strategies, procedures, and operational expectations for responding to incidents or allegations of sexual abuse in a coordinated, timely, and victim-centered manner.

### INTERVIEW

## Facility Head

During the on-site visit, the Auditor conducted an in-depth interview with the Facility Head (or designated representative). The Facility Head clearly articulated a strong institutional commitment to ensuring an effective, coordinated response to reports of sexual abuse, as mandated by the Prison Rape Elimination Act (PREA). The interview confirmed that the facility has a fully operational and accessible Coordinated Response Plan in place, which is widely understood and routinely referenced by staff across all relevant departments.

The Facility Head explained that all employees are trained in the Coordinated Response Plan through multiple modalities. These include annual in-service PREA training sessions, monthly department-level briefings, and structured on-the-job instruction. Orientation for new hires includes detailed instruction on the facility's response protocols, and periodic refresher courses are provided to reinforce knowledge and readiness among experienced staff.

Leadership emphasized that staff are not only expected to understand the procedural components of the Coordinated Response Plan, but also to demonstrate a working knowledge and ability to apply its principles under actual circumstances. The plan serves as a foundational element of the facility's broader strategy for institutional safety, accountability, and support for individuals who report victimization.

## PROVISIONS

### Provision (a): Written Coordinated Institutional Plan

In alignment with the requirements set forth in PREA Standard §115.65(a), the facility has developed a detailed, written institutional plan that guides a multidisciplinary response to all allegations of sexual abuse. This plan, verified through documentation and staff interviews, clearly delineates the responsibilities of first responders, medical personnel, mental health professionals, investigative units, and facility leadership. It ensures that each party plays a well-defined and synchronized role in responding to reports of sexual abuse.

According to FBOP Program Statement 5324.12 (dated June 4, 2015), specifically on page 40, facilities are required to establish a written institutional plan to ensure coordinated actions are taken by staff in response to incidents of sexual abuse. The policy elaborates on the duties of each group involved in the response process:

- **All Staff:** Immediate action must be taken upon learning of an allegation. The policy details the expectation of notifying supervisors and preserving evidence when applicable.
- **Operations Lieutenant:** Pages 40–41 outline this position's role in overseeing the immediate security response, ensuring proper reporting, and directing other staff as needed.
- **PREA Compliance Manager:** The policy assigns this individual the responsibility for initiating internal notifications and monitoring the response to ensure compliance with PREA standards.
- **Correctional Services Personnel:** These staff members are tasked with ensuring the safety of the alleged victim, securing the alleged abuser if applicable, and preserving any crime scene.
- **Psychology Services:** Mental health practitioners are charged with providing trauma-informed psychological support and assessments in response to the incident.
- **Health Services Staff:** Medical professionals are responsible for ensuring the alleged victim receives appropriate medical care and, if applicable, a forensic medical examination.

The institution-specific supplement, dated August 25, 2024, mirrors and expands upon these federal guidelines, ensuring that the facility's internal procedures are customized to meet its operational realities while maintaining alignment with national standards.

## **CONCLUSION**

After a thorough review of all submitted documentation, in addition to direct confirmation from facility leadership and front-line staff during the on-site audit, the Auditor finds that the facility fully meets the requirements outlined under the PREA standard related to coordinated response.

The written plan is detailed, actionable, and well-integrated into institutional practice. Staff across departments understand their roles and are provided with the necessary tools and training to respond effectively to allegations of sexual abuse. The plan not only satisfies the regulatory language but reflects a meaningful commitment to creating a safe and responsive environment for all individuals in custody.

**Note:** All documents reviewed in support of this standard were made available to the Auditor either through the Justice Electronic Filing System (JEFS) or via in-person examination during the on-site audit. Per federal protocol, the Auditor was not authorized to photocopy, scan, or otherwise retain copies of these materials. Facility representatives were reminded of their obligation to maintain and produce these records upon request from the U.S. Department of Justice. The designated BOP analyst confirmed that the agency is prepared to comply with such requests in a timely and transparent manner.

## **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.*

## DOCUMENT REVIEW

To determine the facility's compliance with PREA Standard §115.66 – *Preservation of Ability to Protect Inmates from Contact with Abusers* – the Auditor undertook a comprehensive review of the Pre-Audit Questionnaire (PAQ) alongside a wide array of supporting documentation. This review included materials submitted in advance of the audit and additional records made available onsite. Collectively, these resources offered clear and convincing evidence of the institution's operational authority and policy infrastructure, affirming its ability to take immediate, appropriate action when staff are alleged to have engaged in sexual abuse.

Key documentation reviewed included:

- **Federal Bureau of Prisons (FBOP) Program Statement 5324.12**, titled *Sexually Abusive Behavior Prevention and Intervention Program* and issued on June 4, 2015. This foundational policy provides a detailed and institution-wide framework for the prevention, detection, and response to sexual abuse within Bureau facilities. It outlines defined responsibilities across all functional areas and mandates a collaborative, cross-disciplinary response to any allegations of abuse.
- **Warden Memorandum 115.66(a)-1** dated April 24, 2025. This official communication verifies that, since the facility's last PREA audit in 2022, no collective bargaining agreements or other contracts have been initiated or renewed that would restrict or delay administrative actions—such as the reassignment or removal of staff members—in the event of sexual abuse allegations.

Together, these documents underscore the institution's capacity to act swiftly and decisively in protecting individuals in custody. There are no legal or contractual impediments that hinder leadership from implementing immediate protective measures, reinforcing the facility's alignment with PREA mandates.

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## INTERVIEWS

### Facility Head

During the onsite audit, the Auditor interviewed the Facility Head (or a designee) to discuss the institution's authority and procedural flexibility in responding to staff misconduct related to sexual abuse. The Facility Head affirmed that the Federal Bureau of Prisons does not engage in collective bargaining with correctional staff. As such, there are no existing labor agreements or contractual provisions that would obstruct the facility's ability to reassign or remove a staff member under investigation for sexual abuse or harassment.

Facility leadership further emphasized that FBOP policies reflect a strict zero-tolerance stance on all forms of sexual abuse and sexual harassment. The ability to immediately separate incarcerated individuals from staff who

are the subject of an allegation is considered both a legal obligation and an ethical imperative. This authority is consistently exercised to protect the safety, dignity, and well-being of all individuals under the Bureau's care.

### **Administrative Personnel (Human Resources)**

The Auditor also interviewed a Human Resources representative to further verify the facility's administrative practices. The HR official explained that FBOP policy provides facility management with full discretion to take immediate personnel actions—including temporary reassignment, modified duties, or administrative leave—when an employee is under investigation for alleged sexual misconduct.

These actions are standard protocol and are guided entirely by internal Bureau policy, not governed or constrained by external agreements. HR personnel confirmed that these decisions are made with an emphasis on safety, confidentiality, and the integrity of the investigative process.

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## **PROVISIONS**

### **Provision (a): Authority to Reassign or Remove Staff Accused of Sexual Abuse**

The Warden's April 24, 2025, memorandum explicitly confirms that there are no collective bargaining agreements or other contractual arrangements in effect that would limit the facility's ability to reassign or remove staff members accused of sexual abuse. This assurance is supported by statements made during interviews and verified through policy documentation. The absence of such agreements affirms the facility's continued operational authority to safeguard individuals in custody by immediately separating them from any staff member under investigation for sexual misconduct.

The PAQ response, combined with interviews and supporting records, establishes that the FBOP does not enter into labor agreements with its employees. Therefore, the agency's authority to act promptly in such cases remains unrestricted and fully consistent with PREA expectations.

### **Provision (b): Applicability to Post-2012 Agreements**

Provision (b) applies only in instances where a facility is governed by collective bargaining agreements adopted or renewed after August 20, 2012, that may affect staffing decisions. Because the FBOP does not engage in such agreements, this provision is not applicable to the facility or the agency as a whole.

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## **CONCLUSION**

Based on the review of relevant policy documents, responses to the Pre-Audit Questionnaire, and interviews with facility leadership and administrative staff, the Auditor concludes that the facility fully meets the requirements of PREA Standard §115.66.

There is no indication of any contractual restrictions that would inhibit the institution from removing or reassigning staff allegedly to have committed sexual abuse. The Federal Bureau of Prisons has retained full discretion and operational independence in managing such cases. The facility's leadership, human resources personnel, and supporting policy framework collectively demonstrate a consistent and effective ability to respond to allegations in a manner that prioritizes safety, accountability, and compliance.



The agency's internal structure, paired with its clear documentation of authority, ensures that no delay or external interference compromises the ability to protect individuals in custody from contact with potential abusers.

**Note:** All documents reviewed in support of this standard were accessed through the Justice Electronic Filing System (JEFS) or examined directly during the onsite audit. In accordance with federal auditing protocols, the Auditor was not authorized to copy, scan, or retain any documents electronically. Facility staff were reminded of their ongoing responsibility to preserve these materials and provide them to the U.S. Department of Justice upon request. The assigned Bureau of Prisons analyst confirmed that the agency remains prepared to fulfill these obligations transparently and in a timely manner.

## **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.*

## **DOCUMENT REVIEW**

In preparation for the PREA audit, the Auditor conducted a thorough review of key documentation to assess the facility's compliance with standards designed to protect individuals from retaliation following reports of sexual abuse or sexual harassment. Among the materials reviewed were the completed Pre-Audit Questionnaire (PAQ) and a comprehensive set of supporting documents provided by the agency. Central to this review was the Federal Bureau of Prisons (FBOP) Program Statement 5324.12, titled *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015. This foundational policy outlines the agency's obligations and procedures regarding the prevention of retaliatory actions against those who report or assist in the investigation of sexual abuse or harassment.

## **INTERVIEWS**

### **Agency Head or Designee**

The Agency Head Designee affirmed unequivocally that robust procedures are in place to monitor for retaliation, and that this monitoring begins immediately upon the reporting of an allegation. The protocol requires a minimum 90-day monitoring period, ensuring that the safety and well-being of individuals involved are prioritized. If, during the course of an investigation, an allegation is determined to be unfounded and no concerns about retaliation persist, monitoring efforts may be discontinued. The Agency Head Designee further emphasized that retaliation monitoring is extended to any person who may be at risk—not only alleged victims but also any individual, including witnesses, who cooperates with an investigation and expresses concern about potential retaliatory acts.

### **Facility Head or Designee**

During the on-site interview, the Facility Head described a comprehensive approach to ensuring protection against retaliation for both incarcerated individuals and staff. Preventive strategies include tracking changes in housing placements, work assignments, or disciplinary actions for those in custody, and reviewing performance evaluations and job reassignments for staff. These measures are carried out in close coordination with the Retaliation Monitor, who plays a central role in the facility's protection efforts. The Facility Head conveyed a clear message that acts of retaliation are neither tolerated nor ignored and reiterated the agency's commitment to fostering an environment where reports of sexual abuse or harassment can be made without fear of retribution.

### **Retaliation Monitor**

The Retaliation Monitor underscored the facility's dedication to maintaining a culture of safety, trust, and accountability. Monitoring responsibilities extends beyond alleged victims to include anyone who participates in or supports the investigative process. The Monitor conducts routine, in-person status checks at least monthly for a period of no less than 90 days following a report, and longer if circumstances warrant. These interactions are systematically documented using *Attachment 8: Retaliation Monitoring Checklist*. The Monitor also reported that no incidents of retaliation had been identified or reported within the past 12 months, which was consistent with the documentation provided.

## **PROVISIONS**

### **Provision (a)**

The PAQ identifies the facility's PREA Compliance Manager (PCM) as the designated staff member responsible for overseeing retaliation monitoring efforts. According to page 42, Section (a) of FBOP Program Statement 5324.12, agencies are required to establish a policy that protects all individuals—whether incarcerated or employed—who report or assist in the investigation of sexual abuse or harassment from retaliation. The policy must also clearly designate the staff or departments tasked with retaliation monitoring responsibilities.

**Provision (b): Protective Measures**

Protective strategies used by the facility were verified through the PAQ and confirmed during interviews with facility leadership. These measures include the reassignment of housing or job duties for affected individuals, removal of alleged perpetrators from any contact with the person who reported the abuse or harassment, and the provision of emotional support services. These actions serve to shield both incarcerated people and staff from any perceived or actual retaliation. As specified in PS 5324.12, page 42, Section (b), the agency is required to implement a range of safeguards to prevent retaliation, including but not limited to housing changes, program modifications, and support services.

