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: April 9, 2026

Auditor Information

Name: Valerie Wolfe Mahfood	**Email:** valerie@preaauditing.com
Company Name: Corrections Consulting Services, LLC.	
Mailing Address: P.O. Box 596	**City, State, Zip:** Buchanan Dam, Texas, 78609
Telephone: (713) 818-9098	**Date of Facility Visit:** March 3-5, 2026

Agency Information

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

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

Agency Chief Executive Officer

Name: William K. Marshall III, Director, Federal Bureau of Prisons	
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:** 202-934-4666
PREA Coordinator Reports to: Dana R. DiGiacomo, Assistant Director, Reentry Services Division	**Number of Compliance Managers who report to the PREA Coordinator:** 120

Facility Information

Name of Facility: Federal Correctional Institution (FCI) Texarkana			
Physical Address: 4001 Leopard Drive		**City, State, Zip:** Texarkana, TX, 75501	
Mailing Address (if different from above): P.O. BOX 9500		**City, State, Zip:** **Texarkana, TX, 75505**	
The Facility Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☒ Federal
Facility Type:	☒ Prison	☐ Jail	

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

Has the facility been accredited within the past 3 years? ☒ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☒ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe:

☐ N/A

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

Warden/Jail Administrator/Sheriff/Director

Name:	J. Johnston, Warden		
Email:	TEX-AW-S@bop.gov	**Telephone:**	903-838-4587

Facility PREA Compliance Manager

Name:	D.L. Rice, Associate Warden/PREA Compliance Manager		
Email:	TEX-AW-S@bop.gov	**Telephone:**	903-838-4587

Facility Health Service Administrator ☐ N/A

Name:	B. Copeland, Health Service Administrator		
Email:	TEX-AW-S@bop.gov	**Telephone:**	903-838-4587

Facility Characteristics	
Designated Facility Capacity:	952 (748 FCI and 204 SCP)
Current Population of Facility:	1326
Average daily population for the past 12 months:	1338
Has the facility been over capacity at any point in the past 12 months?	☒ Yes ☐ No
Which population(s) does the facility hold?	☐ Females ☒ Males ☐ Both Females and Males
Age range of population:	19-81 (FCI) and 22-70 (SCP)
Average length of stay or time under supervision:	737.5 (FCI) and 347.3 (SCP)
Facility security levels/inmate custody levels:	Low, Minimum/In, Out, Community
Number of inmates admitted to facility during the past 12 months:	1597
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	995
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	903
Does the facility hold youthful inmates?	☐ Yes ☒ No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	☒ N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☒ Yes ☐ No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	☐ Federal Bureau of Prisons ☒ U.S. Marshals Service ☒ U.S. Immigration and Customs Enforcement ☒ Bureau of Indian Affairs ☒ U.S. Military branch ☒ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: ☐ N/A
Number of staff currently employed by the facility who may have contact with inmates:	252
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	13

Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	13
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	13
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	19
Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	67
Number of inmate housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	19
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	12
Number of open bay/dorm housing units:	6
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	34
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	☐ Yes ☐ No ☒ N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☒ Yes ☐ No

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☒ Yes ☐ No
Are mental health services provided on-site?	☒ Yes ☐ No
Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe:

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☒ A U.S. Department of Justice component ☐ Other (please name or describe): FBI ☐ N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	253
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☒ Facility investigators ☒ Agency investigators ☐ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe): ☒ N/A

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 7
List of Standards Exceeded: 115.11, 115.13, 115.31, 115.32, 115.33, 115.83, 115.401

Standards Met

Number of Standards Met: 38

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met:

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	March 3, 2026
2. End date of the onsite portion of the audit:	March 5, 2026
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Just Detention International, RAINN National Sexual Assault Hotline
Audited Facility Information	
4. Designated Facility Capacity:	952
5. Average daily population for the past 12 months:	1338
6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	19
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees	
8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	1319
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:	39
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:	0
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:	0
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:	2
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:	10
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:	NA
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:	7
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:	12
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:	NA
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:	122
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.*	NA = A running count of this category of inmate is not tracked within the facility for the 12 months preceding the audit. The information is recorded and kept in individual offender files but not tracked in a manner that an institutional list can be generated.
Staff, Volunteers, and Contractors *Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees*	
24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:	252
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:	13
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:	19
27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit. *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	NA
Interviews	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☒ Other (describe) Custody, Job Assignment, Program Activity, Physical Characteristics, Psychological Characteristics, Primary Language Spoken, or other distinguishing factors amongst population. ☐ None (explain)
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	Housing Rosters

31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	NA

32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	No barriers to completing random interviews were noted.
Targeted Inmate/Resident/Detainee Interviews	
33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: *As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.* *For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.* *If a particular targeted population is not applicable in the audited facility, enter "0".*	21
34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Reviewed facility documentation. All inmates interviewed were also asked if they were at least eighteen years of age.

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:	6

a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	5
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1

a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	5
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	5
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the	

PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
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:	2
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
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:	8
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Reviewed facility documentation. All inmates interviewed were also asked if they had ever been placed in special housing for risk of sexual victimization. None of the inmates interviewed stated that they had ever been placed in such housing for risk of sexual victimization.

45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	Inmates were allowed to self-select out of and/or into all targeted categories during the interview process. As such, while facility records may or may not include inmates within targeted categories, targeted protocols were still completed for any inmate who self-selected into any targeted protocol at the time of the interview. Also, it should be noted that if there were not sufficient numbers of inmates assigned to the facility within a targeted group, oversampling was done in other targeted groups to ensure the minimum number of targeted interviews were conducted.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
46. Enter the total number of RANDOM STAFF who were interviewed:	12
47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☒ Other (describe) Gender, race, ethnicity, languages spoken, or other distinguishing factors amongst staff relative to their employment. ☐ None (explain)
48. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):	☐ Too many staff declined to participate in interviews ☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☐ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other (describe)
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:	
49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	No barriers to completing random staff interviews were noted.

Specialized Staff, Volunteers, and Contractor Interviews *Staff in some facilities may be responsible for more than one of the specialized staff duties. Therfore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.*	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	15
51. Were you able to interview the Agency Head?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the Agency Head:	
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	
53. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the PREA Coordinator:	
54. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	☒ Agency contract administrator ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☒ Medical staff ☒ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☒ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☒ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☒ Staff who perform screening for risk of victimization and abusiveness ☒ Staff who supervise inmates in segregated housing/residents in isolation ☒ Staff on the sexual abuse incident review team ☒ Designated staff member charged with monitoring retaliation

	☒ First responders, both security and non-security staff ☒ Intake staff ☒ Other (describe) Commissary, Laundry, Training Staff, Chaplain, Law Library, and SAFE/SANE staff associated with the local hospital
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☒ Religious ☐ Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	☐ Security/detention ☐ Education/programming ☒ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). *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.*	NA

Site Review and Documentation Sampling

Site Review

PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

59. Did you have access to all areas of the facility?	☒ Yes ☐ No
a. If no, explain what areas of the facility you were unable to access and why.	
Was the site review an active, inquiring process that included the following:	

60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	☒ Yes ☐ No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	☒ Yes ☐ No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
63. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No

64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	NA

Documentation Sampling

Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.

65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	Additional document sampling was done both at random, as well as in coordination with comments received from inmates and staff during the interview process.

Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	4	0	4	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	4	0	4	0

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.	No criminal sexual abuse investigations were conducted during the audit time frame.

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) with information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	3	1
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	3	1

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

Sexual Harassment Investigation Outcomes

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

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

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

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.	No allegations of sexual harassment were filed during the audit time frame.

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

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

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

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

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:	4
a. If 0, explain why you were unable to review any sexual abuse investigation files:	
74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ N/A (N/A if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files	
75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	4
76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

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

88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	NA
Support Staff Information	
DOJ-certified PREA Auditors Support Staff	
90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? *Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.*	☐ Yes ☒ No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	
Non-certified Support Staff	
91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? *Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.*	☐ Yes ☒ No
a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	
Auditing Arrangements and Compensation	
92. Who paid you to conduct this audit?	☐ The audited facility or its parent agency ☐ My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option) ☒ A third-party auditing entity (e.g., accreditation body, consulting firm) ☐ Other

PREVENTION PLANNING

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

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

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.11 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents:

- Program Statement P3420.12, Standards of Employee Conduct, 6-24-24
- Program Statement P5270.09, Inmate Discipline Program, 7-8-11
- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP Inmate Notice Zero Tolerance, English
- BOP Inmate Notice Zero Tolerance, Spanish
- BOP Sexually Abusive Behavior Prevention and Intervention: An Overview for Inmates, English, January 2023
- BOP Sexually Abusive Behavior Prevention and Intervention: An Overview for Inmates, Spanish, January 2023
- BOP MOU, Responsibilities of National PREA Coordinator, 3-11-13
- BOP Reentry Service Division, Assistant Director's Office
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Facility Site Map, 3-4-26
- TEX Daily Roster Report, 2-26-26
- TEX Inmate Orientation Handbook, English
- TEX Inmate Orientation Handbook, Spanish

Interviews:

- Agency Head Designee
- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff

Site Review Observations:

- The Federal Bureau of Prisons (BOP) Agency PREA Coordinator provides guidance to Central Office Management Analysts, who subsequently provide guidance to facility-based PREA Compliance Managers (PCM), to include the PCM assigned to the Federal Correctional Institution (FCI) at Texarkana, Texas.
- The FCI Texarkana (TEX) PREA Compliance Manager is physically assigned to the FCI Texarkana and maintains a permanent office, with routine activities, within said institution as a function of that facility assignment.

Standard Subsections:

(A) Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program,

6-4-15; and Institution Supplement TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25, provides written direction mandating a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. Together, they outline both the agency's, and the facility's, approach to preventing, detecting, and responding to such conduct.

(B) The BOP has employed an agency-wide PREA Coordinator. This position, Agency PREA Coordinator, is within the upper hierarchy of organizational authority within the BOP. The Agency PREA Coordinator provides guidance at the national level to four Central Office Management Analysts assigned to the BOP. The Central Office Management Analysts, in turn, provide guidance to the institutional PREA Compliance Managers assigned to agency facilities. As a collective effort, these persons help facilitate institutional needs specific to the implementation and advancement of the PREA standards. As such, the Agency PREA Coordinator, in coordination with the four Central Office Management Analysts, facility wardens, and facility-based PREA Compliance Managers, guide the implementation of PREA standards throughout the agency.

(C) The BOP operates multitudes of correctional institutions. Each warden within these institutions has been charged with designating a PREA Compliance Manager, who holds the supervisory rank of Associate Warden. The FCI Texarkana Warden affirms his designation of an Associate Warden assigned to the FCI Texarkana to serve in this capacity. The Associate Warden serving as the FCI Texarkana PREA Compliance Manager further confirms both sufficient time and authority to coordinate the facility's efforts in complying with the PREA standards.

Reasoning & Findings Statement:

This standard works to ensure the agency operates with a zero-tolerance acceptance level of sexual abuse and sexual harassment of inmates. Additionally, the standard requires that individual facilities operate with respect to the agency's zero-tolerance expectation. In this regard, the agency has implemented policies designed to prevent, detect, and respond to sexual abuse and sexual harassment. Though the standard requires the minimum staffing of one agency-wide PREA Coordinator and then individual PREA Compliance Managers assigned to each facility, the BOP has exceeded this requirement through the additional employment of four Central Office Management Analysts. The sole function of the Central Office Management Analyst position is to better coordinate and advance the implementation of the PREA standards and policies to significantly increase the sexual safety of all inmates incarcerated within the BOP. As such, the agency, and by extension the facility, has clearly exceeded the basic requirements of this standard.