**Provision (c)**

The PAQ indicates that retaliation monitoring typically lasts for a minimum of 90 days. This practice aligns with the guidance found on page 43, Section (c) of PS 5324.12, which mandates that, following a report of sexual abuse, the conduct and treatment of the reporting individual(s) must be closely observed for any signs of retaliatory behavior. Monitoring includes tracking inmate disciplinary records, housing or programmatic changes, and any adverse performance actions taken against staff. If evidence suggests the need for extended oversight, monitoring continues beyond the 90-day threshold. The Facility Head affirmed the facility's zero-tolerance stance on retaliation and emphasized that staff and those in custody are regularly reminded of their right to report abuse without fear of repercussion.

**Provision (d): Periodic Status Checks**

Regular and systematic status checks are a critical element of the facility's retaliation prevention framework. As verified through the PAQ and staff interviews, these checks involve frequent reviews of inmate conduct reports, housing and work detail changes, and staff performance evaluations. While the initial monitoring period is 90 days, it may be extended if the situation warrants ongoing attention. Conversely, if an allegation is found to be unfounded and no risk remains, monitoring activities are concluded. PS 5324.12, page 43, Section (d), specifically requires periodic status checks for incarcerated individuals, a responsibility shared by Psychology Services and the Captain of the Correctional Services Department at this facility.

**Provision (e): Protection for Other Cooperators**

The facility recognizes that individuals other than the alleged victim may also face threats or acts of retaliation. As such, the same protections apply to any person who cooperates with an investigation and later expresses fear of retaliation. The Retaliation Monitor confirmed during the interview that all such individuals are equally eligible for protective measures and are included in the facility's monitoring protocols. This provision is reinforced by PS 5324.12, page 43, Section (e), which mandates protective measures for all individuals who cooperate with investigations and report concerns related to retaliation.

**Provision (f)**

This provision is excluded from the Auditor's review, as it is not subject to audit under the current PREA standards.

**CONCLUSION**

Following a detailed analysis of the documents reviewed and interviews conducted, the Auditor has determined that the facility fully meets the requirements of the standard addressing agency protection against retaliation. The facility has demonstrated a proactive and well-documented commitment to protecting individuals from retaliatory acts and ensuring that all reports of sexual abuse or harassment can be made safely and without fear of reprisal.

**NOTE:** It is important to note that all documentation used to support findings for this standard was reviewed either through the Justice Electronic Filing System (JEFS) or examined directly during the on-site audit. In adherence to federal audit protocols, the Auditor was not authorized to photocopy, scan, or retain digital copies of any materials. Facility leadership was reminded of their continuing obligation to maintain these documents and to provide them to the U.S. Department of Justice upon request. The Bureau of Prisons analyst assigned to this audit

confirmed that the agency is both prepared and committed to fulfilling that responsibility with transparency and expediency.

## 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.*

## DOCUMENT REVIEW

To evaluate the facility's compliance with PREA Standard §115.43—Protective Custody—the Auditor conducted a thorough examination of the Pre-Audit Questionnaire (PAQ) and a comprehensive set of supporting documents submitted in advance and made available during the onsite audit. These materials outlined the agency's formal protocols for safeguarding individuals who report sexual abuse, as well as its approach to post-allegation housing decisions.

Key documents reviewed included:

- **Pre-Audit Questionnaire (PAQ)** and its accompanying documentation
- **Federal Bureau of Prisons (FBOP) Form BP-A1002, *Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation***, which captures critical steps taken when an individual reports sexual abuse and requires protective measures
- **FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program***, dated June 4, 2015, which provides detailed institutional guidance on preventing, detecting, and responding to incidents of sexual abuse and harassment, including specific provisions related to protective custody

These documents collectively reflect the FBOP's commitment to minimizing the use of involuntary segregated housing and prioritizing the safety, dignity, and rights of incarcerated individuals following an allegation of sexual abuse.

## **INTERVIEWS**

### **Facility Head or Designee**

In an in-depth interview, the Facility Head affirmed that involuntary placement in segregated housing is not a default response for individuals who report sexual abuse. Instead, the facility exhausts all reasonable alternatives—including reassignments or transfers to other housing units—prior to considering segregation. When such a placement is deemed absolutely necessary to ensure an individual's safety, the decision is thoroughly documented and subject to a mandatory review every 30 days to reassess ongoing need.

The Facility Head further noted that individuals housed in protective custody retain access to core services such as education, rehabilitative programming, and work assignments, insofar as security considerations allow. These safeguards are designed to mitigate the psychological and developmental impacts that can accompany separation from the general population.

### **Staff Responsible for Segregated Housing Supervision**

Staff who oversee segregated housing operations confirmed the facility's policy of using such placements only as a last resort. Interviewed staff described a range of housing options available to ensure the safety of vulnerable individuals without resorting to segregation. They further attested to the existence of a structured and well-documented review process for any protective custody placements, including required documentation and assessments that must be completed at regular intervals.

### **Inmates in Protective Housing**

At the time of the onsite audit, there were no individuals housed in involuntary segregated housing as a result of either being at risk of sexual victimization or having reported sexual abuse. This absence reinforces the facility's commitment to seeking the least restrictive housing solutions and validates the institutional approach described in policy and confirmed through staff interviews.

## **PROVISIONS**

### **Provision (a): Restrictions on Involuntary Segregation**

In alignment with PREA Standard §115.43(a), the FBOP has implemented written policy directives that prohibit the use of involuntary segregated housing for individuals alleging sexual abuse unless it is conclusively determined that no reasonable alternative exists to ensure their safety. This policy is clearly outlined in **FBOP Program Statement 5324.12**, which mandates that protective custody decisions be subject to strict procedural oversight.

According to the PAQ and corroborated by interview responses, the facility reported zero placements of individuals in:

- Involuntary segregated housing for 1 to 24 hours during an initial risk assessment period
- Involuntary segregation for more than 30 days while alternative housing solutions were pursued

These findings were confirmed by the Facility Head and other relevant personnel, all of whom emphasized adherence to required 30-day reviews of any protective custody placements.

Further reinforcing the institution's compliance, FBOP Form BP-A1002 is used to document protective measures implemented following a sexual abuse allegation. Per Program Statement 5324.12 (page 34), the completed form is stamped "*FOI EXEMPT*" and filed in the Privacy Section of the Inmate Central File to prevent misuse of sensitive information by either staff or other incarcerated individuals. Should the matter proceed with investigation, the form becomes part of the investigative file. In all cases, the form is electronically transmitted to BOP-RSD-PREACORDINATOR@bop.gov and included in the official investigative documentation.

## **CONCLUSION**

After a meticulous review of institutional policy, operational documentation, and comprehensive interviews with staff and leadership, the Auditor finds the facility to be in full compliance with PREA Standard §115.43, which governs post-allegation protective custody.

The institution has demonstrated a well-established and consistently applied approach that favors less restrictive means of protecting individuals from harm. When involuntary segregation is used, the facility implements due process protections—such as documented justification, ongoing reviews, and access to services—to ensure that the placement does not become punitive or indefinite.

These practices illustrate a strong institutional culture committed to both the protection and dignity of incarcerated individuals, closely mirroring the intent and objectives of the PREA standards.

**Note:** All documentation supporting compliance with this standard was reviewed via the Justice Electronic Filing System (JEFS) or examined in person during the onsite audit. In accordance with federal auditing procedures, the Auditor was not authorized to photocopy, scan, or digitally retain any records. Facility leadership was reminded of their obligation to preserve all relevant documentation and to make it readily available to the U.S. Department of Justice upon request. The designated Bureau of Prisons analyst confirmed the agency's ongoing preparedness to meet this responsibility with transparency and efficiency.

## **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.*

## DOCUMENT REVIEW

As part of the compliance review for PREA Standard §115.71 – *Criminal and Administrative Investigations*, the Auditor conducted an extensive examination of documentation submitted in advance and reviewed during the on-site audit. The materials provided included:

- The Pre-Audit Questionnaire (PAQ) and supporting documentation
- FBOP Program Statement (PS) 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015
- Training records for Investigative Intelligence (Course Code CSV-0600-BXX)
- SIS/PREA National Video Conference Agenda
- SIS/SIA PREA Instructor Guide

- Office of Internal Affairs (OIA) “Conducting Interviews & Union Issues” lesson plan

These documents were reviewed to assess compliance with federal PREA standards regarding the initiation, conduct, documentation, and oversight of both criminal and administrative investigations.

## **INTERVIEWS**

### **Investigative Staff**

Interviews with the facility’s investigative team confirmed that all reported incidents of sexual abuse or sexual harassment are taken seriously and investigated immediately upon notification. Regardless of how an allegation is received—whether in person, over the phone, via third party, written correspondence, or anonymously—the same investigative procedures are initiated without delay.

Investigators stated that if it becomes evident during an inquiry that a criminal act may have occurred, all questioning ceases immediately, and the Warden is notified. The suspected individual is promptly advised of their Miranda rights. The entire case file, including any collected physical, testimonial, or documentary evidence, is then referred to the appropriate external agency, either the Federal Bureau of Investigation (FBI) or the Office of the Inspector General (OIG), based on the nature of the allegation and jurisdiction.

Following this referral, the Special Investigative Services (SIS) refrains from conducting any compelled interviews unless cleared to do so by the prosecuting authority. Interviews are only resumed after confirmation that they will not jeopardize a potential criminal case. This procedural safeguard reflects the agency’s commitment to upholding due process and maintaining the integrity of all investigations.

The investigative staff described their standard methodology, which typically begins with interviewing the alleged victim, followed by any witnesses, and concludes with the alleged perpetrator. For allegations of sexual assault or abuse, investigators travel to the designated SAFE/SANE (Sexual Assault Forensic Examiner/Sexual Assault Nurse Examiner) site where the alleged victim is receiving care. If the SAFE/SANE medical team does not collect evidence, investigators are trained to collect and secure all relevant physical evidence according to agency protocols. The Auditor confirmed, through documentation, that all investigators had completed both agency-level and NIC-sponsored training in evidence handling and trauma-informed practices.

Staff emphasized that all investigations follow a uniform format and are conducted with objectivity and thoroughness. When the allegation involves sexual harassment rather than physical abuse, investigators may slightly adjust their approach, though investigative rigor remains consistent.

### **PREA Coordinator**

The PREA Coordinator confirmed that investigative files—including written reports, evidence logs, and related documentation—are retained for the duration of the alleged abuser’s incarceration or employment, plus an additional five years. Many of these records are also stored permanently in the agency’s electronic case management system, ensuring long-term accessibility and data security.

### **PREA Compliance Manager (PCM)**

The PCM reiterated that the agency is committed to completing all investigations to conclusion, regardless of changes in custody status or employment. Transfers, terminations, or releases do not alter or delay investigative processes. The investigation remains active until all facts are assessed and a final determination is made.

### **Facility Head or Designee**

The Facility Head confirmed that, within the 12 months preceding the audit, there were no substantiated allegations of criminal sexual abuse referred for prosecution.

### **Incarcerated Individuals Who Reported Sexual Abuse**

At the time of the on-site audit, no individuals currently housed at the facility had active or prior reports of sexual abuse. Consequently, interviews in this category were not conducted.

## **PROVISIONS**

### **Provision (a): Investigation of All Allegations**

The agency mandates that all reports of sexual abuse or sexual harassment—regardless of the source—are investigated promptly, thoroughly, and impartially. This includes anonymous tips, third-party accounts, and reports initiated by staff or individuals in custody.

*Referenced: PS 5324.12, p. 43*

### **Provision (b): Qualified Investigators**

Only staff members who have completed specialized training in PREA investigations are authorized to conduct investigations involving sexual abuse. Training includes trauma-informed interviewing, custodial sexual misconduct, sexual harassment, and evidence collection techniques. Auditor-reviewed training records, including electronic sign-in sheets, confirmed that all designated investigators received and completed this required training.