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

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on

or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25

Interviews:

- Agency Contract Administrator
- Agency PREA Coordinator

Site Review Observations:

- The FCI Texarkana is a publicly operated correctional facility through the Federal BOP.

Standard Subsections:

(A) The BOP no longer contracts for the confinement of its inmates with private agencies.

(B) The BOP no longer contracts for the confinement of its inmates with private agencies.

Reasoning & Findings Statement:

This standard ensures that all private entities contractually bound to the parent agency; namely, the federal BOP, comply with the PREA standards. However, the BOP no longer contracts with private agencies/entities for the confinement of federal inmates.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P3000.03, Human Resource Management Manual, 12-19-07
- Program Statement P5216.06, Juvenile Delinquents, 4-26-19
- BOP Inmate Notice Zero Tolerance, English
- BOP Inmate Notice Zero Tolerance, Spanish
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Institutional Duty Officer, Unannounced Institutional Rounds: December 3-10, 2024, December 10-16, 2024, January 14-20, 2025, January 21-28, 2025, April 8-15, 2025, May 6-12, 2025, August 5-11, 2025, August 12-19, 2025, November 25-Decembr 2, 2025
- TEX Memorandum for PREA File, PREA Standard 115.13 (a)-1, Supervision and Monitoring, 12-17-25
- TEX Memorandum for PREA File, PREA Standard 115.13 (c)-1, Supervision and Monitoring, nd
- TEX Memorandum for PREA File, PREA Standard 115.13 (d)-1, Supervision and Monitoring, 12-18-25
  TEX Memorandum for PREA File, PREA Standard 115.13 (d)-1, Supervision and Monitoring, nd

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff

Site Review Observations:

- All inmate housing areas contain at least one custody post that is continuously monitored by staff. All areas of high inmate traffic are assigned staffing positions while in operation.

- During the site review, supervisory staff were observed making routine and frequent rounds throughout the facility. All random staff interviewed did indicate that supervisory staff were available to them as needed and did routinely conduct unannounced rounds within the facility.
- During supervisory rounds, ranking officials were observed reviewing required documentation completed by line staff as a function of their duty posts.
- During the onsite portion of the audit, additional FCI Texarkana IDO Unannounced Institutional Rounds (Chronological Housing/Building Logs) were inspected to ensure supervisory staff were conducting, and properly documenting, their unannounced rounds. Supervisory signatures were observed in red or blue ink.
- IDO Unannounced Institutional Rounds were also reviewed onsite to ensure that opposite gender announcements on all three facility shifts, where appropriate, were being made and properly documented.

Standard Subsections:

(A) The FCI Texarkana has developed and documented a staffing plan. Facility administrators are required to make their best efforts in complying with said plan on a regular basis in order to provide for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against abuse (P5324.12). The TEX reviews the facility's staffing plan on a quarterly basis. As noted within the Quarterly Salary Workforce Minutes reviewed onsite, the staffing plan takes into consideration generally accepted correctional practices when determining staffing needs and the need for video monitoring. If present, the staffing plan considers any judicial, federal investigative agencies, internal, and external oversight bodies' findings of inadequacy. Per the TEX Warden, the quarterly staffing plan review requires that the facility considers components of the facility's physical plant, composition of the inmate population, number and placement of supervisory staff, institutional programing needs, applicable state and local laws, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, as well as any other relevant factors when determining staffing needs and the need for video monitoring. Lastly, as noted by the FCI Texarkana PREA Compliance Manager, the facility staffing plan was predicated consistent with average daily number of inmates assigned to the FCI Texarkana.

(B) BOP policy governs the minimum use of employee staffing (P5324.12). If facility staffing levels fall below these minimum requirements, BOP policy further requires that facility staff properly document each occurrence. Per the FCI Texarkana Warden, within the audit time frame, the staffing levels of FCI Texarkana have not fallen below the required levels.

(C) The facility conducts quarterly reviews of its staffing plan, with the last review being finalized as of February 21, 2026. As evidenced via interviews with agency and facility staff, in completing the FCI Texarkana staffing plan review, the facility did coordinate with the Central Office Management Analyst, as well as the FCI Texarkana PREA Compliance Manager, to develop the facility staffing plan in accordance with the aforementioned 115.13(a). PREA staffing members were consulted regarding the use of resources necessary to commit to the staffing plan, as well as the use of video monitoring technologies within the facility.

(D) The agency does have a policy to mandate unannounced rounds conducted by intermediate-level or higher-level supervisors (P5324.12). This policy does require that staff document those rounds. The policy requires unannounced rounds to be made on all shifts, both day and night hours. The

agency also prohibits staff from alerting others that said rounds are being conducted. The timing of the site review allowed the auditor to observe the facility while employees from all three shifts were on duty. The auditor did observe line and supervisory staff document said rounds as appropriate. Said documentation did reflect that not only were supervisory staff conducting unannounced rounds, but these rounds were also clearly documented using red or blue ink. When interviewed, supervisory staff stated that they performed unannounced rounds at various times, as well as walked varying paces and routes when conducting unannounced rounds to make their presence less predictable. When interviewing random staff, all persons stated that supervisors routinely conduct unannounced rounds. Staff also noted that it was a violation of policy for supervisors to announce their rounds or for other staff to call ahead and warn their co-workers that a supervisor was conducting security rounds. When interviewing random inmates, most inmates stated that they have routinely witnessed supervisory staff conducting rounds throughout the facility, as well as being available via Main Line. During the site review, it was further noted that inmates seemed comfortable with the presence of supervisory staff within their housing areas. As well, during the site review, inmates were observed approaching supervisory staff and speaking with ease, both in the housing areas and at Main Line. This further supports that said staff are routinely present in inmate housing and facility areas.

Reasoning & Findings Statement:

This standard requires the facility to ensure adequate staffing levels that promote the safety of not only all inmates assigned to the facility, but also to ensure the safety of all institutional staff, volunteers, and contractors within the institution. During the audit time frame, the FCI Texarkana did not deviate from its staffing plan. To ensure that the sexual safety of inmates assigned to the FCI Texarkana is given sufficient weight in determining facility staffing needs, the FCI Texarkana staffing plan is reviewed on a quarterly basis in coordination with all FCI Texarkana PREA staffing components. To ensure meaningful and effective correctional supervision, FCI Texarkana supervisors routinely conduct and document unannounced rounds. Lastly, to ensure inmates have the ability to speak directly with a variety of supervisory staff, all such staff routinely participate in Main Line, which is simply a staff accessibility program designed for inmate convenience. The auditor observed, as well as the facility provided, ample evidence of documented unannounced rounds of supervisory ranks of various levels, up to and including, the facility warden. As such, the FCI Texarkana facility has exceeded in demonstrating its compliance with this provision.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)

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

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P5216.06, Juvenile Delinquents, 4-26-19
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Random Staff
- Random/Targeted Inmates

Site Review Observations:

- While conducting the onsite review, the auditor did not observe any inmates who appeared excessively youthful.
- In reviewing inmate documents, the auditor did not observe any inmate birthdays to be less than 18 years younger than the date of the onsite review.
- All inmates interviewed stated that they were at least 18 years of age and did not have any knowledge of any inmates assigned to the FCI Texarkana who were not at least 18 years of age.

Standard Subsections:

(A) The BOP policy (P5216.06) prohibits the placement of any inmate less than 18 years of age in an adult jail or correctional institution.

(B) As FCI Texarkana does not house any inmates less than the age of 18 years, the facility has most certainly maintained absolute sight and sound separation between youthful Inmates and adult inmates.

(C) As FCI Texarkana does not house any offender less than 18 years of age, its facility administration has absolutely avoided placing any adolescent offender in isolation in order to prevent said offender from living within sight and sound of adult Inmates. Hence, the FCI Texarkana has not denied any adolescent offender the ability to engage in daily large-muscle exercise or to participate in other program or work opportunities.

Reasoning & Findings Statement:

This standard requires that the agency ensures sight and sound separation between youthful Inmates and adult inmates. Alternatively, the standard requires that there is direct staff supervision when youthful Inmates and adult inmates have the possibility of sight, sound, or physical contact. The BOP prohibits the assignment of youthful Inmates to adult housing units. Hence, as FCI Texarkana contains only adult housing units, FCI Texarkana is prohibited from receiving, and subsequently housing, youthful Inmates. As such, the facility has demonstrated compliance with this standard.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

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

115.15 (c)

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

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

115.15 (d)

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

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

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

115.15 (e)

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

- 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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement, P5521.06, Searches of Housing Units, Inmates, and Inmate Work Areas, 6-4-15
- BOP Transgender Inmates, Annual Refresher Training
- BOP Inmate Pat Searches (Male, Female, Transgender) Training PowerPoint
- BOP Escort Procedures Annual Training Instructor Guide, FY 2021, FY 2024
- BOP Escort Procedures Annual Training 2021 PowerPoint
- BOP Annual Escort and Search Procedures Training, Instructor Notes, FY2023
- BOP Sexually Abusive Behavior Prevention and Intervention Program, Instructor Notes, FY 2024
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25

- TEX Memorandum for PREA File, PREA Standard 115.15 (d)-1, Limits to Cross Gender Viewing and Searches, nd
- TEX Annual Training Agenda, Staff, FY25
- TEX Search and Restraint Procedures for Special Populations, 12-16-25
- TEX Escort Procedures, Annual Training PowerPoint, FY25
- TEX Search Procedures, Annual Training PowerPoint, FY25
- TEX Memo, Reminder Training for Opposite Gender Announcements, 3-4-26

Interviews:

- PREA Compliance Manager
- Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff
- Inmates Who Identify as Lesbian, Gay, Bisexual, or Intersex
- Random Inmates

Site Review Observations:

- During the site review, staff were routinely observed making announcements when persons of the opposite gender entered offender housing areas.
- Supervisory staff were observed conducting their routine security checks within inmate housing areas. Announcements and supervisory rounds, both unannounced rounds and scheduled rounds, were subsequently documented on the Institution Duty Officer (IDO) Unannounced Institutional Rounds where appropriate.
- FCI Texarkana documentation reflects that during the audit time frame, the facility has not had any cross-gender visual or body cavity searches of inmates.
- Privacy shields were in place inhibiting views of all inmate toilets.
- Privacy screens were noted in all shower areas.
- Privacy shields were in place and/or available in all medical examination rooms.
- Video footage did not reveal that any cameras were trained on inmate restrooms, showers, or other areas where inmates might be in a state of undress.

Standard Subsections:

(A) BOP Policy (P5324.12) prohibits cross-gender strip or visual body cavity search of inmates except in exigent circumstances or by medical practitioners. Random staff interviews confirm that staff do not engage in such activities. Furthermore, all inmates interviewed noted that they had not, nor had they witnessed any other inmate, being subjected to a strip or body cavity search by a custody staff member of the opposite gender.

(B) BOP Policy (P5324.12) mandates that staff refrain from conducting cross-gender pat-down searches of female inmates, unless in exigent circumstances. As there aren't any (0) biological females incarcerated within the facility, the facility has never denied any female inmate access to a regularly available program or out of cell activity to prevent a cross-gender pat down search.

(C) Agency policy (P5324.12) requires that all cross-gender strip and visual body cavity searches are documented. The facility has not engaged in any cross-gender strip searches or cross-gender body cavity searches of its prisoners within the audit period. However, under exigent circumstances, should the need arise, staff interviewed understood that such action, while extremely unlikely, would require extensive justification.