*Referenced: PS 5324.12, p. 44*

### **Provision (c): Comprehensive Evidence Collection**

Investigators are required to gather direct and circumstantial evidence, including physical evidence, DNA, and electronic monitoring data. Alleged victims, witnesses, and accused individuals are all interviewed, and prior reports involving the alleged perpetrator are reviewed as appropriate. The Auditor verified the use of standardized protocols for chain of custody and evidence handling.

*Referenced: PS 5324.12, p. 44*

### **Provision (d): Coordination with Prosecutors**

Before conducting compelled interviews in cases with potential criminal implications, investigators consult with prosecuting authorities to avoid obstructing legal proceedings.

*Referenced: PS 5324.12, p. 44*

### **Provision (e): Credibility Assessments and Polygraph Use**

The agency conducts credibility assessments based on evidence, not position or role. Polygraph testing is not used as a condition for proceeding with a PREA-related investigation.

*Referenced: PS 5324.12, p. 44*

### **Provision (f): Staff Conduct Evaluation**

Administrative investigations include an evaluation of whether staff actions or inactions contributed to the incident. All findings are documented in detail, including physical and testimonial evidence, rationale for credibility assessments, and the basis for final conclusions. The Auditor reviewed multiple investigative case files and confirmed compliance with these expectations.

*Referenced: PS 5324.12, pp. 44–45*

### **Provision (g): Criminal Investigations by Law Enforcement**

Where evidence supports criminal prosecution, cases are referred to the FBI or OIG, with full cooperation from the facility. According to the PAQ, there were no substantiated criminal cases referred for prosecution during the

12-month audit period.

*Referenced: PS 5324.12, p. 45*

**Provision (h): Criminal Referrals**

The Facility Head reaffirmed that no substantiated allegations were referred for prosecution in the audit period. If a crime is suspected, cases are referred to the appropriate federal authority and, if warranted, forwarded to the U.S. Attorney's Office.

*Referenced: PS 5324.12, p. 45*

**Provision (i): Retention of Records**

All investigative records are retained for the entire duration of the alleged abuser's incarceration or employment, plus five years. Records are not discarded in cases where individuals involved are released, transferred, or leave the agency.

*Referenced: PS 5324.12, p. 45*

**Provision (j): Continuation of Investigations**

Investigations continue regardless of the custody or employment status of involved individuals. Allegations are pursued to conclusion even after release, transfer, or termination.

**Provision (k): Auditor Exclusion**

This provision was not applicable and was not evaluated during the audit.

**Provision (l): Internal Investigative Responsibility**

The facility maintains responsibility for conducting all internal investigations through trained PREA-certified investigators. External agencies become involved only if an allegation rises to the level of potential criminal prosecution.

*Referenced: PS 5324.12, p. 45*

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## **CONCLUSION**

Based on the comprehensive review of policy documents, training records, investigative procedures, and interviews with key staff, the Auditor concludes that the facility is in full compliance with PREA Standard §115.71 – *Criminal and Administrative Investigations*. Investigations are carried out with professionalism, urgency, and adherence to federal standards. The investigative process is trauma-informed, survivor-centered, and structured to preserve integrity and transparency.

**Note:** All documents reviewed to support compliance with this standard were accessed through the Justice Electronic Filing System (JEFS) or examined on-site. In accordance with federal audit policy, the Auditor was not permitted to photocopy, scan, or otherwise retain any physical or digital copies of documentation. Facility leadership was advised of their ongoing responsibility to maintain and provide all required records upon request by the U.S. Department of Justice. A designated FBOP analyst confirmed the agency's readiness to comply with this obligation.

## **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.*

### DOCUMENT REVIEW

The Auditor conducted a thorough review of all relevant documentation associated with this standard, including the Pre-Audit Questionnaire (PAQ) and accompanying supporting materials. Of particular relevance was the Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015. Page 45 of this document outlines the evidentiary requirements applicable to administrative investigations into allegations of sexual abuse and sexual harassment.

### INTERVIEW

#### Investigative Staff

During the on-site audit, the Auditor held a comprehensive interview with a member of the facility's investigative team. The staff member affirmed that when investigating allegations of sexual abuse or sexual harassment, all available forms of evidence are gathered and considered as part of the process. This includes physical evidence obtained from the alleged victim, the accused individual, and the location where the incident was reported to have occurred. Testimonial evidence is also a key element, and interviews are conducted with the victim, any witnesses, and the alleged perpetrator.

The investigative staff member emphasized that the facility adheres to the evidentiary threshold of a *preponderance of the evidence* when determining whether an allegation is substantiated. They made it clear that no higher evidentiary burden is imposed in administrative investigations, in alignment with PREA standards and FBOP policy.

Investigative personnel also reported that each case is evaluated objectively, with findings based solely on the cumulative weight of the evidence collected. The determination hinges on whether it is more

likely than not that the alleged abuse or harassment occurred. This standard is consistently applied regardless of the nature of the allegation or the individuals involved.

## **PROVISIONS**

### **Provision (a)**

In accordance with the PAQ and the applicable FBOP policy, the agency imposes no evidentiary standard higher than a preponderance of the evidence when substantiating allegations of sexual abuse or sexual harassment during administrative investigations. This commitment is reinforced in Program Statement 5324.12, *Sexually Abusive Behavior Prevention, and Intervention Program*, which explicitly states on page 45 that substantiation decisions must be based on whether the evidence demonstrates it is more likely than not that the event occurred.

The Auditor's interview with investigative staff provided direct confirmation that this evidentiary standard is in practice at the facility. Investigators are trained to apply this threshold consistently, and the process for evaluating each allegation is designed to ensure fairness, objectivity, and compliance with PREA requirements.

## **CONCLUSION**

Following a detailed review of the documentation and an in-depth interview with investigative personnel, the Auditor concludes that the facility is fully compliant with the requirements of this standard. The agency's consistent application of the preponderance of the evidence standard in administrative investigations involving allegations of sexual abuse or sexual harassment demonstrates a strong commitment to accountability, integrity, and alignment with PREA guidelines.

*Note: All documentation supporting this standard was made available to the Auditor either through the Justice Electronic Filing System (JEFS) or via hard copy during the onsite audit. The Auditor was not permitted to scan, copy, or retain physical or digital versions of these materials. The agency was reminded of its responsibility to maintain these records and respond to any requests made by the U.S. Department of Justice. Agency officials acknowledged this responsibility, and the BOP liaison assigned to the audit affirmed that such requests would be honored without issue.*

## **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.*

### **DOCUMENT REVIEW**

The Auditor conducted a comprehensive review of materials relevant to this standard. The documentation reviewed included the Pre-Audit Questionnaire (PAQ) and accompanying evidence submitted by the facility. Key policy documents such as the Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015 (specifically pages 45–46), were analyzed for compliance with applicable standards.

Additional documents reviewed included a series of memorandums maintained in the facility's PREA file, which reflected investigative determinations (substantiated, unsubstantiated, or unfounded) and notifications made to those who reported allegations of sexual abuse. The PREA Compliance Manager's Information Tracking Log was also examined to verify that appropriate notifications were consistently recorded and maintained in accordance with agency policy.

### **INTERVIEWS**

#### **Investigative Staff**

During interviews with members of the investigative team, the Auditor learned that the final stage of the investigation process occurs once all relevant findings have been compiled. Investigators confirmed that a comprehensive investigative report is generated at the conclusion of each PREA investigation. This report outlines the evidentiary basis and rationale supporting the investigative conclusion. Once finalized, the report is submitted to facility leadership, who are then responsible for informing the individual who reported the allegation about the outcome.

#### **Facility Head or Designee**

In discussion with the Facility Head, the Auditor confirmed that the agency adheres to a clear and consistent process for notifying individuals who report staff-on-incarcerated-person sexual abuse, in the event the allegation is substantiated. The Facility Head described the following instances in which notification is provided to the reporting individual:

- When the staff member is no longer assigned to the individual's housing unit;
- When the staff member is no longer employed at the facility;
- When the agency becomes aware that the staff member has been arrested on charges related to the abuse;
- When the agency learns that the staff member has been convicted on a charge related to the sexual abuse.

The Facility Head also confirmed that all allegations of staff-on-inmate sexual abuse reported within the last twelve months were determined to be unfounded.

Furthermore, in cases involving substantiated inmate-on-inmate sexual abuse, the agency notifies the victim when the perpetrator is indicted, formally charged, or convicted in connection with the abuse.



## **Inmates Who Reported Sexual Abuse**

At the time of the onsite audit, there were no individuals assigned to the facility who had reported sexual abuse within the prior twelve months. As a result, there were no interviews conducted with incarcerated people in this category for this standard.

## **PROVISIONS**

### **Provision (a): Notification of Investigation Outcomes**

According to the facility's responses on the PAQ and as confirmed by the Facility Head, the agency maintains a policy requiring that any person in custody who alleges having experienced sexual abuse is notified—either verbally or in writing—of the result of the subsequent investigation. This includes notification of whether the allegation was substantiated, unsubstantiated, or unfounded.

During the 12-month audit period, the facility reported a total of eleven allegations involving sexual abuse or sexual harassment:

- **Five staff-on-inmate sexual abuse allegations** were reported. Of these, three were investigated through administrative procedures. Following review, two allegations were determined to be unfounded, two were unsubstantiated, and one remained open at the time of the audit.
- **Six sexual harassment allegations** were also reported. Three were inmate-on-inmate in nature and investigated administratively; two were deemed unfounded and one remained open. The remaining three were staff-on-inmate allegations; one was determined to be unfounded, one unsubstantiated, and one remained under investigation.

No SAFE/SANE examinations were conducted during the past twelve months.

FBOP PS 5324.12 (pp. 45–46) specifies that, following any investigation into an incarcerated person's allegation of sexual abuse, the agency must inform the individual whether the claim was substantiated, unsubstantiated, or unfounded. This responsibility is carried out by the Special Investigative Services (SIS) Lieutenant, who ensures that appropriate notifications are issued and documented.

### **Provision (b): Investigative Authority**

The PAQ indicated that during the audit period, no sexual abuse investigations were conducted by outside law enforcement or investigative bodies.

In accordance with FBOP PS 5324.12 (p. 46), if an outside agency had conducted the investigation, the facility would be required to request the relevant information in order to inform the individual who made the original allegation of the outcome.

### **Provision (c): Notification Regarding Staff Misconduct**

Although there were no substantiated findings of staff-on-inmate sexual abuse during the audit review period, the Auditor confirmed through staff interviews that facility personnel fully understood the agency's obligation to provide notifications in such cases. This includes informing the individual who reported the allegation whenever:

- The staff member is reassigned away from the housing unit;
- The staff member is no longer employed at the facility;
- The staff member has been arrested or criminally charged in connection with the misconduct;
- The staff member has been convicted of an offense related to the abuse.

Facility records showed that three notifications were made within the past twelve months under this provision. These cases involved allegations that were either unfounded or unsubstantiated. In one additional case, involving a released individual, the notification could not be delivered.

FBOP PS 5324.12 clearly outlines these notification responsibilities and mandates documentation of all such communications. Notifications are typically made in writing via memorandums issued by the SIS Lieutenant through the Facility Head's office.

**Provision (d): Inmate-on-Inmate Allegations**

Interviews with facility leadership confirmed that when an individual in custody is found to have been sexually abused by another incarcerated person, the agency provides notification to the victim when the alleged abuser is indicted or convicted. These notifications are tracked, documented, and managed by designated staff as required under FBOP PS 5324.12 (p. 46).

**Provision (e): Written Notification Requirements**

As outlined in provision (c), all notifications—or attempts to notify—must be thoroughly documented. The facility complies with this requirement in accordance with FBOP PS 5324.12 (p. 46), which reinforces the importance of maintaining proper records for accountability and compliance.

**Provision (f): Auditor Exclusion**

The Auditor is not required to assess compliance with this provision.

**CONCLUSION**

After careful evaluation of documentation, policy, staff interviews, and available investigative data, the Auditor finds that the facility fully meets the requirements of this PREA standard concerning notification to individuals following allegations of sexual abuse or sexual harassment.