(D) The FCI Texarkana does have a policy (P5324.12, TEX 5324.12C) that allows inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing inmate buttocks, genitalia, or breasts except in exigent circumstances or when such viewing is incidental to routine cell checks. The facility does follow policy (P5324.12, TEX 5324.12C) requiring that staff of the opposite gender announce their presence when entering an inmate housing unit. In speaking with agency staff, all staff members were aware of the agency's prohibition against cross-gender strip and visual body cavity searches. Program Statement P5324.12C, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25, requires all persons of the opposite gender to announce their presence upon entering an opposite gender housing assignment. All staff interviewed did confirm their adherence to said policy. However, as many inmates stated that female staff do not routinely conduct opposite gender announcements, additional training was provided to all staff to ensure their awareness of the importance of the requirement, as well as the agency's expectation that it will be done. As such, no further action is needed specific to this concern. During the facility site review, modesty barriers and curtains were in place to inhibit the viewing of any inmate in a state of undress. As well, inspected video footage did not capture, nor was it trained to capture, inmates in a state of undress during routine activities, to include strip searches.

(E) This provision is no longer applicable to compliance findings.

(F) This provision is no longer applicable to compliance findings.

Reasoning & Findings Statement:

This standard requires that the agency place limits on cross-gender strip or cavity searches. The BOP has enacted policies prohibiting said searches in the absence of exigent circumstances. In the event exigent circumstances require cross-gender strip or cavity searches, policy subsequently requires this search to be properly documented. Neither documentation nor staff/inmate interviews reflect that any inmates have been subject to cross-gender strip or cavity searches within the auditing time frame. Agency custody staff are trained on the proper procedures to conduct pat searches on all inmates, which requires said searches to be performed in a professional and least intrusive manner as possible. The agency requires opposite gender staff to announce their presence upon entering inmate housing areas where persons may be in a state of undress. All staff confirmed the routine practice of this requirement. As well, this protocol was routinely observed throughout the onsite inspection. However, as many inmates stated that female staff do not routinely conduct opposite gender announcements, additional training was provided to all staff to continue their awareness of the importance of the requirement, as well as the agency's expectation that it will be done. As such, no further action is needed specific to this concern. In total, the FCI Texarkana facility has met all provisions within this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP LanguageLine Services Blanket Purchase Agreement, 7-16-24
- BOP Language Line Service Contract: October 1, 2024 – September 30, 2025
- BOP LanguageLine Solutions, Language Identification Card, 2013

- BOP LanguageLine Services Important Instructions
- BOP Memorandum, Telephonic Language Translations, 9-29-20
- BOP Sexually Abusive Behavior Prevention and Intervention Program, Instructor Notes, FY 2024
- BOP Inmate Notice Zero Tolerance, English, 05/2024
- BOP Inmate Notice Zero Tolerance, Spanish, 05/2024
- BOP Inmate Admission & Orientation Handbook, 4-1-24
- BOP PREA Reminders, English
- BOP PREA Reminders, Spanish
- BOP Purple, Deaf Sign Language Telephone Access
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Memorandum for PREA File, PREA Standard 115.16 (a)-1, 12-17-25
- TEX Annual Training Agenda, Staff, FY25
- TEX Health Services, Device and Equipment Report, 3-4-26
- TEX Health Services, Alerts, Blindness, 3-4-26
- TEX List of Limited English Proficiency Inmates, 3-2-26
- TEX Memorandum for Inmate Population, RAINN National Sexual Assault Hotline, English, 1-13-26
- TEX Memorandum for Inmate Population, RAINN National Sexual Assault Hotline, Spanish, 1-13-26

Interviews:

- Agency Head Designee
- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff
- Inmates with Disabilities
- Inmates with Limited English Proficiency

Site Review Observations:

- Correctional staff assigned to housing areas entered each dayroom area within the building to loudly announce inmate information, to include when opposite gender staff entered the housing area.
- PREA Notices, as well as other advisement notices, were posted in languages spoken by significant portions of the offender population; namely, English and Spanish.
- PREA information is provided verbally during the inmate admission process, as well as provided verbally via an instructional film viewed during the inmate orientation process.
- Staff translators are available if needed.
- LanguageLine Solutions are available for staff to communicate with Inmates who do not speak English or another language common to facility staff.

Standard Subsections:

(A) BOP policy (P5324.12) requires that institutions enhance communication efforts with disabled inmates, such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency (LEP); so as to provide said inmates with 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. PREA educational information is provided in writing, verbally, as well as presented in video format (available in English and Spanish). The BOP maintains a contract for telephonic translation and interpretation services to assist inmates who do not speak a language common to FCI Texarkana staff. The facility offers video-based interpretation for American Sign Language assistance. In this, the Purple and LanguageLine Solutions services can be used to translate PREA, as well other confidential information.

When interviewing staff, it was noted that employees were aware of the need to obtain staff interpreters for sensitive security matters, such as PREA-related investigations. Staff were aware that other inmates could not be used to translate for any inmate during a sexual abuse/harassment investigation or incident. During the inmate interview process, when speaking with LEP inmates, these inmates noted that their inability to speak English proficiently has not prevented them from participating in any facility-based services, to include the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Additionally, inmates with physical and/or intellectual disabilities were interviewed. These inmates also stated that their disabilities did not prevent them from participating in any facility-based services and/or that FCI Texarkana has made accommodations for their disabilities, to include ensuring their access to the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

(B) The PREA informational brochure is commonly printed in two different languages: English and Spanish. As needed, LanguageLine Solutions services can also be used to translate PREA information into other languages.

(C) The BOP has developed agency-wide policies that prohibit the use of inmate interpreters or other types of offender-based assistance in the transmission or subsequent investigation of security sensitive information, such as PREA-related matters (P5324.12). The agency has also developed agency-wide policies to enhance communication efforts with disabled Inmates; such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency (P5324.12); so as to provide these Inmates with an equal opportunity to directly participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment without the use of inmate interpreters or other types of offender-based assistance. FCI Texarkana staff are aware of these agency policies and do not utilize inmate interpreters for security sensitive matters. Within the audit time frame, the TEX has not used any (0) inmate interpreters, readers, or other types of inmate assistants in the performance of first-responder duties regarding sexual abuse or sexual harassment allegation.

Reasoning & Findings Statement:

This standard seeks to empower all inmates with the right to be free from sexual abuse and sexual harassment. An essential component to that requirement is the ability to directly access PREA information, services, and support services. Inmates with disabilities; either cognitive, physical, or cultural, may require additional assistance in achieving that access. Hence, it is necessary for the agency to provide additional measures to ensure these inmates have equal access. The BOP recognizes this need and has created policies to address it. The FCI Texarkana maintains sufficient stocks of PREA informational brochures in both English and Spanish. The FCI Texarkana routinely shows PREA informational videos in English and Spanish, with Spanish being the most commonly spoken language inside of FCI Texarkana other than English. Additionally, if needed, facility staff may utilize the LanguageLine to converse with inmates who do not speak a language common to facility staff. Lastly, it should be noted that at no time during the audit time frame has FCI Texarkana used inmate interpreters to help facility staff communicate with another inmate regarding security sensitive information. As such, FCI Texarkana meets all provisions of this standard.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

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

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

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

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

115.17 (b)

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

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

115.17 (c)

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

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

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

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P3420.12, Standards of Employee Conduct, 6-24-24
- Program Statement P3000.03, Human Resource Management Manual, 12-19-07
- BOP A Blend of Good Talents and a Commitment for Diversity: General Information Resource Guide
- BOP General Employment Considerations for Staff
- BOP Questionnaire for Public Trust Positions, 1995
- BOP National Background Investigations Bureau, Fingerprint Submissions
- BOP PREA-Reference Check Background Materials, 28 C.F.R., Section 115.17(h)
- BOP Pre-Conditional Offer of Employment Questionnaire, 10-30-14
- BOP PREA and Record Requests by Prospective Employers Regarding Former BOP Employees, 2-28-14
- BOP PREA Requests from non-BOP Employers, 2-19-14
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX List of Newly Hired Staff, 2-27-26

Interviews:

- Administrative (Human Resources) Staff
- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden

Site Review Observations:

- Review of employee and contractor files

Standard Subsections:

(A) The BOP has developed agency-wide policies (P3420.11, P3000.03, P5324.12) that prohibit the hiring or promotion of employees and contracted workers who have engaged in sexual abuse, been convicted of engaging or attempting to engage in a sexual activity with inmates, or have been civilly or administratively adjudicated to have engaged in a sexual activity with Inmates while in a prison, jail, lockup, community confinement facility, juvenile facility, or other institutional setting. The agency also has policies that stipulate prior to all hiring and promotional decisions of employees and contract workers, any incidents of sexual harassment will be considered. Prior to hiring any new employee or contract worker at the facility level, FCI Texarkana Human Resource staff ensure that criminal background checks have been conducted on the prospective employee via the National Crime Information Center. As well, as required by policy, FCI Texarkana Human Resource staff stated that all previous institutions of employment are contacted in order to determine if candidates have previously substantiated claims of sexual abuse or resigned during a pending investigation of such claims. Policy (P5324.12) also requires that the FCI Texarkana cooperates with other correctional and law enforcement agencies to ensure that accurate information regarding PREA-related employment laws are effectively shared between agencies. Again, as confirmed by Human Resource staff, the FCI Texarkana does adhere to the requirements of this policy.

(B) BOP policy (P5324.12) requires the facility to consider any incidents of sexual harassment in determining whether to hire/promote anyone who may have contact with inmates. Likewise, in speaking with the FCI Texarkana Human Resource representative, agency policy (P3000.03) requires Human Resource staff to also verify contractor employment history. Human Resource staff confirmed adhere to the requirements of this policy. As well, documentation reviewed onsite demonstrates said compliance.

(C) Before hiring or promoting employees, policy (P3000.03, P5324.12) requires the agency to perform criminal background checks. This is done via the Electronic Questionnaires for Investigations Processing system, which is overseen by the Office of Personnel Management and facilitated by the Security and Background Investigations Section. Policy (P3000.03) also requires the agency to conduct checks with prior employers for any applicant previously employed by a correctional facility. Human Resource staff confirmed adhere to the requirements of this policy. As well, documentation reviewed onsite demonstrates said compliance. Within the

audit time frame, the TEX has hired thirteen (13) persons, all of whom did receive criminal background record checks prior to having contact with inmates.

(D) Agency policy requires that prior to enlisting the services of any contractor who may have contact with Inmates, the agency performs a criminal background record check on said contractor. In speaking with the FCI Texarkana Human Resource representative, it was noted that all persons contracted with the FCI Texarkana received an initial background check, as well as, where applicable, required subsequent checks within the required time frames. During the audit time frame, the FCI Texarkana has not had any (0) contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates.

(E) Once employed, agency policy (P3000.03, P5324.12) requires that criminal background checks are conducted every five years to ensure that said persons have not been found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. As well, employees have an affirmative duty to report any contact they may have had with other law enforcement agencies and to report any sexual misconduct they may have been found guilty of at any other institution (P3000.03). Furthermore, employees are made aware that failing to provide this information, or providing false information regarding sexual misconduct, is grounds for employee discipline, to include termination of employment (P3000.03). In speaking with the FCI Texarkana Human Resource representative, facility adherence to agency policy was confirmed.

(F) All applicants, as well as current employees, are required to submit a Questionnaire for Public Trust Positions form. This document directly asks employees who may have contact with inmates to disclose any previous sexual misconduct that may have occurred in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (P3000.03). Additionally, the BOP does impose a continuing affirmative duty on all employees to disclose any misconduct found within Section A of this standard. In speaking with the FCI Texarkana Human Resource representative, facility adherence to agency policy was confirmed.

(G) Agency policy expressly advises employees that material omissions or providing false information regarding the aforementioned misconduct is grounds for termination. In speaking with the FCI Texarkana Human Resource representative, facility adherence to agency policy was confirmed.

(H) Agency policy allows that unless prohibited by law, the BOP shall 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 (P5324.12). In speaking with the FCI Texarkana Human Resource representative, facility adherence to agency policy was confirmed.

Reasoning & Findings Statement:

This standard requires the agency to consider the sexual safety of inmates in all hiring and promotion decisions within the agency. The agency has numerous policies in place to ensure that end. To maintain compliance with the standard, the FCI Texarkana Human Resources Department utilizes a reference

chart for each employee that clearly demonstrates when and why such criminal background checks are completed. Review of employee and contractor training files onsite reflect that the FCI Texarkana Human Resources Department is in compliance with agency policy. As such, the FCI Texarkana has met the requirements of this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Camera Totals, Interior and Exterior, 1-23-26

Interviews:

- Agency Head Designee
- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Random Staff

Site Review Observations:

- Observed video monitoring technologies present within the facility.
- Observed footage from video monitoring technologies.

Standard Subsections:

(A) Per the FCI Texarkana Warden, the FCI Texarkana has made substantial expansions or modifications to the existing facilities within the audit time frame. In doing so, it was noted that when substantial changes are made, the facility does consider the effect that the design, acquisition, expansion, or modification will have on the facility's ability to protect inmates from sexual abuse.

(B) Per the FCI Texarkana Warden, the FCI Texarkana is in the process of installing and updating the video monitoring systems or other monitoring technology. Per the FCI Texarkana Warden, in adding additions to video monitoring technology, the facility does consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. As well, in adding video monitoring technology, the facility considers inmates' right to modesty when showering, changing clothes, or otherwise being in an expected state of undress.

Reasoning & Findings Statement:

Within the audit time frame, FCI Texarkana has made substantial modifications of its existing facilities. Within the audit time frame, the FCI Texarkana has also been in the process of updating its video monitoring system. During the onsite inspection, a review of all video monitoring was conducted. The FCI Texarkana has cameras inside the facility that provide sufficient coverage throughout the institution to supplement and assist with in-person supervision and monitoring. In speaking with the FCI Texarkana Warden, it was noted that with all staffing decisions, as well as decisions involving the use of video monitoring technology, the FCI Texarkana Administration seeks to maximize the facility's ability to protect inmates from sexual abuse. Accordingly, the FCI Texarkana meets all provisions of this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

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

115.21 (c)

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

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

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

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

115.21 (d)

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

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

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

115.21 (e)

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

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P6031.05, Patient Care, 5-14-24
- BOP One Source First Responder Reference Guide, 6-5-15
- BOP Guide for First Responders
- BOP OneSource First Responder Reference Guide, Sexual Assault Crisis Intervention
- Email regarding DOJ OIG Authority and AG Memo of Duty to Report Misconduct and Cooperate, 3-12-14
- Memorandum of Understanding, FBI and BOP on Violations of Federal Criminal Statutes, 11-21-96
- FBI's Domestic Investigations and Operations Guide (DIOG) Web Link
- DOJ/OIG PREA Training, Topics List, 1-14-14
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Memorandum for PREA File, PREA Standard 115.21 (c)-1, (c)-3, nd
- TEX Memorandum for PREA File, PREA Standard 115.21 (e)-1, nd
- TEX Memorandum for PREA File, PREA Standard 115.21 (f)-1, nd
- TEX Paris/RRC Sane Call Schedule: December 2025, March 2026
- TEX SANE Call, 10-1-25
- TEX Email Communications with Red River Ammy Depot: 7-31-24, 9-25-24a, 9-25-24b, 9-25-24c
  TEX Email Communications with Domestic Violence Prevention, Inc : 8-5-25, 8-28-24a, 8-28-24b, 8-28-24c, 9-30-24
  TEX Email Communications with Community Healthcare: 12-30-24, 1-9-25, 1-17-25
- TEX Bureau Learning University, Forensic Medical Exams: An Overview for Victims' Advocates: 12-19-16, 4-18-19, 7-30-19
- TEX Psychology Board Licensing Details: 4-30-21, 10-1-25, 12-31-25

Interviews:

- Medical Staff
- Mental Health Staff
- SAFE and/or SANE Staff
- Just Detention International
- Victim Advocacy Staff
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Observed Medical Department and privacy screens/limitations.
- Onsite Investigative File Reviews

Standard Subsections:

(A) Agency policy (P5324.12) mandates that the Federal Bureau of Investigation (FBI) is responsible for investigating criminal allegations of sexual abuse. In this, policy asks that the FBI follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions.

(B) As the FCI Texarkana does not house youth, it is not necessary to utilize a developmentally appropriate youth protocol. BOP policy does, however, still require the agency to utilize the U.S. Department of Justice's Office on Violence Against Women protocol; namely, *A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents* as the evidence collection protocol manual (P5324.12).

(C) In accordance with agency protocol, the FCI Texarkana does ensure that all inmates are given access to forensic medical examinations without cost (P5324.12). These exams are performed at an outside facility by qualified SAFE/SANE nursing staff. As SAFE/SANE staff are available 24 hours a day, seven days a week, the examination will always be performed by a qualified medical practitioner. The facility utilizes CHRISTUS St. Michael Hospital or Titus County Hospital to provide inmates with forensic exams. During the audit time frame, the FCI Texarkana has facilitated one (1) such forensic examination.

(D) The agency does attempt to make a victim's advocate available for inmate support. In this, policy (P5324.12) requires that upon notification of an allegation of abuse, the inmate will be provided with the opportunity to speak with a rape crisis advocate. In this, the facility has attempted to enter into an agreement with several local rape crisis centers. As of the onsite audit date, no such agreement has been made. However, the facility has secured advocacy services from a nationally based center, RAINN National Sexual Assault Hotline. As well, local advocacy staff are available while inmates are assigned to the local hospital. Lastly, if an advocate is not available from the local rape crisis center at that time, then agency policy (P5324.12) allows the facility to provide access to a qualified staff member who has been trained as a first responder. During the audit time frame, there have not been any (0) inmates who requested advocacy services.

(E) In accordance with policy (P5324.12), and as requested by the victim, the local rape crisis center advocate, if available via the hospital, or qualified staff member may remain with the inmate through the forensic medical examination process. A qualified staff member may also remain with the inmate during investigatory interviews. As requested, this person may provide emotional support, crisis intervention, information, and referrals. During the audit time frame, there were not any (0) inmates who requested access to said victim support services.

(F) Agency policy (P5324.12) mandates that the Office of the Inspector General (OIG) and/or the FBI is responsible for investigating criminal allegations of sexual abuse. Adherence to this policy was confirmed by the FCI Texarkana Warden. FCI Texarkana investigative procedures do ask

that the OIG/FBI utilize the U.S. Department of Justice's Office on Violence Against Women protocol; namely, *A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents* as the evidence collection protocol manual.

(G) The auditor is not required to audit this provision.

(H) As the facility has attempted to enter several memorandums of understanding with local rape crisis centers. Documentation supporting these attempts was reviewed. However, despite their best efforts, the facility has not been able to secure any such arrangement. Hence, facility administration has ensured that all incarcerated persons requesting advocacy services have access to qualified staff advocates trained for that purpose. In speaking with staff assigned to this facility, it was further noted that all staff providing rape advocacy services have received appropriate training specific to their role within the advocacy center.

Reasoning & Findings Statement:

This standard concerns evidence protocol and forensic medical examinations. During the audit time frame, the FCI Texarkana has initiated the evidence protocol and forensic medical examination process one (1) time. As articulated by staff, the facility is very much aware of the policies and has practices in place to address policy requirements related to forensic exams and advocacy counseling. Additionally, as an MOU with any local rape crisis centers has not been secured, facility staff have received qualifying victim advocacy training for sexual assault services. As such, the FCI Texarkana meets the requirements of this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P5508.02, Hostage Situations or Criminal Actions Requiring FBI Presence, 12-12-96
- Attorney General Memorandum for Duty to Report Misconduct and Cooperate with Investigators, 4-12-02
- Email regarding DOJ OIG Authority and AG Memo of Duty to Report Misconduct and Cooperate, 3-12-14
- Memorandum of Understanding, FBI and BOP on Violations of Federal Criminal Statutes, 11-21-96
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Memorandum for PREA File, PREA Standard 115.21 (c)-1, (c)-3, nd
- TEX Memorandum for PREA File, PREA Standard 115.21 (e)-1, nd

- TEX Memorandum for PREA File, PREA Standard 115.21 (f)-1, nd
- TEX Paris/RRC Sane Call Schedule, December 2025
- TEX SANE Call, 10-1-25
- TEX Attempts to Gain Victim's Advocacy Service: 8-5-24, 8-28-24a, 8-28-24b, 8-28-24c, 9-30-24, 12-30-24, 1-9-25a, 1-9-25b, 8-8-25, 8-11-25a, 8-11-25b
- TEX Bureau Learning University, Forensic Medical Exams: An Overview for Victims' Advocates: 12-19-16, 4-18-19, 7-30-19
- TEX Psychology Board Licensing Details: 4-30-21, 10-1-25, 12-31-25

Interviews:

- Agency Head Designee
- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Investigative Staff
- Medical Staff
- Mental Health Staff

Site Review Observations:

- Reviewed documentary files with facility staff.

Standard Subsections:

(A) Policy (P5324.12, P5508.02) requires that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. Within the audit time frame, the FCI Texarkana has received a total of five (5) sexual abuse and sexual harassment allegations, with four (4) of those being allegations of sexual abuse. All the investigations were reviewed during the onsite audit portion. In this, all reported allegations were properly completed and issued dispositions in accordance with their investigative findings.

(B) Per the FCI Texarkana Warden, the FCI Texarkana refers allegations of criminal sexual abuse and sexual harassment to the FBI and OIG, external law enforcement agencies with legal authority to conduct criminal investigations. The BOP has published this policy (P5324.12), as well as the criminal investigation process, on the agency website. All referrals to the FBI/OIG are documented by the agency.

(C) In accordance with policy (P5508.02), the "Federal Bureau of Prisons (BOP) and Federal Bureau of Investigation (FBI) (have)… establish interagency operational policy guidelines…for the successful resolution of hostage situations or criminal actions which require FBI presence at BOP facilities."

(D) The auditor is not required to audit this provision.

(E) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard ensures that proper referrals of allegations are made for further investigation. The BOP, and by extension, the FCI Texarkana, does have appropriate policies in place mandating referrals in specific instances. In interviewing FCI Texarkana investigative staff, it is clear that FCI Texarkana staff refer all required criminal investigations to either the FBI or OIG, which are separate entities under the Department of Justice, for further processing in accordance with policy. Additionally, FCI Texarkana provided sufficient documentation to evidence the facility's adherence to agency protocol. As such, the FCI Texarkana complies in all material ways with this standard for the relevant review period.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP PREA Response Card for Staff
- BOP Inmate (Males, Females, Transgender) Pat Search Training PowerPoint, 2-7-14
- BOP Sexually Abusive Behavior Prevention & Intervention Program Annual Training 2021, Instructor Guide
- BOP Sexually Abusive Behavior Prevention & Intervention Program Annual Training 2021, PowerPoint
- BOP Sexually Abusive Behavior Prevention & Intervention Program Annual Training 2023, Instructor Guide
- BOP Transgender Inmates, Annual Refresher Training
- BOP Escort Procedures Annual Training Instructor Guide, FY 2021, FY 2024
- BOP Escort Procedures Annual Training 2021 PowerPoint
- BOP Annual Escort and Search Procedures Training, Instructor Notes, FY2023
- BOP Sexually Abusive Behavior Prevention and Intervention Program, Instructor Notes, FY 2024
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Memorandum for PREA File, PREA Standard 115.15 (d)-1, Limits to Cross Gender Viewing and Searches, nd
- TEX Annual Training Agenda, Staff, FY25
- TEX Search and Restraint Procedures for Special Populations, 12-16-25
- TEX Escort Procedures, Annual Training PowerPoint, FY25
- TEX Search Procedures, Annual Training PowerPoint, FY25
- TEX Introduction to Correctional Techniques, Phase 1: September 23-October 11, 2024; November 4-18, 2024; November 18-December 2, 2024; December 2-13, 2024; February 10-21, 2025; March 10-25, 2025; April 7-25, 2025; May 27-June 16, 2025; August 25-September 15, 2025
- TEX PREA Training Acknowledgement Rosters: 1-8-25, 1-15-25, 1-29-25

Interviews:

- PREA Compliance Manager
- Facility Warden
- Administrative (Human Resources) Staff
- Medical Staff
- Mental Health Staff
- Random Staff

Site Review Observations:

- The auditor was provided with a roster of all FCI Texarkana staff, to include newly hired staff. During staff interviews, all persons were asked if, and when, they had received their required PREA training. Random responses were subsequently matched against the FCI Texarkana PREA Training Completion Report to ensure the validity of said report and/or staff responses.