*Note: All documentation supporting this standard was made available to the Auditor either through the Justice Electronic Filing System (JEFS) or via hard copy during the onsite audit. The Auditor was not permitted to scan, copy, or retain physical or digital versions of these materials. The agency was reminded of its responsibility to maintain these records and respond to any requests made by the U.S. Department of Justice. Agency officials acknowledged this responsibility, and the BOP liaison assigned to the audit affirmed that such requests would be honored without issue.*

<b>DISCIPLINE</b>
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**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.*

#### DOCUMENT REVIEW

The Auditor conducted a comprehensive review of materials submitted in support of this standard, including the Pre-Audit Questionnaire (PAQ) and all accompanying documentation. Key policies reviewed were the Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015, and FBOP Program Statement (PS) 3420.11, *Standards of Employee Conduct*, dated December 6, 2013. These policy documents provide detailed guidance on the agency's expectations regarding staff behavior and the disciplinary procedures applicable to violations related to sexual abuse and sexual harassment.

#### INTERVIEWS

##### Facility Head

To assess the implementation of agency policies at the institutional level, the Auditor interviewed the individual designated to speak on behalf of the Facility Head. During the interview, the designee affirmed the institution's adherence to the FBOP's clearly defined disciplinary framework. It was emphasized that all staff, regardless of rank or role, are held accountable under the same set of disciplinary standards when found to be in violation of agency policy regarding sexual abuse or harassment.

The Facility Head underscored that termination of employment is the presumptive disciplinary sanction in substantiated cases of staff sexual abuse, reflecting the agency's unwavering zero-tolerance stance. Sanctions for lesser violations may include formal counseling, suspension, or reassignment, depending on the severity of the infraction and other mitigating or aggravating factors.

Notably, the designee confirmed that during the 12 months preceding the audit, there were no incidents involving staff members who were found to have engaged in sexual abuse or sexual harassment. As a result, there were no terminations, disciplinary actions, or resignations related to such conduct during the audit review period.

## **PROVISIONS**

### **Provision (a): Disciplinary Sanctions for Policy Violations**

Based on information provided in the PAQ and substantiated through the interview process, the facility enforces a structured and consistent disciplinary response to staff who violate policies related to sexual abuse or sexual harassment. The FBOP mandates sanctions that may include termination of employment, especially in cases of substantiated abuse.

Program Statement 5324.12, Section (a), clearly states that staff shall be subject to disciplinary sanctions, up to and including removal, for violations of the agency's sexual abuse and sexual harassment policies. Similarly, Program Statement 3420.11 reiterates that any inappropriate contact, sexual behavior, or relationship with incarcerated individuals—whether or not criminal—can result in disciplinary action, including dismissal. Physical contact is not required for a sanction to be imposed under this policy.

### **Provision (b): Reporting of Staff Misconduct in the Past Year**

The facility reported, and the interview confirmed, that there were no staff violations of sexual abuse or sexual harassment policies during the 12-month period reviewed. As such, there were no resulting disciplinary actions, resignations, or terminations connected to these types of incidents.

Program Statement 5324.12, Section (b), identifies termination as the presumptive disciplinary action in cases where staff are found to have engaged in sexual abuse. Additionally, Program Statement 3420.11 affirms that sexual relationships between staff and incarcerated individuals are never considered consensual and are strictly prohibited under all circumstances.

### **Provision (c): Sanctions Commensurate with Misconduct**

When policy violations do occur—excluding substantiated sexual abuse—the facility imposes disciplinary sanctions that are proportionate to the misconduct. Factors considered include the seriousness of the offense, the staff member's disciplinary history, and consistency with prior disciplinary actions for similar violations committed by similarly situated employees.

During the 12-month audit period, the facility did not report any disciplinary sanctions short of termination in relation to sexual abuse or harassment policy violations. Nevertheless, the Facility Head's designee demonstrated a clear understanding of the applicable procedures and the rationale behind sanctioning decisions as outlined in Program Statement 5324.12, Section (c).

### **Provision (d): Reporting to Law Enforcement and Licensing Boards**

The PAQ indicated—and the designee confirmed—that when a staff member is terminated, or resigns in lieu of termination, for behavior that violates the agency's sexual abuse or harassment policies, such conduct is reported to law enforcement unless clearly determined to be non-criminal. In addition, if applicable, such matters are also reported to professional licensing or certification boards.

While no such terminations or resignations occurred during the audit review period, the facility was able to demonstrate clear knowledge of and capacity to implement this requirement. Program Statement 5324.12, Section

(d), stipulates this obligation explicitly, and institutional leadership confirmed that they are fully prepared to follow through with reporting protocols should the need arise.

### **CONCLUSION**

Based on a thorough review of policy documents, staff interviews, and the facility's response to the Pre-Audit Questionnaire, the Auditor concludes that the institution is in full compliance with the PREA standard regarding disciplinary sanctions for staff. The facility has well-established policies in place to guide disciplinary actions for violations of sexual abuse and harassment standards, and those policies align with federal guidelines and PREA mandates.

Although no incidents were reported within the audit period, leadership demonstrated comprehensive knowledge of the procedural and ethical expectations related to staff conduct and accountability. Sanctions are clearly defined, proportionate to the nature of the misconduct, and enforceable at every level. The zero-incident record, while commendable, is matched by a robust infrastructure ready to respond appropriately should a violation occur.

**Note:** All documentation reviewed for this standard was accessed either via the Justice Electronic Filing System (JEFS) or in hard copy form during the onsite audit. The Auditor was not authorized to retain digital or physical copies. Agency officials were reminded of their responsibility to preserve all relevant documentation and respond to requests from the U.S. Department of Justice, a responsibility they acknowledged without reservation. The assigned BOP audit liaison confirmed full compliance with this obligation.

## **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.*

### **DOCUMENT REVIEW**

The Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ), and all supporting documentation submitted in advance of the onsite visit. Key materials included the Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015, specifically page 47, and FBOP Program Statement 3420.11, *Standards of Employee Conduct*, issued December 6, 2013. These documents outline clear institutional policies governing the response to incidents involving contractors or volunteers who violate sexual abuse or sexual harassment standards.

### **INTERVIEW**

#### **Facility Head**

During the interview with the Facility Head, it was confirmed that within the twelve months preceding the PREA audit, there had been no instances in which contractors or volunteers were reported to law enforcement agencies or relevant licensing or credentialing bodies for engaging in sexual abuse involving incarcerated persons. Additionally, there were no reports of contractors or volunteers being involved in substantiated allegations of such misconduct during the review period. The Facility Head emphasized the agency's zero-tolerance stance and outlined the protocols in place to ensure immediate and appropriate responses should such incidents occur.

### **PROVISIONS**

#### **Provision (a): Mandatory Reporting and Prohibition of Contact**

According to the PAQ and corroborated through the Facility Head interview, the agency has a policy requiring that any contractor or volunteer who engages in sexual abuse must be immediately prohibited from all further contact with incarcerated individuals. Additionally, such individuals must be reported to appropriate law enforcement authorities—unless the conduct is determined to be clearly non-criminal in nature—and referred to any relevant licensing or credentialing bodies. This policy is articulated in FBOP Program Statement 5324.12, p. 47(a), which mandates the outlined actions in the event of substantiated sexual abuse by a contractor or volunteer. For the twelve-month audit review period, there were zero such cases at the facility.

#### **Provision (b): Remedial Measures for Other Violations**

The agency also requires that when a contractor or volunteer is found to have violated policies related to sexual abuse or harassment—regardless of whether the violation is criminal—appropriate remedial measures are taken. These may include prohibiting further contact with incarcerated individuals and reassessing the individual's access to the facility. As indicated in the PAQ and affirmed by the Facility Head, no such remedial measures were necessary during the twelve-month audit cycle, as there were no policy violations by contractors or volunteers requiring corrective action. FBOP PS 5324.12, p. 47(b), supports these expectations and directs facilities to act swiftly and appropriately when any violation occurs.

### **CONCLUSION**

After an in-depth review of all applicable documentation and policy materials, as well as direct engagement with facility leadership, the Auditor finds that the facility is in full compliance with the PREA standard regarding

corrective action for contractors and volunteers. The facility's written procedures and leadership responses reflect a strong institutional commitment to accountability, transparency, and the protection of those in custody. No incidents requiring enforcement or remedial action were reported during the audit period, and all necessary safeguards remain firmly in place.

**Note:** As a matter of procedural transparency, it is important to document that all materials reviewed for this standard were made available to the Auditor either through the Justice Electronic Filing System (JEFS) or in hard copy format during the onsite portion of the audit. In accordance with federal policy, the Auditor was not permitted to photocopy, scan, or otherwise retain any documentation for post-audit reference or recordkeeping.

Agency leadership was reminded of their responsibility to maintain all PREA-related documentation in accordance with federal requirements and to make such records available to the U.S. Department of Justice upon request. Both facility leadership and the designated Bureau of Prisons (BOP) audit liaison reaffirmed their commitment to full compliance with PREA standards, underscoring their dedication to transparency, accountability, and the preservation of institutional integrity throughout the audit process.

## **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.*

#### DOCUMENT REVIEW

The Auditor conducted a comprehensive review of documentation submitted prior to and during the onsite portion of the audit. This included the facility's Pre-Audit Questionnaire (PAQ) and relevant supporting materials. Key policies reviewed for this standard included:

- Federal Bureau of Prisons (FBOP) Program Statement 5324.12, *Sexually Abusive Behavior Prevention, and Intervention Program*, dated June 4, 2015, specifically page 48;
- FBOP Program Statement 5270.09, *Inmate Discipline Program*, dated July 8, 2011, specifically page 46, referencing Prohibited Act #205.

#### INTERVIEWS

##### Facility Head or Designee

During the interview, the Facility Head affirmed that the FBOP maintains a zero-tolerance stance on sexual activity between incarcerated individuals. The Facility Head reported that in the past twelve months, there were:

- Zero administrative findings of guilt for inmate-on-inmate sexual abuse; and



- Zero criminal convictions related to such offenses.

The Facility Head also emphasized that disciplinary action against sexual contact involving staff is only pursued if it is conclusively determined that the staff member did not consent to the interaction. Furthermore, the facility prohibits the imposition of disciplinary sanctions on any individual who reports sexual abuse in good faith, even if subsequent investigations do not substantiate the allegation.

### **Medical and Mental Health Staff**

Medical and mental health personnel shared that the facility provides access to therapeutic interventions such as counseling and behavioral therapy for individuals found to have engaged in sexually abusive behavior. Participation in such programming may be considered as a condition for accessing institutional privileges or continued participation in facility-based programming.

## **PROVISIONS**

### **Provision (a): Disciplinary Process for Inmate-on-Inmate Sexual Abuse**

According to the PAQ and verified through staff interviews, incarcerated individuals are subject to disciplinary action for inmate-on-inmate sexual abuse only following a formal administrative finding or criminal conviction. During the audit period, no such findings or convictions occurred at the facility.

FBOP PS 5324.12, p. 48, clearly states that disciplinary sanctions must follow either an administrative or criminal determination of guilt regarding such conduct. No SAFE/SANE examinations were conducted during the review period, further indicating the absence of substantiated incidents.

### **Provision (b): Sanction Proportionality**

The facility implements a sanctioning process that ensures disciplinary responses are proportionate to the severity of the violation. As outlined in the PAQ and corroborated by interviews, disciplinary decisions take into account:

- The seriousness of the offense;
- The individual's prior disciplinary history; and
- Consistence in sanctions for similar offenses involving individuals with comparable histories.

This approach aligns with FBOP PS 5324.12, which mandates that sanctions be commensurate with the abuse's nature and circumstances.

### **Provision (c): Consideration of Mental Disabilities or Illness**

Facility policy and practice include a requirement to assess whether an individual's mental illness or developmental disability contributed to the behavior in question. Interviews and the PAQ confirmed that such considerations may influence the type and degree of disciplinary sanctions applied, in accordance with FBOP PS 5324.12, which underscores the importance of individualized, trauma-informed responses.

### **Provision (d): Therapeutic and Corrective Interventions**

The PAQ and interviews with treatment staff verified that the facility offers therapeutic interventions to individuals found responsible for sexually abusive conduct. These may include mental health counseling, trauma-focused therapy, and other behavior modification programs. The facility considers mandating participation in such services as a condition for receiving continued access to programming, privileges, or facility resources, consistent with the guidance provided in FBOP PS 5324.12.