Standard Subsections:

(A) Policy (P5324.12) requires all employees to be fully trained on the agency's zero-tolerance policy for sexual abuse and sexual harassment. As verified by Human Resource staff, such training is initially performed as a function of the hiring process. This Sexually Abusive Behavior Prevention & Intervention training is a comprehensive discussion of PREA standards. A review of training curriculum for this class reflects the agency's zero-tolerance policy for sexual abuse and sexual harassment, as well as a discussion on how employees may fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. Employees are also informed that inmates have a right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting said abuse and harassment, the dynamics of sexual abuse/harassment, reactions to sexual abuse/harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with Inmates, how to comply with relevant mandatory reporting laws specific to reporting abuse to outside authorities, and how to communicate effectively and professionally with inmates; including lesbian, gay, bisexual, intersex, or gender nonconforming inmates. In speaking with FCI Texarkana staff, all employees were aware of these inmate rights.

(B) Training curriculum reviews demonstrate that the appropriate gender training is provided to FCI Texarkana staff. As well, agency policy (P5324.12) requires that "the employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa." In speaking with FCI Texarkana Human Resource staff, appropriate gender training was verified.

(C) A review of the FCI Texarkana PREA Training Completion Report reflects that all actively employed staff have received their initial PREA training, as well as continued training as appropriate based on agency policy (P5324.12). Following this initial training, subsequent refresher training is provided to staff at mandatory time intervals; specifically, their annual In-Service Training, as well as during electronic quarterly training. Per the FCI Texarkana PREA Compliance Manager, continuing training schedules have been maintained. Additionally, as noted by the FCI Texarkana PREA Compliance Manager, email reminders and other PREA related trainings are routinely submitted to staff via electronic mail. Lastly, staff interviews affirm their regular receipt of PREA training.

(D) All training is either uniquely signed or electronically verified and documented upon completion of the BOP PREA training curriculum.

Reasoning & Findings Statement:

This standard relates to employee training. The agency has clearly established training expectations and well-developed training curricula. FCI Texarkana maintains compliance with those imperatives. All training is either uniquely signed or electronically documented upon completion, with FCI Texarkana maintaining an overall master list of all staff having completed said training. During staff interviews, all employees affirmed their having received significant training, on at least an annual basis, as related to the PREA standards. When asked the series of questions noted within Subsection A of this standard, all

staff knew and understood their responsibilities within the agency's zero-tolerance policy. As such, FCI Texarkana has clearly exceeded the requirements of this provision.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP Volunteer Training Instructor Guide, FY 2020
- BOP Volunteer Training Affirmation, November 2016
- BOP Level I Volunteer Application/Training, November 2016
- BOP PREA Training for Level I Volunteers
- BOP Memo National Waiver to Reentry Services Division Policies, 4-16-20
- BOP PREA Training for Volunteers PowerPoint, 7-22-21
- BOP PREA Training for Volunteers Instructor Notes, FY23
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Volunteer Training Affirmation: 6-27-23, 12-14-23, 6-4-24, 9-12-24a, 9-12-24b, 12-7-24, 3-19-25a, 3-19-25b, 3-19-25c, 3-19-25d, 3-19-25e, 6-17-25a, 6-17-25b, 6-17-25c, 6-17-25d, 7-15-25a, 7-15-25b, 7-15-25c, 7-15-25d, 7-16-25, 7-17-25, 9-17-25a, 9-17-25b, 9-17-25c, 10-29-25a, 10-29-25b, 11-5-25a, 11-5-25b
- TEX Volunteer Training Sign-In Sheet, 2 & 4 Hour Training Sessions: nd1, nd2, nd3, nd4, 12-7-24, 6-17-25a, 6-17-25b, 11-5-25
- TEX Orientation for Contractor Staff: 1-10-25, 3-20-25, 5-12-25, 5-16-25, 8-6-25, 9-2-25, 12-8-25
- TEX Responsibilities for Contract Staff: 1-10-25, 3-20-25, 5-12-25, 5-14-25, 8-6-25, 9-2-25, 12-8-25
- TEX Contractor Sexually Abusive Behavior Prevention and Intervention Training Agreement and Certification: 1-10-25, 3-20-25, 5-12-25, 5-14-25, 8-6-25, 9-2-25, 12-8-25
- TEX List of Volunteers Who Have Contact with Inmates, 3-4-26
- TEX List of Contractors Who Have Contact with Inmates, 1-22-26

Interviews:

- PREA Compliance Manager
- Facility Warden
- Administrative (Human Resources) Staff
- Medical Staff
- Mental Health Staff
- Contractors Who May Have Contact with Inmates
- Volunteers Who May Have Contact with Inmates

Site Review Observations:

- Review of volunteer and contractor worker standard of conduct training forms.

Standard Subsections:

(A) Policy (P5324.12) requires that "The agency shall ensure 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. 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, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents." At the time of the audit, the FCI Texarkana had thirty-two (32) contract workers and volunteers who could have contact with inmates. Interviews with a sample of contractors and facility volunteers verified that training had occurred prior to the initial start of their service. As facility documentation indicates, and affirmed by the FCI Texarkana PREA Compliance Manager, 100% of these individuals have received appropriate PREA training dependent on their level of contact with inmates within the facility.

(B) As a function of required Sexually Abusive Behavior Prevention and Intervention training, all volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

(C) Volunteers and contractors are required to receive Sexually Abusive Behavior Prevention and Intervention training prior to their being able to work/volunteer within the facility. After receiving training, contractors and volunteers sign an acknowledgment form indicating the date and that they understood the training that they had received. The FCI Texarkana then maintains copies of all acknowledgment forms and class rosters belonging to both volunteers and contractors. Training is provided both when volunteers/contractors begin working at the facility, as well as on a yearly basis. When interviewed, contractors and volunteers all confirmed that they had received Sexually Abusive Behavior Prevention and Intervention training prior to being allowed to work/volunteer within the facility.

Reasoning & Findings Statement:

The agency requires all volunteers and contractors to receive formal training on the agency's zero-tolerance policy for sexual abuse and sexual harassment. In this, volunteers and contractors must be provided sufficient notice of the agency's zero-tolerance policy of sexual abuse and sexual harassment. As well, said persons must be informed of how to report any knowledge they may have regarding such abuse. The facility further exceeds the standards by requiring contactors and volunteers to under continuing training on an annual basis. Lastly, the standard requires that the agency maintain appropriate training records to verify that volunteers and contractors understand the training that they have received. As with employee training, the FCI Texarkana has ensured both volunteers and contractors conducting business in the facility have received and subsequently documented their Sexually Abusive Behavior Prevention and Intervention training. In speaking with facility contractors and volunteers, it was clear that they understood the professional boundaries between themselves and the inmates assigned to the institution. As well, documentation reflects that all contractors and volunteers have received training specific to such. As such, FCI Texarkana has exceeded the requirements of this standard.

Standard 115.33: Inmate education

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

115.33 (a)

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

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

115.33 (b)

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

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

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

115.33 (c)

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

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

115.33 (d)

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

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

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

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P5290.14, Admission and Orientation Program, 4-3-03
- BOP Inmate Admission & Orientation Handbook, English, 4-1-24
- BOP Inmate Admission & Orientation Handbook, Spanish, 4-1-24
- BOP Sexually Abusive Behavior Prevention and Intervention: An Overview for Inmates, July 2018, English
- BOP Sexually Abusive Behavior Prevention and Intervention: An Overview for Inmates, July 2018, Spanish
- BOP Inmate Notice Zero Tolerance, Yellow, English
- BOP Inmate Notice Zero Tolerance, Yellow, Spanish
- BOP Inmate Notice Zero Tolerance, Teal, English, 05/2024
- BOP Inmate Notice Zero Tolerance, Teal, Spanish, 05/2024
- BOP Memorandum for all Bureau Inmates, Suicide Prevention, 7-20-12, English
- TEX 5324.12C, Sexual Abusive Behavior Prevention and Intervention Program, 8-30-24

- TEX Inmate Admission & Orientation Handbook, English, 9-27-24
- TEX Inmate Admission & Orientation Handbook, Spanish, 9-27-24
- TEX Sexually Abusive Behavior Prevention and Intervention: An Overview for Individuals in BOP Custody, English, January 2023
- TEX Sexually Abusive Behavior Prevention and Intervention: An Overview for Individuals in BOP Custody, Spanish, January 2023
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Inmate Orientation Handbook, English
- TEX Inmate Orientation Handbook, Spanish
- TEX Memorandum for Inmate Population, RAINN National Sexual Assault Hotline, English, 1-13-26
- TEX Memorandum for Inmate Population, RAINN National Sexual Assault Hotline, Spanish, 1-13-26
- TEX Health Services, Device and Equipment Report, 3-4-26
- TEX Institution Admission and Orientation Program Checklist: 2-13-18, 1-3-19, 6-1-21, 8-19-21, 6-23-22, 7-6-22, 10-5-22, 12-1-22, 1-31-23, 8-3-23, 8-27-24, 9-3-24, 9-11-24a, 9-11-24b, 9-17-24, 10-1-24a, 10-1-24b, 10-22-24, 12-31-24, 1-7-25a, 1-7-25b, 1-7-25c, 1-13-25, 2-4-25, 3-4-25, 3-25-25, 4-2-25a, 4-2-25b, 4-22-25, 5-20-25, 5-28-25, 6-10-25, 6-18-25a, 6-18-25b, 7-22-25, 7-29-25a, 7-29-25b, 7-29-25c, 7-29-25d, 8-26-25a, 8-26-25b, 8-26-25c, 8-26-25d, 8-26-25e, 9-30-25, 11-5-25a, 11-5-25b, 11-5-25c, 11-5-25d, 12-16-25, 1-13-26a, 1-13-26b, 2-24-26

Interviews:

- PREA Compliance Manager
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Inmates

Site Review Observations:

- Observed the inmate reception area.
- Observed PREA Risk Screening Process.
- Observed PREA informational postings in Offender Housing, Education, Library, Law Library, Visitation, and other areas of high traffic.
- Observed a variety of PREA-related materials and information available for inmate use within the Library, Law Library, and computer access areas.
- Observed Inmate PREA training video.