### **Provision (e): Consent in Inmate-Staff Sexual Contact**

As confirmed through the PAQ and statements from the Facility Head, disciplinary action against an incarcerated

individual for sexual contact with staff is only imposed when an investigation determines that the staff member did not consent. This practice is in strict alignment with FBOP PS 5324.12, which prohibits discipline in instances where staff consent is present.

**Provision (f): Good Faith Reporting Protections**

The facility upholds a clear prohibition against disciplining individuals who report sexual abuse in good faith. Even if the allegation is later unsubstantiated, no punitive measures are taken as long as the report is based on a reasonable belief that the conduct occurred. This protection encourages the reporting of abuse without fear of reprisal and is in full compliance with FBOP PS 5324.12, which explicitly protects individuals from being punished for honest, albeit unverified, reports.

**Provision (g): Prohibition of Inmate Sexual Activity**

Both documentation and interviews confirm that the facility enforces a strict prohibition against all forms of sexual activity between incarcerated individuals. Although consensual activity does not meet the definition of sexual abuse under PREA, it remains a violation of institutional rules and is subject to disciplinary sanctions. Importantly, sexual acts are initially presumed to be non-consensual unless a formal investigation determines otherwise. This policy is reflected in FBOP PS 5324.12 and supported by FBOP PS 5270.09, which identifies engaging in sexual acts as a prohibited behavior (Prohibited Act #205).

**CONCLUSION**

Following a thorough review of agency policy, documentation, and interviews with facility staff and leadership, the Auditor concludes that the facility is in full compliance with PREA Standard §115.78 – *Disciplinary Sanctions for Inmates*. The facility’s disciplinary framework is grounded in federal standards and reflects a comprehensive, fair, and trauma-informed approach. Policies ensure that sanctions are applied only when warranted, proportionate to the misconduct, and considerate of mental health factors. Moreover, the facility protects individuals who report sexual abuse in good faith and maintains a clear boundary between consensual rule violations and incidents of sexual abuse. The absence of disciplinary cases related to sexual abuse during the audit period, combined with robust policy adherence, affirms the facility’s consistent and effective implementation of this standard.

**Note:** All documentation relevant to this standard was made available to the Auditor either through the Justice Electronic Filing System (JEFS) or via physical review during the onsite visit. The Auditor was not authorized to copy, scan, or electronically retain any documents. Agency representatives were reminded of their obligation to preserve these records and to produce them upon request by the U.S. Department of Justice. The assigned BOP analyst confirmed the agency’s readiness to comply with such requests without delay.

**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.*

## **DOCUMENT REVIEW**

In preparation for the audit, the facility provided the Auditor with a comprehensive set of documents, including the completed Pre-Audit Questionnaire (PAQ) and supporting materials that demonstrate the institution's adherence to the requirements of PREA Standard §115.81. Among the reviewed materials were key agency directives and internal communications that outline facility procedures regarding medical and mental health follow-up for individuals identified as either victims or perpetrators of sexual abuse. Notably, these included:

- **Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12**, *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015;
- A series of **Warden's Memoranda**, each dated April 24, 2025, addressing the specific provisions of PREA Standard 115.81:
  - Memoranda addressing subsections (a)/(c)-1;
  - Memoranda addressing subsections (b)-4;
  - Combined memoranda addressing subsections (a)/(c)-1, (a)/(c)-4, (d)-1, and (e)-1;
  - Additional memoranda specific to subsections (a)/(c)-4, (b)-4;
  - Individual memoranda concerning (d)-1 and (e)-1 provisions.

These materials provided the foundational documentation for assessing compliance with this standard.

## **INTERVIEWS**

### **Risk Screening Staff**

Staff responsible for conducting intake risk assessments were interviewed to determine the accuracy and confidentiality of the screening process. These personnel confirmed that any medical or mental health information gathered during risk screenings is handled with strict confidentiality. Information is stored securely within an electronic health record system that restricts access to licensed medical and mental health professionals. Access by security or classification staff is limited to essential, need-to-know situations, in accordance with agency policy and applicable privacy laws.

### **Medical Staff**

Medical staff reported that when an individual discloses a history of sexual victimization that occurred outside a correctional setting, such information is not shared beyond the healthcare team without the individual's informed consent. An exception is made only when the person is under the age of 18, in which case mandatory reporting statutes apply. The medical team confirmed that all individuals who disclose past sexual victimization or exhibit signs of vulnerability or sexually aggressive behavior are automatically referred for a mental health evaluation. These referrals are consistently tracked and documented to ensure they occur within 14 days of intake.

### **Mental Health Services**

Although the facility does not have an on-site, full-time mental health team, behavioral health needs are met through a network of contracted community-based providers. Referrals to these providers may occur during the intake screening, as a result of staff observation, or through self-reporting by the incarcerated individual. Once a referral is initiated, the appropriate contracted provider is contacted, and services are scheduled promptly to ensure continuity of care.

### **Inmates Who Disclosed Prior Victimization**

During the on-site audit, one incarcerated person disclosed a history of sexual victimization during the intake process. The Auditor conducted a confidential interview with this individual to evaluate the facility's responsiveness and adherence to policy. The individual verified that a mental health referral was offered on the same day as the disclosure but chose to decline the services at that time. The person expressed a clear understanding of how to request mental health care at a later date, should the need arise. This interaction demonstrates the facility's commitment to prompt, respectful, and trauma-informed care, while upholding the individual's right to informed decision-making.

## **PROVISIONS**

### **Provision (a): Follow-Up Care for Individuals Reporting Prior Victimization**

The facility has implemented a clearly articulated protocol ensuring that anyone who discloses a history of sexual victimization—whether in an institutional environment or in the community—is referred to a qualified medical or mental health practitioner within 14 days of the intake screening. Documentation and interviews confirmed that this practice is not only in place but consistently followed.

According to **FBOP PS 5324.12 (p. 49)**, when screening pursuant to §115.41 indicates that a person has previously experienced sexual victimization, the institution must offer a follow-up session with a medical or mental health professional within 14 days. The facility demonstrated full adherence to this requirement.

### **Provision (b): Follow-Up for Individuals with a History of Abusive Behavior**

Staff confirmed that individuals identified through the screening process as having perpetrated sexual abuse—regardless of the setting—are also referred for mental health evaluation within 14 days. While there were no such cases during the audit review period, staff demonstrated a strong understanding of the protocol and readiness to act in accordance with policy.

As outlined in **FBOP PS 5324.12 (p. 49)**, staff are required to offer such individuals a follow-up with mental health personnel within the designated timeframe. The facility meets this provision in policy and practice readiness.

### **Provision (c): Applicability of Facility Type**

This provision is not applicable to the facility, as the facility is not a local jail. The provision that mandates follow-up for jail inmates who disclose prior victimization does not apply in this setting.

Per **FBOP PS 5324.12 (p. 49)**, this requirement is specific to jail environments, and the Auditor verified that it does not pertain to this institution.

### **Provision (d): Confidential Sharing of Institutional Abuse History**

Information regarding a person's history of sexual abuse or perpetration of abuse within an institutional setting is only shared as needed to inform treatment plans, mental health services, housing and programming decisions, or security classifications. Interviews with staff reflected an understanding of the importance of safeguarding this information while using it to support safety and well-being.

FBOP guidance in **PS 5324.12 (p. 49)** supports the limited dissemination of such sensitive information solely to those professionals whose responsibilities necessitate it, or as otherwise required by law.

### **Provision (e): Informed Consent for Non-Institutional Disclosures**

Medical and mental health staff affirmed that informed consent is always obtained before sharing any information about past sexual victimization that occurred in the community, unless the individual is under 18 years of age. Consent forms and procedures are in place to ensure that individuals understand the implications of disclosure and retain autonomy over their personal information.

As stated in **FBOP PS 5324.12 (p. 50)**, informed consent is required before reporting such disclosures, ensuring ethical handling of sensitive information.

## **CONCLUSION**

Based on a thorough review of documentation, interviews with relevant staff, and direct feedback from incarcerated individuals, the Auditor concludes that the facility fully complies with the requirements set forth in PREA Standard §115.81. All applicable provisions were met, and procedures are in place to ensure both the timely referral and the privacy of those who disclose histories of sexual abuse or abusive behavior.

**Note:** All documents pertaining to this standard were made available to the Auditor either through the Justice Electronic Filing System (JEFS) or through in-person review during the on-site visit. The Auditor was not permitted to photocopy, scan, or retain digital copies of any documentation. Facility leadership was reminded of their responsibility to preserve all records and make them accessible to the U.S. Department of Justice upon request. The designated Bureau of Prisons (BOP) analyst confirmed the agency's understanding of this obligation and its preparedness to comply.

## **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.*

## DOCUMENT REVIEW

In preparation for the Prison Rape Elimination Act (PREA) audit, the facility submitted a complete Pre-Audit Questionnaire (PAQ) accompanied by supporting documentation that demonstrates its efforts to comply with PREA Standard §115.82. The documentation reviewed by the Auditor included:

- **Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12**, *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015;
- **Warden Memorandum** addressing PREA Standard §115.82 (a)-3, dated April 24, 2025.

These documents collectively outline the institution's protocols and procedures for delivering emergency medical and mental health care to inmates who report sexual abuse. They also confirm the facility's practices regarding timely access to forensic exams, treatment interventions, and compliance with standards of care.

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## INTERVIEWS

### Medical and Mental Health Staff

During interviews with medical and behavioral health personnel, staff emphasized that individuals who report sexual abuse receive immediate access to emergency medical services. Treatment begins as soon as possible following disclosure and is guided by the professional clinical judgment of licensed practitioners. There are no unnecessary delays in providing care.

Medical staff further explained that, when clinically indicated, individuals are promptly offered information about and access to emergency contraception and prophylaxis for sexually transmitted infections (STIs), in accordance with established medical standards.

The Auditor was provided with a detailed overview of the facility's response protocol following a report of sexual assault. Upon arriving at the medical unit, the individual undergoes a preliminary evaluation by a facility physician to determine whether activation of the Sexual Assault Response Team (SART) is warranted. If the assessment indicates the need for advanced care, the individual is immediately transported to a local hospital for specialized services.

If the SART process is initiated on site, nursing staff offer preliminary treatment recommendations, and a physician subsequently issues orders based on those recommendations. In all cases, individuals are counseled regarding STI prevention, follow-up care, and additional medical resources available to them.

### **First Responders (Security and Non-Security Staff)**

Security staff who serve as first responders were interviewed regarding their role in responding to sexual abuse allegations. They described their immediate responsibilities as ensuring the safety of the alleged victim, securing the area, preserving potential evidence, and notifying medical and investigative personnel without delay.

Non-security staff members who may serve in a first responder role stated that their primary responsibilities include protecting the individual from further harm, notifying appropriate security staff, and remaining with the individual until help arrives. These accounts demonstrated a clear understanding of the urgency and sensitivity required in responding to allegations of sexual abuse.

### **Inmates Who Reported Sexual Abuse**

At the time of the on-site audit, no incarcerated individuals currently housed at the facility had reported sexual abuse. As a result, there were no interviews conducted with victims for this standard. However, staff interviews, policy documentation, and medical protocols were reviewed to assess compliance.

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## **PROVISIONS**

### **Provision (a): Immediate Access to Medical and Mental Health Services**

The facility has established procedures to ensure that any individual who reports sexual abuse receives immediate, unimpeded access to emergency medical care and crisis intervention services. The nature and scope of these services are determined by qualified medical and mental health staff, in accordance with their professional judgment.

This practice is supported by **FBOP Program Statement 5324.12, p. 50**, which states that victims of sexual abuse must be provided timely access to care based on clinical evaluation. In addition, the **Warden's Memorandum dated April 24, 2025**, confirms that treatment and intervention services are delivered within 24 hours of the report, and that all medical records are documented in the Bureau Electronic Medical Record (BEMR) and Patient Data System (PDS/BEMR).



The facility contracts with **CHI St. Joseph Hospital**, located at 1001 Saint Joseph Lane, London, KY 40741—a designated Sexual Assault Nurse Examiner (SANE) site—where all forensic medical examinations are conducted by certified professionals.

**Provision (b): Medical Notification in Absence of On-Site Practitioners**

Staff interviews and policy review confirmed that, in instances when qualified medical or mental health personnel are not on duty at the time of a report, custody staff are trained to take immediate action to protect the alleged victim and notify medical personnel without delay. These preliminary steps align with the requirements outlined in §115.62.

As stated in **FBOP Program Statement 5324.12, p. 51**, custody staff must act promptly to ensure that emergency care and professional assessments are not delayed by staffing constraints.

**Provision (c): Access to Emergency Contraception and STI Prophylaxis**

Medical personnel verified that individuals who have experienced sexual abuse while incarcerated are informed of and provided access to emergency contraception and STI prophylaxis as medically appropriate. These services are delivered in accordance with accepted medical guidelines and are initiated as part of the facility's standard care protocol.

As outlined in **FBOP Program Statement 5324.12, p. 51**, timely information and access to these treatments must be provided when clinically indicated. Interviews with healthcare staff confirmed that they collaborate to ensure the individual receives care that is both responsive and appropriate, and that treatment decisions are informed by evidence-based practices.

**Provision (d): No Financial Cost for Treatment Services**

The facility reported, and medical staff affirmed, that all treatment and follow-up services related to sexual abuse are provided at no cost to the individual. This includes services delivered regardless of whether the individual names the perpetrator or agrees to participate in an investigation.

This policy is consistent with **FBOP Program Statement 5324.12, p. 51**, which mandates that treatment be made available to victims of sexual abuse without any financial burden or conditional requirements.

Although no victims were available to confirm this practice during the audit, staff interviews, policy documentation, and education materials reviewed by the Auditor supported compliance with this provision.

**CONCLUSION**

Based on the documentation reviewed, staff interviews, and the facility's established procedures, the Auditor has determined that the institution fully complies with the requirements of PREA Standard §115.82. The facility has demonstrated a strong and consistent ability to provide immediate, high-quality emergency medical and mental health care to individuals who report sexual abuse. Policies and practices reflect a trauma-informed approach, prioritize timely access to services, and ensure confidentiality, dignity, and respect for each individual's rights.

**Note:** All documents relevant to this standard were reviewed either through the Justice Electronic Filing System (JEFS) or in person during the on-site audit. The Auditor was not authorized to duplicate, scan, or retain electronic copies of the reviewed materials. Facility leadership was reminded of their ongoing responsibility to preserve these records and to provide them upon request by the U.S. Department of Justice. The assigned Bureau of Prisons (BOP) analyst confirmed the agency's readiness to meet such obligations.

## **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.*

### DOCUMENT REVIEW

In preparation for the on-site Prison Rape Elimination Act (PREA) audit, the facility submitted a comprehensive set of materials, including a completed Pre-Audit Questionnaire (PAQ) and supporting documentation related to its ongoing compliance with PREA Standard §115.83. Among the key resources reviewed was the **Federal Bureau of Prisons (FBOP) Program Statement 5324.12, Sexually Abusive Behavior Prevention, and Intervention Program**, dated June 4, 2015.

This foundational policy outlines the standards for providing comprehensive medical and mental health care to individuals who report sexual abuse while incarcerated. The materials reviewed demonstrated the facility's alignment with federal guidance and its commitment to a trauma-informed, clinically appropriate response to sexual abuse.

### INTERVIEWS

## Medical Staff

Interviews conducted with medical personnel at the facility revealed a thorough and compassionate approach to the care of individuals impacted by sexual abuse. Staff expressed a clear understanding of their responsibilities under PREA and emphasized their role in promoting safety, preserving dignity, and ensuring access to trauma-responsive care. Several key practices were consistently described across interviews:

- **Immediate Access to Care:** Individuals disclosing sexual abuse receive immediate attention from qualified healthcare professionals. Emergency medical care is prioritized and initiated without delay, with a focus on stabilizing the individual physically and emotionally.
- **Professional Clinical Judgment:** All medical and mental health decisions are guided by the independent judgment of licensed practitioners. Staff confirmed that assessments and treatment plans are tailored to the unique needs of each individual and based on accepted standards of medical and psychological practice.
- **Cost-Free Services:** All medical and mental health services related to incidents of sexual abuse are provided at no cost to the individual, regardless of whether they choose to name the perpetrator or cooperate with an investigation. This policy eliminates financial barriers to care and ensures access to treatment.
- **Confidentiality:** Healthcare personnel underscored the importance of safeguarding individuals' medical privacy. Disclosures of abuse are managed with discretion, and information is shared only when clinically necessary or legally required, in full compliance with HIPAA and agency protocols.
- **Preventive and Diagnostic Services:** When medically indicated, individuals are offered emergency contraception and prophylactic treatment for sexually transmitted infections (STIs). Testing is routinely incorporated into the medical response protocol following a report of sexual abuse.
- **Mental Health Referrals and Ongoing Support:** Referrals for counseling and psychological care are made to licensed behavioral health providers in the community. Follow-up services are arranged based on the individual's preferences and clinical needs, with scheduling support and informational resources provided as part of the facility's coordinated response.
- **Care for Known Abusers:** In accordance with PREA standards, individuals who are found to have perpetrated sexual abuse are referred to for a mental health evaluation within 60 days of discovery. If treatment is recommended, it is made available and facilitated through appropriate clinical providers.

## Inmates Reporting Abuse

At the time of the on-site assessment, there were no individuals currently housed at the facility who had reported experiencing sexual abuse during their incarceration. As such, interviews with victimized individuals regarding the facility's ongoing care practices were not conducted. However, policy documents, staff interviews, and care protocols were thoroughly reviewed to assess the facility's readiness and capacity to respond effectively.

## PROVISIONS

### Provision (a): Evaluation and Treatment for Victims

Per **FBOP PS 5324.12, p. 51**, all individuals who report being sexually victimized in any correctional setting must be offered medical and mental health evaluations, as well as appropriate treatment. The Auditor reviewed documentation confirming that forensic medical exams are conducted by **CHI St. Joseph Hospital**, located at 1001 Saint Joseph Lane in London, KY. This hospital is a designated **Sexual Assault Nurse Examiner (SANE)** facility.

Facility records included evidence of care aligned with community standards, such as STI testing, prophylactic treatments, psychiatric and psychological services, and crisis intervention. These services are made available free of charge, without requiring the individual to identify their abuser or participate in an investigation.

### **Provision (b): Follow-Up and Continuity of Care**

FBOP policy requires that victims receive appropriate follow-up care, including treatment planning and referrals for continued services upon transfer or release. Documentation reviewed by the Auditor supported compliance with this provision. Records reflected detailed clinical notes, scheduled follow-up visits, and consistent contact between incarcerated individuals and medical or mental health staff. Continuity of care was clearly prioritized and tracked.

### **Provision (c): Consistency with Community Standards**

The facility demonstrated that all victims are provided medical and mental health care in line with prevailing community standards, as outlined in **FBOP PS 5324.12, p. 51 (c)**. Staff interviews and documentation confirmed that services mirror the quality and scope of care available in non-correctional settings, particularly in the areas of trauma-informed intervention and STI prevention.

### **Provision (d): Pregnancy Testing for Victims of Penetration**

Per **FBOP PS 5324.12, p. 51 (d)**, victims of sexually abusive vaginal penetration must be offered pregnancy testing. This provision is not applicable to the facility, which is an all-male facility. No referrals for SAFE/SANE examinations were made during the past 12 months.

### **Provision (e): Pregnancy-Related Services**

If pregnancy results from sexual abuse, individuals must be provided timely, comprehensive access to all lawful pregnancy-related medical services, as per **PS 5324.12, p. 52 (e)**. This provision is also not applicable due to the facility's male-only population and absence of any qualifying cases.

### **Provision (f): STI Testing**

Victims of sexual abuse must be offered STI testing when medically appropriate, according to **FBOP PS 5324.12, p. 52 (f)**. As noted under Provision (a), no forensic exams or related medical services were required during the review period. However, staff confirmed that this care would be made available if clinically indicated.

### **Provision (g): Cost-Free Treatment**

The facility adheres to the requirement outlined in **PS 5324.12, p. 52 (g)** that all treatment services related to sexual abuse be provided at no cost, regardless of whether the individual names the perpetrator or engages with an investigation. Staff interviews and policy language consistently reinforced this commitment to removing financial barriers to care.

### **Provision (h): Evaluation and Treatment for Known Abusers**

The facility complies with the mandate in **FBOP PS 5324.12, p. 52 (h)** to conduct mental health evaluations for all known inmate-on-inmate abusers within 60 days of discovery. If treatment is deemed appropriate by clinical staff, it is offered. While there were no active grievances or cases under this provision during the audit period, staff were knowledgeable of the requirement and prepared to implement it.

## **CONCLUSION**

Following a comprehensive review of documentation, clinical protocols, and staff interviews, the Auditor has determined that the facility meets all provisions of PREA Standard §115.83. The facility has demonstrated an

effective, victim-centered approach to ongoing medical and mental health care for survivors of sexual abuse. Staff are well-trained, procedures are consistent with federal guidance, and services are offered without financial, legal, or procedural barriers.

**Note:** All documentation relevant to this standard was made available to the Auditor either through the **Justice Electronic Filing System (JEFS)** or through physical review during the on-site visit. The Auditor was not authorized to scan, duplicate, or electronically retain any records. Facility leadership was reminded of their duty to preserve these records and provide them upon request by the U.S. Department of Justice. The designated Bureau of Prisons (BOP) analyst confirmed the agency's continued readiness to meet these responsibilities.

## 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

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## DOCUMENT REVIEW

The Auditor conducted a thorough review of materials submitted in advance of the onsite visit. This included the completed Pre-Audit Questionnaire (PAQ) along with a comprehensive array of supporting documentation. Central among the reference materials was the Federal Bureau of Prisons (FBOP) Program Statement 5324.12, titled *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015. This foundational document outlines the agency's expectations and procedural requirements for addressing incidents of sexual abuse and conducting subsequent reviews. The materials reviewed provided a detailed framework for evaluating the facility's adherence to PREA Standard §115.86.

## INTERVIEWS

### Facility Head

During the onsite audit, the Facility Head confirmed that a formally designated Sexual Abuse Incident Review Team (SAIRT) operates at the institution and plays an essential role in reviewing qualifying incidents. The team includes a cross-functional group of staff, such as upper-level administrators, investigative personnel, healthcare and mental health staff, and security supervisors. The Facility Head highlighted that this multidisciplinary structure enriches the team's ability to analyze incidents from multiple vantage points, thereby improving the quality and utility of each review. The SAIRT is fully empowered to make recommendations and identify areas requiring corrective action, including policy deficiencies, procedural gaps, and environmental risks. There was a

clear expression of commitment from leadership to take all SAIRT findings seriously and integrate lessons learned into operational adjustments to enhance sexual safety within the facility.

### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager provided a detailed explanation of how Sexual Abuse Incident Reviews are conducted. According to the PCM, all incident reviews are completed within 30 calendar days following the conclusion of a substantiated or unsubstantiated sexual abuse investigation. Each review is documented using the institution's standardized SAIR Checklist (Attachment 9) and is submitted to both the PCM and Facility Head for evaluation. The PCM's insights reflected a proactive stance toward maintaining compliance with PREA requirements and underscored the facility's ongoing commitment to transparency, accountability, and continuous improvement in its prevention and response efforts.

### **Incident Review Team Members**

Several members of the Sexual Abuse Incident Review Team were also interviewed during the audit. Their responses revealed a well-organized and consistent approach to conducting post-incident reviews. Team members described evaluating a wide range of factors, including whether the incident may have been influenced by the incarcerated individual's race, gender identity, sexual orientation, gang affiliation, or other facility-specific dynamics. A critical aspect of each review involves assessing staff behavior—both actions and inactions—to determine if employee conduct played a role in the incident. Once a review is completed, the team formally documents its findings and any recommendations, which are then submitted to facility leadership for review and implementation. Interviewees noted that the collaborative nature of the team, which includes line supervisors, investigators, and clinical staff, ensures a comprehensive evaluation of each case.