Standard Subsections:

(A) Policy (P5324.12) requires that upon receipt into the facility, inmates shall receive information in their native language, when possible, explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Inmates will also be informed of reporting mechanisms to expose incidents or suspicions of sexual abuse and harassment. As confirmed by the PREA Compliance Manager, within the audit time frame, 100% of the 1,597 inmates received at the

FCI Texarkana have been provided this information during the Intake process. During inmate interviews, most inmates confirmed that they had received initial PREA training. Documentation was reviewed to confirm training was provided for the four (4) inmates who stated that training had not been received upon intake. As such, of the forty-one (41) inmates interviewed, inmate verification or facility documentation confirmed that all forty-one (41) inmates received initial PREA training upon receipt into the facility.

(B) As noted by Intake staff, as well as observed during the Intake process, inmates are immediately provided a summary of the PREA standards upon their initial arrival at the facility. As advised by Unit Managers, inmates are subsequently provided a more comprehensive training detailing key points of the process within thirty days of Intake. In describing their Intake education, most inmates recalled receiving information in a two-part process, once at admission and again during facility orientation. Every inmate transferring into FCI Texarkana, regardless of how long the inmate has been incarcerated within the BOP, will participate in facility orientation, including a comprehensive component on sexual abuse and sexual harassment prevention, as well as on how to report such incidents.

(C) Per policy (P5324.12), as of one year from the PREA Standards effective date, all inmates who were incarcerated within the BOP were required to receive information on the agency's *Sexually Abusive Behavior Prevention and Intervention Program*. All Inmates subsequently received into the BOP have been required to receive similar information during reception. Upon any transfer to another facility within the BOP, inmates are again required to receive Sexually Abusive Behavior Prevention and Intervention information. The BOP, despite having largely consistent policies across the system, requires that a facility orientation, including a comprehension Sexually Abusive Behavior Prevention and Intervention program education, must be provided following each transfer. According to the agency's National PREA Coordinator, this ensures that each facility can reinforce its role in supporting the agency's zero tolerance policy toward all forms of sexual victimization. During orientation, each facility also provides local information, including identifying its PREA Compliance Manager.

(D) Sexually Abusive Behavior Prevention and Intervention information is provided in several alternative formats to ensure inmates with disabilities, to include those with limited English proficiency, have equal opportunity to receive, understand, and utilize the PREA process as necessary to promote the sexual safety of all inmates assigned to the BOP, and more specifically, the FCI Texarkana. According to the facility Warden, the FCI Texarkana has numerous processes in place to assist disabled inmates, such as language services, sign language assistance, braille or other measures as deemed appropriate for an inmate's particular disability, to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the program. For inmates who do not speak English, a contract is in place with LanguageLine Solutions to provide interpretation services. For inmates who cannot read or have limited reading skills, the information will be presented verbally. For inmates with intellectual and/or psychiatric disabilities, this information will be presented with the help of staff from Psychology if needed. For the hearing-impaired inmates, written material is available. Sexually Abusive Behavior Prevention and Intervention brochures and informational posters are routinely provided in both English and Spanish, the two most common languages spoken within the FCI Texarkana. Both audio and written translation services are available for inmates who do not speak English or Spanish. In short, per policy (P5324.12), and confirmed by the PREA Compliance Manager, the

facility will provide reasonable accommodations to all inmates in need of ADA accommodations, both physical and cognitive, to ensure all inmates have equal opportunity to benefit from the PREA provisions. Additionally, when interviewing inmates with disabilities, each believed that the facility had made an effort to accommodate their needs.

(E) In accordance with policy (P5324.12), and confirmed by Intake Staff, at Intake, inmates are provided with a PREA policy overview. Within thirty days of Intake, inmates are then provided with a more comprehensive facility orientation, to include PREA training. The information received is documented on the Institution Admission and Orientation Program Checklist, which is then acknowledged by signature by the inmate receiving training.

(F) Inmates are provided copies of the FCI Texarkana Inmate Handbook (available in English and Spanish) upon receipt into the facility. This material, as well as a wealth of other PREA-related information, is continuously available within the facility's Law Library. It is also continuously available via computer access portals, which are located on each inmate housing area. Throughout the facility, as well as posted near all inmate phones, PREA informational posters are displayed in both English and Spanish. There are also posters providing the names and contact information for national and the local rape crisis center that provides reference information and recovery support services to inmates.

Reasoning & Findings Statement:

This standard works to ensure that inmates are cognizant of the agency's zero-tolerance policy toward sexual abuse and sexual harassment, as well as have subsequent access to, and can effectively utilize, the Sexually Abusive Behavior Prevention and Intervention reporting mechanism. In speaking with inmates assigned to the FCI Texarkana, all inmates stated that they were aware of the Sexually Abusive Behavior Prevention and Intervention program, as well as its purpose within the facility. While inmates were collectively aware of the policy and their rights to varying degrees, all inmates interviewed were specifically aware of at least one, but generally more, methods by which they could report allegations of sexual abuse or sexual harassment. Accordingly, the FCI Texarkana has exceeded its compliance with the standards related to this provision.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

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

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

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP SIS/PREA National Video Conference Training Agenda, 10-29-12
- BOP Sexual Violence PREA PowerPoint
- BOP SIS/SIA Training: Interviews and Union Issues, 2009
- BOP BP-A0194, Warning and Assurance to Employee Required to Provide Information, June 2010
- BOP Office of Internal Affairs: Conducting Interviews & Union Issues PowerPoint
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX PREA Investigating Sexual Abuse in a Confinement Setting, Training Roster: October 1, 2024 – December 17, 2025

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Administrative (Human Resources) Staff
- Investigative Staff

Site Review Observations:

- Reviewed investigative training certifications.
- Reviewed agency training records documenting investigative training curriculum.

Standard Subsections:

(A) Per policy (P5324.12), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, conducting investigations in confinement settings. In speaking with investigative staff, these staff confirmed participation in numerous related courses. Additionally, training curricula and employee training certifications provided additional documentation to support facility compliance.

(B) Per policy (P5324.12), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, interviewing techniques for sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. In speaking with investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curricula and employee training certifications provided additional documentation to support facility compliance.

(C) The facility maintains documentation that investigators have completed the required specialized training related to sexual abuse investigations. Specifically, Policy P5324.12, requires that the "specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral." A review of facility training rosters confirms that such documentation is maintained within agency files for all investigators currently utilized within the FCI Texarkana.

(D) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard works to ensure that persons investigating allegations of sexual abuse and sexual harassment have been sufficiently trained in related procedural and due process requirements necessary for both administrative prison hearings and for federal or state judiciary proceedings. The BOP investigative staff are required to attend both general PREA training, as well as PREA training specific to conducting investigations of sexual victimization in a confinement setting. FCI Texarkana investigative staff affirmed receipt of sufficient training necessary to confidently conduct sexual abuse investigations in a confinement setting. Documentation verified that FCI Texarkana investigative staff do receive specialized training, as well as the generalized training provided to all staff. As such, the FCI Texarkana meets the requirements of this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP PREA Training and Psychology Services, 4-23-14
- BOP PREA Video Series Listing for Medical & Mental Health
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX PREA for Medical and Mental Health Care, Training Roster: October 1, 2024 – December 17, 2025
- TEX PREA for Medical and Mental Health Care, Training Roster: Through 2-27-26
- TEX List of Medical and Mental Health Staff with Direct Inmate Care Interaction: 2-25-26, 2-27-26

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Administrative (Human Resources) Staff
- Medical Staff
- Mental Health Staff

Site Review Observations:

- Review of facility training records

Standard Subsections:

(A) The FCI Texarkana provides medical and mental health services to incarcerated persons assigned to its facility. Policy (P5324.12) requires that in addition to the generalized training provided to all staff, "the agency shall ensure that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment." Interviews with Human Resource staff, as well as FCI Texarkana medical and mental health staff, all confirm that staff have received training as required. A review of agency training records documents 100% of the twenty-two (22) medical/mental health staff assigned to the facility have participated in initial and/or continuing training requirements within the audit time frame.

(B) In accordance with agency policy and verified through interviews with FCI Texarkana medical/mental health staff, medical staff at FCI Texarkana do not conduct forensic medical examinations. Rather, as confirmed by the FCI Texarkana PCM and SAFE/SANE Hospital staff, inmates are transported to a nearby public medical facility, CHRISTUS St. Michael Hospital or Titus County Hospital for all forensic exam services.

(C) At the time of the onsite audit, it was noted that the person serving as the Acting Health Services Administrator had not yet received training specifically for medical and mental health staff. Correction action was immediately taken to ensure all medical/mental health staff, regardless of whether they were acting staff or permanently assigned to the position, had received appropriate training. A subsequent review of training records, as well as interviews with Medical and Mental Health Facility Program Supervisors, reflect that 100% of the twenty-two (22) Medical and Mental Health employees assigned to the FCI Texarkana have received specialized training appropriate for their professional roles.

(D) Also, in accordance with their professional role, a review of training records reflects those medical and mental health practitioners have also received the general PREA training provided to all other staff, volunteers, and contractors working within a correctional setting.

Reasoning & Findings Statement:

This standard works to ensure that medical and mental health staff have received specialized training for medical and mental health services provided to victims of sexual abuse and sexual harassment. The federal BOP has policies in place to ensure all FCI Texarkana medical and mental health staff are furnished this training. FCI Texarkana medical and Mental health administration confirmed that their staff have received all required and continuing education classes specific to their professional role as it applies to medical and mental health services administered when assisting victims of sexual abuse and sexual harassment. Documentation of agency training verified that said staff do receive specialized medical training, as well as the generalized training provided to all staff. As such, the FCI Texarkana meets the requirements of this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP Memorandum Intake Screening Guidance PREA, 9-11-14
- BOP Attachment A, PREA Intake Objective Screening Instrument, 6-4-15
- BOP Intake Screening Form
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX List of Inmates Who Reported Victimization During the Risk Screening, 1-22-26
- TEX Intake Screening Form: 2-8-18, 12-7-18, 6-24-21, 4-7-21, 6-15-22, 6-30-22, 9-15-22, 11-7-22, 1-26-23, 7-27-23, 6-27-24a, 6-27-24b, 8-1-24, 8-22-24, 10-31-24, 11-12-24, 12-2-24, 1-23-25a, 1-23-25b, 3-13-25, 4-3-25, 4-24-25, 5-29-25, 6-13-25, 7-17-25, 7-23-25, 7-24-25a, 7-24-25b, 7-31-25, 8-7-25, 9-11-25, 12-3-25, 12-11-25, 1-22-26a, 1-22-26b
- TEX Psychology Services, Risk of Sexual Abusiveness: 1-6-25, 2-4-25, 2-6-25, 2-19-25, 3-10-25, 3-14-25, 3-20-25a, 3-20-25b, 4-1-25, 4-7-25, 4-18-25, 5-12-25, 6-3-25, 7-10-25, 8-26-25, 8-29-25
- TEX Individualized Needs Plan, Initial Classification: 7-10-22, 7-27-22, 7-1-25, 7-16-25, 8-14-25, 9-17-25, 9-18-25, 10-22-25
- TEX List of Risk of Victimization Screenings via Psychology: October 1, 2023, to January 1, 2025

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Intake Staff
- Medical Staff
- Mental Health Staff

- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Inmates Who Identify as Lesbian, Gay, Bisexual, or Intersex
- Disabled Inmates
- Limited English Proficient Inmates
- Random Inmates

Site Review Observations:

- Observed Risk Screening process.
- Reviewed inmate files.

Standard Subsections:

(A) Policy (P5324.12) requires that all inmates shall be assessed for risk of sexual victimization or abusiveness upon arrival of intake and upon transfer to another institution. The FCI Texarkana Intake and Medical/Mental Health staff affirm the facility's adherence to agency policy. Specifically, all inmates received into the facility are screened for sexual victimization and/or sexually abusive risk factors on the same day that the inmates are received into the facility. The auditor observed the intake process, during which, a risk screening was conducted using the appropriate screening tool.

(B) Policy (P5324.12) requires that the screenings will be completed "within 72 hours of the inmate's arrival at the facility." In speaking with FCI Texarkana Intake and Medical staff, it was noted that said screenings take place immediately upon each inmate's arrival to the facility. Per the PREA Compliance Manager, within the audit time frame, of the 1,597 inmates entering the facility (either through intake or transfer), 100% were subsequently provided risk screening assessments for their risk of being sexually victimized or for being a sexual abuser.

(C) The risk screening assessment is conducted using an objective screening instrument. A review of the survey questions provided to inmates does not present with either an implicit bias or leading statements. The PREA assessment process does not contain value statements, bias language, or implied negative consequences for affirmative answers to any of the questions asked. Rather, it is a strictly utilitarian form that was administered in a nonjudgmental manner during the mock demonstration. The answers to this questionnaire then determine both an inmate's risk of sexual victimization, as well as an inmate's risk of sexual abusiveness.

(D) The PREA assessment process does consider, at a minimum, if the inmate has a mental, physical, or developmental disability. It considers the age of the inmate, the inmate's physical build, whether the inmate has previously been incarcerated, whether the inmate's criminal history is exclusively nonviolent, whether the inmate has prior convictions for sex offenses against an adult or child, whether the inmate has previously experienced sexual victimization, the inmate's own perception of vulnerability, and whether the inmate is or is perceived to be gay, lesbian, bisexual, intersex, or gender nonconforming. Inmates are explicitly asked if they are or if they are perceived to be gay, lesbian, bisexual, intersex, or gender nonconforming/gender nonbinary. The risk screener is allowed to enter his/her subjective perception of the inmate's gender expression. During inmate interviews, six (6) inmates stated that they had not been asked the aforementioned questions upon their receipt into the FCI Texarkana. A subsequent review of risk screening

records for all inmates reflecting that they had not been asked the aforementioned PREA risk screening questions reflected that said risk screenings were, in fact, generally conducted within 72 hours of their admittance into the facility.

(E) In assessing inmates for their risk of being sexually abusive, the PREA Intake Objective Screening Instrument does consider prior acts of sexual abuse, prior convictions for violent offenses, and the history of prior institutional violence or sexual abuse. Along with observing a mock risk screening demonstration, the auditor also reviewed several PREA Intake Objective Screening Instrument completed within the auditing time frame. All forms were filled out in their entirety, with inmates having generally provided relevant answers to each of the questions asked. It should further be noted that Intake, Medical, and Mental Health staff confirmed that inmates may refuse to answer any question on the survey or may refuse participation in the entire survey process without the threat of negative consequences.

(F) Policy (P5324.12) requires that "within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening." Per the facility PREA Compliance Manager, within the audit time frame, 100% of the inmates with a length of stay in the facility for 30 days or more, were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival to the FCI Texarkana. In speaking with FCI Texarkana Unit Management staff, their adherence to this policy was confirmed. Additionally, a review of documentation specific to said assessments confirmed both initial and subsequent assessments were provided within the required time frames.

(G) Policy (P5324.12) allows that employees may make a mental health referral based on their observations of the inmate's behavior or at the inmate's request, which include referrals based on concerns the inmate has been or is at high risk of being subject to sexual misconduct. Both the FCI Texarkana PREA Compliance Manager and staff who perform screening for risk of victimization and abusiveness confirm reassessments are conducted as required and that any staff member may refer an inmate for a risk screening reassessment. As well, in discussing reassessment processes with inmates, most inmates believed that the facility did take the PREA assessments and their responsibilities regarding PREA seriously. As well, most inmates believed that staff would address their needs in a timely manner. All inmates interviewed stated that they currently felt safe from fear of sexual assault.

(H) Policy (P5324.12) expressly prohibits disciplinary sanctions against any inmate who refuses to answer or fails to provide complete and/or accurate answers to any of the questions noted on the PREA Intake Objective Screening Instrument. When interviewed, Intake, Medical, and facility Unit Managers affirmed that disciplinary sanctions were not imposed against inmates for refusing or failing to answer any of the questions on the PREA Intake Objective Screening Instrument or subsequent risk screening assessments. Additionally, all inmate interviews confirmed that said population was aware of their right not to answer related questions and to be free from disciplinary consequences in the event of any such refusal.

(I) Policy (P5324.12) requires that the information presented on PREA Intake Objective Screening Instrument and subsequent screening processes is considered sensitive information. Accordingly,

policy (P5324.12) notes that "sensitive information is limited to staff who have a need to know." Policy further requires, as well as reinforced by the electronic credential requirements necessary to gain access to the PREA Intake Objective Screening Instrument and subsequent screening processes, that facility staff must restrict the spread of information obtained as a function of the PREA Intake Objective Screening Instrument to only those designated staff members with an operational need for said information in order to inform classification, housing and work assignments, programmatic and non-programmatic activities, or other relevant institutional activities. The FCI Texarkana PREA Compliance Manager, Unit Managers, and other operational staff associated with the screening process affirmed that the information obtained by way of said documents was considered restricted, and as such, was not distributed to unauthorized staff. Lastly, the auditor observed that completed PREA Intake Objective Screening Instruments did require authorized credentials to access said documents within the BOP electronic data base.

Reasoning & Findings Statement:

This standard works to ensure inmates are properly screened for their risks of sexual victimization and abusiveness. Agency policy provides for an objective PREA Intake Objective Screening Instrument, which is administered and scored at the facility level as a simple fact assessment. Inmates are reassessed as required by policy, to include if new information is discovered by facility staff that might warrant changes in inmates' risk status. Interviews with facility screening staff, as well as with inmates, confirm that the proper screening tool is being utilized at the FCI Texarkana. As well, the information gleamed from this form is appropriately used to inform classification, programming, housing, work, and other facility-based activities. Staff charged with administering PREA Intake Objective Screening Instruments, as well as subsequent screening processes, affirm the restricted nature of the information and their adherence to the facility's limited distribution list. As such, the FCI Texarkana has satisfied the requirements of this standard and is found to meet its expectations.

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)

- This provision is no longer applicable to compliance findings.

115.42 (d)

- This provision is no longer applicable to compliance findings.

115.42 (e)

- This provision is no longer applicable to compliance findings.

115.42 (f)

- This provision is no longer applicable to compliance findings.

115.42 (g)

- This provision is no longer applicable to compliance findings.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP Inmate Notice Zero Tolerance, English
- BOP Inmate Notice Zero Tolerance, Spanish
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX List of Inmates Identified as High Risk of Victimization, 3-2-26
- TEX List of Inmates Identified as High Risk of Abusiveness, 3-2-26
- TEX List of Inmates Identified as Disabled, 3-2-26
- TEX List of Inmates Who Reported Victimization During the Risk Screening, 1-22-26
- TEX Intake Screening Form: 2-8-18, 12-7-18, 6-24-21, 4-7-21, 6-15-22, 6-30-22, 9-15-22, 11-7-22, 1-26-23, 7-27-23, 6-27-24a, 6-27-24b, 8-1-24, 8-22-24, 10-31-24, 11-12-24, 12-2-24, 1-23-25a, 1-23-25b, 3-13-25, 4-3-25, 4-24-25, 5-29-25, 6-13-25, 7-17-25, 7-23-25, 7-24-25a, 7-24-25b, 7-31-25, 8-7-25, 9-11-25, 12-3-25, 12-11-25, 1-22-26a, 1-22-26b
- TEX Psychology Services, Risk of Sexual Abusiveness: 1-6-25, 2-4-25, 2-6-25, 2-19-25, 3-10-25, 3-14-25, 3-20-25a, 3-20-25b, 4-1-25, 4-7-25, 4-18-25, 5-12-25, 6-3-25, 7-10-25, 8-26-25, 8-29-25
- TEX Individualized Needs Plan, Initial Classification: 7-10-22, 7-27-22, 7-1-25, 7-16-25, 8-14-25, 9-17-25, 9-18-25, 10-22-25
- TEX List of Risk of Victimization Screenings via Psychology: October 1, 2023, to January 1, 2025
- TEX SHU Meeting, PREA Concerns: 1-28-25, 2-18-25, 10-7-25, 10-14-25, 10-21-25, 10-28-25
- TEX PREA Concerns, Gender Dysphoria Issues: 7-29-25, 8-12-25, 9-16-25, 9-23-25
- TEX TEC Committee Meeting, PREA Concerns: 12-23-24, 1-14-25
- TEX Psychology Services, Sexual Abuse Intervention, Victim: 10-20-24, 10-21-24, 11-24-24, 12-12-24, 12-23-24, 9-17-25, 9-18-25, 12-1-25, 2-18-26
- TEX Psychology Services, Sexual Abuse intervention, Perpetrator: 11-7-24, 11-24-24, 12-20-24

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Intermediate or Higher-Level Facility Staff
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Staff
- Inmates Who Identify as Lesbian, Gay, Bisexual, or Intersex
- Disabled Inmates
- Limited English Proficient Inmates

Site Review Observations:

- Reviewed offender files.
- Observed offender housing and work assignments.

Standard Subsections:

(A) Policy (P5324.12) requires that the agency use information from the PREA Intake Objective Screening Instrument to help separate inmates with a high risk of being sexually victimized from those inmates with a high risk of being sexually abusive. As such, the information gleaned from the PREA Intake Objective Screening Instrument is used to inform inmate housing, bed, work, education, and program assignments. In speaking with Intake and Medical staff, as well as FCI Texarkana Unit Managers, once an inmate is deemed as a possible high risk for sexual victimization, staff will ensure that the inmate at risk is not housed in a vulnerable location with respect to other inmates who are assessed at a high risk to sexually abuse other inmates. The inmate will also be referred to medical/mental health staff for further review. Facility documentation reflects the use of screening instruments, as well as the application of the information that they provide, is an institutionalized process.

(B) Policy (P5324.12) requires that the facility makes individualized determinations about how to ensure the safety of each inmate. In speaking with the Texarkana PREA Compliance Manager, Unit Management Staff, and the Texarkana Warden, staff affirmed that the concerns for every inmate are reviewed on an individual basis. These reviews occur as needed, but at a minimum of a weekly basis. In speaking with inmates currently assigned to the FCI Texarkana, most stated that their own opinions regarding their personal safety are considered by FCI Texarkana staff when providing housing or job assignments. Most inmates further stated that if their concerns for their own safety changed, many believed that FCI Texarkana staff would take their concerns seriously.

(C) This provision is no longer applicable to compliance findings.

(D) This provision is no longer applicable to compliance findings.

(E) This provision is no longer applicable to compliance findings.

(F) This provision is no longer applicable to compliance findings.

(G) This provision is no longer applicable to compliance findings.