## **PROVISIONS**

### **Provision (a): Timely Incident Reviews**

Based on documentation provided and staff interviews, the facility has a clear and consistent practice of conducting Sexual Abuse Incident Reviews following the conclusion of any investigation determined to be substantiated or unsubstantiated. Reviews are not conducted for unfounded allegations or incidents categorized solely as sexual harassment. During the audit review period, two such qualifying incidents were reported, and in both cases, the required reviews were conducted within the prescribed timeframe.

FBOP Program Statement 5324.12 (page 52) mandates that a sexual abuse incident review be conducted at the conclusion of every sexual abuse investigation, regardless of the investigative outcome, unless the allegation is determined to be unfounded.

### **Provision (b): Review Within 30 Days**

The timeliness of the SAIR process was confirmed through interviews and review of documentation. In accordance with policy and practice, the facility completed each SAIR within 30 calendar days from the conclusion of the qualifying investigations. This procedural consistency reflects an elevated level of institutional accountability.

Program Statement 5324.12 (page 53) specifies that incident reviews should occur within 30 days of an investigation's conclusion.

### **Provision (c): Multidisciplinary Participation**



The Sexual Abuse Incident Review Team operates as a multidisciplinary body, as validated through document review and staff interviews. Members include upper-level administrators, unit or line supervisors, investigative personnel, and professionals from medical and mental health services. This collaborative structure ensures that reviews are conducted from a wide range of professional perspectives, increasing the integrity and thoroughness of the evaluative process.

According to Program Statement 5324.12 (page 53), the review team must include upper-level management and receive input from supervisors, investigators, and healthcare practitioners.

#### **Provision (d): Documentation and Submission of Findings**

Each Sexual Abuse Incident Review results in a formal written report that includes an analysis of contributing factors, findings from the review, and recommendations for potential improvement. These reports are submitted to both the Facility Head and the PREA Compliance Manager. Interview responses and documentation confirm that this process is followed rigorously.

Program Statement 5324.12 (page 53, section d) directs that the review team must:

1. Assessing whether the incident or investigation points to a need for policy or practice changes.
2. Evaluate whether the incident was motivated by race, ethnicity, gender identity, LGBTQI+ status (real or perceived), gang affiliation, or other institutional dynamics.
3. Examine the physical area where the incident occurred for potential structural enablers of abuse.
4. Review staffing adequacy in the area across shifts.
5. Consider whether enhancements to monitoring technology are necessary.
6. Compile a report detailing all findings and any recommendations and submit the report to the leadership for consideration and action.

#### **Provision (e): Implementation of Recommendations**

The Facility Head stated that all recommendations made by the SAIRT are carefully reviewed. If a recommendation is deemed actionable, the facility initiates a request for implementation approval from the Federal Bureau of Prisons. Upon receiving approval, the facility proceeds to implement the recommendation. If a recommendation is not adopted, the rationale is formally documented in accordance with agency policy.

Program Statement 5324.12 (page 53) requires that facilities either implement all improvement recommendations made by the SAIR team or provide a written justification for not doing so.

### **CONCLUSION**

After a comprehensive examination of relevant documentation, policies, and staff interviews, the Auditor concludes that the facility demonstrates full compliance with the requirements outlined in PREA Standard §115.86 – Sexual Abuse Incident Reviews. The facility has established a robust, well-documented, and timely review process led by a multidisciplinary team that actively evaluates incidents and contributes to the facility's continuous efforts to improve safety, transparency, and accountability.

**Note:** As a matter of procedural transparency, it is important to document that all materials reviewed for this standard were made available to the Auditor either through the Justice Electronic Filing System (JEFS) or in hard copy format during the onsite portion of the audit. In accordance with federal policy, the Auditor was not permitted to photocopy, scan, or otherwise retain any documentation for post-audit reference or recordkeeping.

Agency leadership was reminded of their responsibility to maintain all PREA-related documentation in accordance with federal requirements and to make such records available to the U.S. Department of Justice upon request. Both facility leadership and the designated Bureau of Prisons (BOP) audit liaison reaffirmed their commitment to full compliance with PREA standards, underscoring their dedication to transparency, accountability, and the preservation of institutional integrity throughout the audit process.

## 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.*

## **DOCUMENT REVIEW**

The Auditor conducted a comprehensive review of documentation relevant to the data collection standard during the PREA audit process. Materials were made accessible via the Justice Electronic Filing System (JEFS) as well as through hard copies provided during the onsite visit. Key documents reviewed included:

- The completed Pre-Audit Questionnaire (PAQ) along with relevant supporting documents;
- Federal Bureau of Prisons (FBOP) Program Statement 5324.12, titled *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015; and
- The most recent set of annual PREA reports submitted by the agency.

These resources provided an in-depth understanding of the agency's system-wide policies, operational procedures, and performance metrics related to the collection, aggregation, and reporting of PREA-related data.

## **INTERVIEWS**

### **PREA Coordinator**

During the onsite interview, the agency's PREA Coordinator articulated a clear and comprehensive understanding of the agency's data collection practices. The coordinator explained that the FBOP employs a standardized and centralized approach to PREA data collection across all its facilities, including those operated under private contracts. The process integrates both incident-specific and systemic data sources, such as initial incident reports, investigative summaries, Sexual Abuse Incident Review (SAIR) documentation, and reports from contract correctional facilities. The coordinator further emphasized that the agency complies fully with federal PREA reporting mandates, including the annual data submission to the Department of Justice (DOJ) by the required deadline of June 30.

### **PREA Compliance Manager (PCM)**

The facility's PREA Compliance Manager echoed the agency's commitment to accurate, timely, and transparent data practices. The PCM detailed how incident-based data is collected and recorded in real time, followed by entry of final case outcomes, response measures, and review findings. These data points are securely stored and used both for internal performance review and to meet external reporting requirements, ensuring accountability and facilitating data-driven improvements.

## **PROVISIONS**

### **Provision (a): Standardized Data Collection**

The FBOP utilizes a uniform, agency-wide data collection tool that incorporates standardized definitions and consistent formats. This tool is applied across all facilities, both federally operated and privately contracted, to ensure data integrity and comparability. According to PS 5324.12, p. 54, the FBOP must collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument. Review of the most recent annual PREA report confirms full implementation of this requirement.

**Provision (b): Annual Aggregated Data Compilation**

On at least an annual basis, the agency aggregates sexual abuse data to identify patterns, assess institutional risks, and inform strategic planning. These compilations are used to guide staff training, improve safety planning, and implement corrective actions as needed. As stipulated in PS 5324.12, p. 55, this provision is met through consistent review and evaluation of both facility-level and agency-wide data. The Auditor confirmed compliance through a review of the agency's most recent PREA annual report.

**Provision (c): DOJ Reporting Compatibility**

The agency's data collection protocols are designed to fully align with the data elements required by the U.S. Department of Justice's Bureau of Justice Statistics, including the annual Survey of Sexual Victimization (SSV). Tools in use allow for comprehensive data gathering that satisfies all federal reporting criteria. PS 5324.12, p. 55, mandates that the data collected must be sufficient to answer all questions from the most recent SSV. The Auditor verified this by reviewing the completed annual PREA reports, which included all requisite data fields.

**Provision (d): Use of Incident-Based Documentation**

Data collection efforts are grounded in thorough documentation of individual incidents, including reports, investigative files, and SAIR outcomes. These documents form the foundational source material for both micro-level review and macro-level aggregation. As confirmed in PS 5324.12, p. 55, the FBOP is required to maintain and review all available incident-based documentation. The PAQ and supporting files demonstrated compliance with this provision, and the most recent PREA annual report contained analysis and corrective actions linked to specific incidents.

**Provision (e): Inclusion of Contracted Facilities**

The agency ensures that its data collection framework encompasses all facilities under contract to house FBOP individuals. These institutions are held to meet the same data reporting requirements as federal facilities and are integrated into the agency's PREA reporting system. PS 5324.12, p. 55, requires the inclusion of incident-based and aggregated data from all contracted providers. The PAQ and annual report both confirmed that data from privately operated institutions is gathered and included in DOJ submissions.

**Provision (f): Submission to DOJ**

The agency complies with federal regulations requiring submission of the previous calendar year's PREA data to the Department of Justice no later than June 30 each year. This data is submitted via the SSV-02 (Survey of Sexual Victimization) instrument. PS 5324.12, p. 55, clearly outlines this responsibility, and the Auditor's review of the most recent annual PREA report affirmed that the agency met the submission deadline and provided all required data fields.

**CONCLUSION**

Following a thorough examination of agency documentation, policy, and practices—as well as interviews with relevant staff, the Auditor finds that the facility fully meets all provisions of PREA Standard §115.87 related to data collection. The agency has demonstrated a robust and consistent approach to capturing, aggregating, and reporting data on incidents of sexual abuse in custody.

**Note:** As a matter of audit protocol and transparency, it is important to document the Auditor's access to relevant materials for this standard. All documentation was reviewed either through the secure Justice Electronic Filing System (JEFS) or was made available in hard copy during the onsite audit. In accordance with FBOP policy, the Auditor was not authorized to photocopy, scan, download, or otherwise retain any documents for post-audit reference.

Agency leadership was formally reminded of their obligation to preserve all PREA-related documentation in compliance with federal record retention policies. They were also advised that these records must be made

available to the U.S. Department of Justice upon request. Facility administrators and the assigned Bureau of Prisons audit liaison confirmed their understanding of these responsibilities and reaffirmed the agency's ongoing commitment to transparency, accountability, and full compliance with PREA standards. Their active cooperation throughout the audit reflects the agency's broader dedication to fostering institutional safety, operational integrity, and public trust.

## 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.*

## **DOCUMENT REVIEW**

In preparation for the audit, the Auditor conducted a comprehensive review of materials relevant to PREA Standard §115.88. These included the Pre-Audit Questionnaire (PAQ) and accompanying documentation, the Federal Bureau of Prisons (FBOP) Program Statement 5324.12 titled *Sexually Abusive Behavior Prevention and Intervention Program* (dated June 4, 2015), specifically page 56, and the most recent officially released annual PREA report. These documents provided insight into the agency's data collection, analysis, reporting practices, and institutional commitment to preventing, detecting, and responding to sexual abuse and harassment.

## **INTERVIEWS**

### **Agency Head or Designee**

During the on-site interview, the Agency Head Designee articulated the critical role the FBOP's annual PREA report plays within the organization. Beyond fulfilling regulatory obligations, the Designee emphasized that the report serves as a key evaluative tool that shapes agency-wide strategy. The report analyzes data over multiple years, identifies systemic vulnerabilities, recognizes effective practices, and outlines current and future corrective actions. The Designee underscored the agency's emphasis on transparency and continuous quality improvement, noting that these reports are made publicly available through the Bureau's official website.

### **Facility Head or Designee**

The Facility Head discussed the local-level processes that feed into the broader data review system. A standing PREA Committee within the facility conducts in-depth reviews of all allegations of sexual abuse or harassment. These reviews are carefully documented and submitted to the agency's PREA Coordinator, contributing to system-wide analysis and improvement efforts. This approach ensures that data from the facility level is actively integrated into the Bureau's overarching strategies to enhance safety, accountability, and policy effectiveness.

### **PREA Coordinator (PC)**

The PREA Coordinator provided a detailed overview of the FBOP's data review process at the national level. Data collected under PREA Standard §115.87 is analyzed annually to assess the effectiveness of policies, training programs, supervision protocols, and incident response strategies. Findings from this analysis are compiled into a comprehensive Annual PREA Report that includes statistical breakdowns, trend analysis, and recommendations for agency-wide improvement. The Coordinator confirmed that the report is published online for public access, and that any redactions are made only to protect sensitive personal or institutional information, ensuring that the content remains transparent and informative.

### **PREA Compliance Manager (PCM)**

Echoing the agency's commitment to openness, the PREA Compliance Manager confirmed that all PREA-related policies, procedures, training materials, and annual reports are made available through the agency's website. This practice not only reinforces public trust but also ensures external stakeholders—such as advocacy groups,

families, and oversight entities—can access information vital to evaluating institutional integrity and safety practices.

## **PROVISIONS**

### **Provision (a): Annual Data Review and Evaluation**

According to both the documentation provided and interviews with the PREA Coordinator, the FBOP conducts a rigorous annual review of all sexual abuse and harassment data collected in accordance with PREA Standard §115.87. This process evaluates the effectiveness of current policies, staff training, supervision models, and institutional responses. The resulting report breaks down the data by facility, highlights problematic trends, and issues recommendations for corrective action grounded in statistical evidence.

FBOP Program Statement 5324.12 (p. 56) mandates that data aggregated under §115.87 be used to:

1. Identify problem areas across facilities;
2. Implement corrective measures on an ongoing basis; and
3. Prepare a comprehensive annual report outlining findings and remedial actions taken at both the facility and agency levels.

### **Provision (b): Trend Analysis and Corrective Action Reporting**

The agency's most recent annual PREA report reflects a sophisticated approach to longitudinal data analysis. The report compares current-year data to that of previous years, allowing the FBOP to track shifts in reporting patterns, changes in incident rates, and the impact of previously implemented interventions. This multi-year perspective supports a deeper understanding of evolving dynamics and fosters data-informed decision-making. The Auditor verified that the report includes a summary of corrective actions, assessments of program effectiveness, and forward-looking recommendations, demonstrating the agency's commitment to continual improvement.

As required by FBOP Program Statement 5324.12 (p. 56, subsection b), the annual report must include year-over-year comparisons and a meaningful evaluation of the agency's progress in addressing and reducing incidents of sexual abuse in custody.

### **Provision (c): Public Accessibility**

In alignment with both PREA standards and internal policy, the FBOP ensures that its annual PREA reports are published and made easily accessible to the public. As verified through document review and interviews, these reports are available on the Bureau's official website. Stakeholders, including advocacy groups, oversight bodies, academic researchers, and members of the public—can access these materials without restriction, affirming the agency's commitment to open governance and institutional transparency.

The FBOP's website features a dedicated *Sexual Abuse Prevention* page, where current and past PREA reports are housed. This online repository enables widespread access and reflects compliance with FBOP Program Statement 5324.12 (p. 56, subsection c), which requires the agency to post the report online or, if unavailable, provide it through other accessible means.

[Access Page: Sexual Abuse Prevention – Bureau of Prisons](#)

### **Provision (d): Transparency and Limited Redactions**

The agency has implemented clear and consistent guidelines concerning redactions to the released annual reports. According to the PREA Coordinator, redactions are rare and applied only when necessary to safeguard individual privacy or protect the safety and security of institutional operations. When redactions do occur, the report specifies the nature of the redacted material, as required by FBOP Program Statement 5324.12 (p. 56, subsection d). This limited and transparent redaction practice ensures that the integrity of the information shared with the public remains intact and credible.

## **CONCLUSION**

Based on an extensive review of documentation, policies, and interviews with key personnel, the Auditor concludes that the facility is in **full compliance** with PREA Standard §115.88 – Data Review for Corrective Action.

The FBOP has implemented a comprehensive and strategic data review process that reflects the best practices in accountability, transparency, and continuous institutional improvement. The annual data review is thorough and action-oriented, using facility-level contributions to shape agency-wide policy, training, and prevention strategies. Through the publication of detailed, publicly accessible reports, the agency ensures that its efforts are visible, measurable, and responsive to evolving challenges.

The facility under review actively supports this agency-wide effort by engaging in local data reviews, contributing to broader analysis, and aligning its practices with the principles of PREA. The integrated, multi-level approach reflects a mature, well-coordinated system focused on the protection of individuals in custody and the promotion of institutional integrity.

**Note:** In the interest of procedural transparency, it is important to note that all documentation pertaining to this standard was made available to the Auditor either through the Justice Electronic Filing System (JEFS) or through direct review of hard copies during the on-site audit. In compliance with federal policy, the Auditor was not authorized to scan, photocopy, or retain any materials post-audit. The facility and agency leadership were reminded of their responsibility to preserve all PREA-related documentation in accordance with federal guidelines and to provide such records upon request by the U.S. Department of Justice. The assigned BOP liaison confirmed the agency's preparedness to comply fully with this obligation

## **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.*

#### **DOCUMENT REVIEW**

- Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015
- Most recent annual PREA report
- Federal Bureau of Prisons publicly accessible website [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

#### **INTERVIEWS**

- National PREA Coordinator (NPC)

According to the interview notes of the NPC, the Auditor learned there are several locations where the FBOP retains data. At the local level, data is retained within a secure system and access to the system is limited to those staff with a need-to-know. Additional data is retained at the Agency

level as required for completion of the SSV-2, and within the FBOP website for public access.

**Provision (a): Secure Data Collection and Storage**

The Auditor confirmed through document review and interviews that the FBOP maintains a secure data infrastructure for storing PREA-related information. Access to this data is role-specific and limited to individuals with an operational need to view or analyze it. The data includes both individual case-level documentation and facility-wide or agency-wide statistical summaries. Additionally, the agency fulfills its obligation to publish **aggregated sexual abuse data annually**, ensuring that the public remains informed about institutional trends and performance.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 56, (a), states the agency shall ensure that data collected pursuant to §115.87 are securely retained.

**Provision (b): Annual Publication of Aggregated Data**

Agency and facility staff confirmed that the FBOP is committed to publishing **agency-wide and facility-specific PREA data** at least once per calendar year. The Auditor verified that current and prior year reports are available on the agency's public-facing website and include information from both state-operated and privately contracted correctional facilities.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 56, (b), indicates the agency shall 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.

The FBOP Inmate Sexual Abuse Prevention webpage provides the most recent annual report related to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at

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

**Provision (c): Redaction of Personal Identifiers**

To ensure compliance with privacy protections and institutional safety, all public data reports are carefully reviewed and **redacted of any personally identifying information**. This practice was confirmed during the interview with the PREA Coordinator. Redactions are narrowly applied and limited strictly to content that could compromise the privacy, dignity, or security of any individual. All other relevant data remains intact to ensure accuracy and transparency in reporting.

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 56, (c), states before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

According to the NPC, the agency reviews data collected pursuant to §115.87, and that the only information redacted from the agency report is personal identifying information. The agency report reviewed by the Auditor met PREA compliance standards.

#### **Provision (d): Data Retention Requirements**

The agency retains all PREA-related data for a minimum of **ten (10) years** from the date of collection unless a longer retention period is required due to legal or regulatory mandates.

**Criminal investigations:** Records must be retained for **the duration of the alleged abuser's incarceration or employment, plus five additional years, or a minimum of ten years from the report date**, whichever is longer.

**Administrative investigations:** Subject to the same retention timeframes.

The PREA Coordinator also confirmed that inmate records stored electronically and are retained **indefinitely**, supporting the agency's long-term data accountability framework

FBOP Program Statement (PS) 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*, dated 6/4/2015, p. 57, (d), states the agency shall 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.

### **CONCLUSION**

After an extensive review of policy documents, agency practices, and interviews with responsible personnel, the Auditor concludes that the agency/facility are in **full compliance** with PREA Standard §115.89 – *Data Storage, Publication, and Destruction*.

The agency has developed and implemented a **structured, secure, and transparent system** for collecting, storing, analyzing, and publishing data related to sexual abuse in custody. From limiting data access through secure digital systems to publishing de-identified aggregated statistics annually, the agency's practices reflect a firm commitment to **confidentiality, accountability, and public trust**.

By retaining records beyond minimum federal timelines and making key information publicly available, the agency/facility demonstrates a clear dedication to upholding the PREA standards and fostering a safe, responsive environment for all individuals in custody.

## **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.*

## **DOCUMENT REVIEW**

As part of the audit preparation process, the Auditor conducted a detailed review of materials submitted in advance, including the completed Pre-Audit Questionnaire (PAQ) and all accompanying documentation. Among the key resources reviewed was the Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, titled *Sexually Abusive Behavior Prevention and Intervention Program*, dated June 4, 2015. Particular attention was given to pages 57–58, which outline audit-related expectations and requirements under the Prison Rape Elimination Act (PREA).

Additionally, the Auditor consulted the publicly accessible FBOP Inmate Sexual Abuse Prevention web page, which houses agency-wide data on sexual abuse in custody settings. This site serves as a transparency tool and includes the most recent annual report in compliance with PREA data collection and dissemination standards. The web page can be accessed here:

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

## **INTERVIEW**

### **PREA Coordinator (PC)**

During the on-site interview, the facility's designated PREA Coordinator shared that this audit falls within the second year of the current three-year PREA audit cycle. The PC referenced the FBOP PREA webpage, which hosts reports that summarize sexual abuse data collected from various correctional facilities under its jurisdiction. That webpage is located at:

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

The PC affirmed that every facility within the FBOP underwent a PREA audit during the most recent cycle spanning 2019 to 2022.

### **Random Incarcerated Individual**

When interviewed, randomly selected incarcerated individuals confirmed that they were informed of their right to communicate confidentially with the Auditor. All those interviewed reported being given the opportunity to send written correspondence to the Auditor and indicated this could be done in the same secure and private manner as legal communications.

## **PROVISIONS**

### **Provision (a)**

According to Program Statement 5324.12, Section (a), during the initial three-year period beginning August 20, 2013—and during each subsequent three-year cycle—the agency must ensure that every facility it operates, including those run by private contractors on its behalf, undergoes a PREA compliance audit at least once. The FBOP fulfills this obligation by publishing audit reports on its public website, offering transparency and accountability in accordance with PREA standards. Annual reports detailing incidents of sexual abuse across FBOP-operated facilities are also made publicly available at:

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

**Provision (b)**

Section (b) of PS 5324.12 requires that each year, beginning August 20, 2013, the agency must ensure that at least one-third of each type of facility is operated on its behalf by a private organization—is audited for PREA compliance. The FBOP's commitment to this auditing schedule is supported by the reports accessible on its website, which reflect the scope and timing of compliance reviews in line with federal requirements.

**Provision (c) through Provision (g)**

Not applicable.

**Provision (h)**

Program Statement 5324.12, Section (h), affirms the Auditor's right to full access to all areas within the facility being audited. During the on-site audit, the Auditor was granted unrestricted access to all housing units, administrative spaces, program areas, and ancillary locations within the facility. The PREA Compliance Manager (PCM) and facility staff remained readily available to escort the Auditor as needed and ensured prompt access to any location requested.

**Provision (i)**

As outlined in Section (i), Auditors are entitled to request and receive any relevant documentation necessary for an accurate and thorough assessment, including electronic records. Throughout the audit process, the facility and the FBOP's representative organization, EKL, consistently responded to all document requests in a timely and cooperative manner, ensuring transparency and compliance with this requirement.

**Provision (j) through Provision (l)**

Not applicable.

**Provision (m)**

Section (m) of the Program Statement guarantees the Auditor's authority to conduct private interviews with individuals in custody. During this audit, the Auditor was able to engage in confidential conversations with incarcerated individuals in a manner that respected their privacy, in accordance with PREA audit protocols.

**Provision (n)**

According to Section (n), individuals in custody must be permitted to send confidential communications to the Auditor, equivalent to the manner in which they would correspond with legal counsel. Interviews with incarcerated individuals confirmed that this protocol was upheld, and that confidential mailing to the Auditor was made available to them.

**Provision (o)**

Not applicable.

**CONCLUSION**

After conducting a comprehensive review of relevant documents, policies, interviews, and on-site observations, the Auditor concludes that the facility has demonstrated full compliance with all applicable provisions related to the frequency and scope of PREA audits. The facility's actions reflect an ongoing commitment to transparency, accountability, and adherence to national standards for the prevention, detection, and response to sexual abuse in confinement settings.

**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.*

### PROVISION

#### Provision (f)

The Federal Bureau of Prisons (FBOP) maintains a dedicated web page focused on the prevention of sexual abuse within its facilities. This online resource includes the most recent annual report that details data on incidents of sexual abuse across FBOP institutions, in full alignment with the data collection and publication requirements outlined in the Prison Rape Elimination Act (PREA) standards. This report is publicly available and may be accessed through the following link:

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

### CONCLUSION

Following a thorough evaluation of the documentation, interviews, and supporting materials, the Auditor concludes that the facility has fully met the expectations set forth under this provision of the standard concerning audit contents and findings. The facility demonstrated a strong commitment to transparency, accountability, and compliance with all applicable PREA requirements.

## AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Darla P. O'Connor

July 23, 2025

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.