Reasoning & Findings Statement:

This standard works to ensure the adequate use of screening information to promote and protect inmates who may be at high risk of being sexually victimized. The BOP has numerous policies in place to ensure the most effective and secure use of the PREA Intake Objective Screening Instrument. Inmates deemed to be at high risk are routinely monitored by the FCI Texarkana PREA Compliance Manager, Unit Managers, as well as Medical and Mental Health staff, to ensure their sexual safety. Agency policies

require staff to make individualized determinations on a case-by-case basis regarding inmate safety. Interviews with the agency PREA Coordinator and the FCI Texarkana PREA Compliance Manager reflect that facility staff have discretion in managing the safety of individual inmates. The FCI Texarkana PREA Compliance Manager, as well as all other FCI Texarkana staff, affirm their adherence to agency policies and also confirm that the inmates' views regarding their own safety are given serious consideration specific to facility operations. As such, agency policy meets, and FCI Texarkana adheres to, the requirements of this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P3420.12, Standards of Employee Conduct, 6-24-24
- BOP Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Intake Screening Form: 2-8-18, 12-7-18, 6-24-21, 4-7-21, 6-15-22, 6-30-22, 9-15-22, 11-7-22, 1-26-23, 7-27-23, 6-27-24a, 6-27-24b, 8-1-24, 8-22-24, 10-31-24, 11-12-24, 12-2-24, 1-23-25a, 1-23-25b, 3-13-25, 4-3-25, 4-24-25, 5-29-25, 6-13-25, 7-17-25, 7-23-25, 7-24-25a, 7-24-25b, 7-31-25, 8-7-25, 9-11-25, 12-3-25, 12-11-25, 1-22-26a, 1-22-26b
- TEX Psychology Services, Risk of Sexual Abusiveness: 1-6-25, 2-4-25, 2-6-25, 2-19-25, 3-10-25, 3-14-25, 3-20-25a, 3-20-25b, 4-1-25, 4-7-25, 4-18-25, 5-12-25, 6-3-25, 7-10-25, 8-26-25, 8-29-25
- TEX Individualized Needs Plan, Initial Classification: 7-10-22, 7-27-22, 7-1-25, 7-16-25, 8-14-25, 9-17-25, 9-18-25, 10-22-25
- TEX List of Risk of Victimization Screenings via Psychology: October 1, 2023, to January 1, 2025
- TEX SHU Meeting, PREA Concerns: 1-28-25, 2-18-25, 10-7-25, 10-14-25, 10-21-25, 10-28-25
- TEX PREA Concerns, Gender Dysphoria Issues: 7-29-25, 8-12-25, 9-16-25, 9-23-25
- TEX TEC Committee Meeting, PREA Concerns: 12-23-24, 1-14-25
- TEX Psychology Services, Sexual Abuse Intervention, Victim: 10-20-24, 10-21-24, 11-24-24, 12-12-24, 12-23-24, 9-17-25, 9-18-25, 12-1-25, 2-18-26
- TEX Psychology Services, Sexual Abuse intervention, Perpetrator: 11-7-24, 11-24-24, 12-20-24
- TEX Memo, PREA Standard 115.43, Protective Custody

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Staff Who Supervise Inmates in Special Housing
- Random Inmate Interviews
- Targeted Inmate Interviews

Site Review Observations:

- Observed Special Housing Unit

Standard Subsections:

(A) Policy (P5324.12) mandates that agency staff shall refrain from placing inmates at high risk for sexual victimization in "involuntary special housing unless an assessment of all available

alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary special housing for less than 24 hours while completing the assessment." In speaking with the FCI Texarkana PREA Compliance Manager and the FCI Texarkana Warden, staff confirm that there have not been any (0) inmates placed in involuntary special housing; namely, the Special Housing Unit (SHU), for risk of sexual victimization during the audit time frame. As well, inmate interviews did not suggest that FCI Texarkana utilizes any form of restrictive housing for inmates at risk of victimization who present sexual abuse or sexual harassment allegations to staff. As such, there were not any (0) relevant documents to review.

(B) Policy (P5324.12) allows that, if necessary, "inmates placed in special housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible." To this effect, if inmates are involuntary placed in special housing, efforts should be made to ensure these inmates receive similar access to programmatic activities, privileges, educational activities, and work opportunities as inmates assigned to the general population. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document which activities were restricted. Specifically, staff must document the opportunities that have been limited, the duration of the limit, and the reasons for said limitation. In speaking with the FCI Texarkana PREA Compliance Manager, the FCI Texarkana Warden, and FCI Texarkana SHU supervisory staff, all such staff confirm that there have not been any (0) inmates placed in the Special Housing Unit for risk of sexual victimization during the audit time frame. Additionally, no inmates stated that they had been placed in such housing for risk of victimization at any point within their tenure at the FCI Texarkana. As such, there was not any (0) relevant documentation to review.

(C) Policy (P5324.12) mandates that placement in the Special Housing Unit for those inmates at a high risk of sexual victimization shall only be used until an alternative means of separation from likely abusers can be arranged, but ordinarily not more than 30 days. In speaking with the FCI Texarkana PREA Compliance Manager, the FCI Texarkana Warden, and FCI Texarkana SHU supervisory staff, said staff confirmed that there have not been any (0) inmates placed in the Special Housing Unit for risk of sexual victimization during the audit time frame. Additionally, no inmates stated that they had been placed in such housing for risk of sexual victimization at any point within their tenure at the FCI Texarkana. As such, there was not any (0) relevant documentation to review.

(D) Policy (P5324.12) requires that upon placement of an inmate into the Special Housing Unit, the facility must clearly document the basis of concern for the offender's safety. Additionally, the facility must document whether a determination has been made that there is no available alternative means of separation from the likely abusers. In speaking with the FCI Texarkana PREA Compliance Manager, the FCI Texarkana Warden, and FCI Texarkana SHU supervisory staff, said staff confirmed that there have not been any (0) inmates placed in the Special Housing Unit for risk of sexual victimization during the audit time frame. Additionally, there were not any (0) inmates who stated that they had been placed in such housing for risk of sexual victimization. As such, there was not any relevant documentation to review.

(E) Policy (P5324.12) requires that an inmate placed in the Special Housing Unit due to being a high risk of sexual victimization shall have this status reviewed at least every 30 days thereafter. In speaking with the FCI Texarkana PREA Compliance Manager, the FCI Texarkana Warden, and FCI Texarkana SHU staff, staff confirmed both their knowledge of this policy and the fact that there have not been any inmates placed in the Special Housing Unit for risk of sexual victimization during the audit time frame. Additionally, there were not any (0) inmates who stated that they had been placed in such housing for risk of sexual victimization. As such, there was not any (0) relevant documentation to review.

Reasoning & Findings Statement:

This standard works to ensure that the use of involuntary protective custody is not a de facto management solution for inmate safety concerns. Agency policy explicitly mandates that staff refrain from placing inmates at high risk for sexual victimization in the Special Housing Unit unless an assessment of all available alternatives has been made and there are no other available means of separation from likely abusers. In speaking with the FCI Texarkana PREA Compliance Manager, the FCI Texarkana Warden, and FCI Texarkana Special Housing Unit staff, all confirmed that there have not been any inmates placed in the Special Housing Unit for risk of sexual victimization during the audit time frame. Additionally, no inmates stated that they had been placed in such housing for risk of sexual victimization. As such, there was not any relevant documentation to review. In speaking with correctional staff routinely assigned to work within the Special Housing Unit, said staff confirmed that if inmates were to be assigned to the Special Housing Unit for high risk of sexual victimization, they would be afforded, as much as possible, similar activities as the inmates within general population. However, to the best of their knowledge, there have not been any such inmates assigned to such housing within the audit time frame. The FCI Texarkana has satisfied all component parts of this standard and is found to have met its provisions.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P3420.12, Standards of Employee Conduct, 6-24-24
- BOP Inmate Notice Zero Tolerance, English, 05/2024
- BOP Inmate Notice Zero Tolerance, Spanish, 05/2024
- BOP Sexually Abusive Behavior Prevention and Intervention: An Overview for Inmates, July 2018, English
- BOP Sexually Abusive Behavior Prevention and Intervention: An Overview for Inmates, July 2018, Spanish
- BOP Memorandum for all Bureau Inmates, Suicide Prevention, English, 7-20-12
- BOP Memorandum for all Bureau Inmates, Suicide Prevention, Spanish, 7-20-12
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Inmate Orientation Handbook, English
- TEX Inmate Orientation Handbook, Spanish
- TEX Institution Admission and Orientation Program Checklist: 2-13-18, 1-3-19, 6-1-21, 8-19-21, 6-23-22, 7-6-22, 10-5-22, 12-1-22, 1-31-23, 8-3-23, 8-27-24, 9-3-24, 9-11-24a, 9-11-24b, 9-17-24, 10-1-24a, 10-1-24b, 10-22-24, 12-31-24, 1-7-25a, 1-7-25b, 1-7-25c, 1-13-25, 2-4-25, 3-4-25, 3-25-25, 4-2-25a, 4-2-25b, 4-22-25, 5-20-25, 5-28-25, 6-10-25, 6-18-25a, 6-18-25b, 7-22-25, 7-29-25a, 7-29-25b, 7-29-25c, 7-29-25d, 8-26-25a, 8-26-25b, 8-26-25c, 8-26-25d, 8-26-25e, 9-30-25, 11-5-25a, 11-5-25b, 11-5-25c, 11-5-25d, 12-16-25, 1-13-26a, 1-13-26b, 2-24-26
- TEX Memo, PREA Standard 115.51, Inmate Reporting, nd1
- TEX Memo, PREA Standard 115.51, Inmate Reporting, nd2
- TEX PREA Compliance Manager Information Tracking Log
- TEX Memorandum for Inmate Population, RAINN National Sexual Assault Hotline, English, 1-13-26
- TEX Memorandum for Inmate Population, RAINN National Sexual Assault Hotline, Spanish, 1-13-26

Interviews:

- Agency Head Designee
- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Random Staff
- Just Detention International
- Community-Based Victim Advocacy Staff
- Inmates Who Disclosed Sexual Victimization During Risk Screening
- Inmates Who Reported Sexual Abuse
- Random Inmates

Site Review Observations:

- Reviewed documentation related to inmate reports of sexual abuse and sexual harassment.
- Observed informational posters throughout the facility advising Inmates of various reporting mechanisms for allegations of sexual abuse and sexual harassment.
- Observed numerous PREA educational and reporting references available for inmate use within the facility Law Library.

Standard Subsections:

(A) The agency provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, as well as neglect or violations of staff responsibilities that may have contributed to such incidents. Additionally, the agency provides numerous avenues by which inmates may report any subsequent retaliatory measures experienced by inmates as a result of having reported said abuse. Upon receipt onto the facility, all inmates are provided a PREA risk assessment screening, via the PREA Intake Objective Screening Instrument, and advised of their right to be free of sexual abuse and sexual harassment under the PREA standards. Inmates are subsequently given a more comprehensive inmate orientation within 30 days of their receipt into the facility. This orientation includes detailed training on the BOP PREA program. This training includes information on, and contact information for, internal and external reporting agencies. Inmates are also provided with a FCI Texarkana Inmate Orientation Handbook, which contains contact information for internal and external reporting agencies, as well as national and local victim services organizations. Additionally, one of the many ways that inmates can make claims of sexual abuse and sexual harassment is through the agency's email system. There are multiple computer access portals available for inmate use within every housing area. In interviewing staff, all employees were aware of an inmate's right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. In interviewing inmates, all inmates were equally aware of their right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. During random and targeted interviews, all inmates were able to articulate at least one manner by which a report could be made.

(B) As noted in policy (P5324.12), the facility also provides multiple avenues and contact information for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. Inmates are provided with the phone number to an Outside Agency Reporting Hot Line, with calls being anonymous and without cost to the inmate. Inmates are provided with the address to the primary reporting entity, the Office of the Inspector General, which can receive and immediately forward inmate reports to agency officials for their investigation. Upon an inmate's request, the Office of the Inspector General will allow an inmate to remain anonymous. If an inmate is being detained solely for civil immigration purposes, relevant contact information for consulars is available in the FCI Texarkana facility Law Library.

(C) Per policy (P5324.12), staff accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. All employees interviewed stated that they would act on any report of sexual abuse or sexual harassment regardless of how they became aware of that information. In doing so, all staff stated that they would immediately document such reports as soon as possible following the allegations being presented to them. All

inmates interviewed affirmed their right to make either verbal or written reports of sexual abuse and sexual harassment. Most inmates were also aware that they could make reports of sexual abuse and sexual harassment via third party or anonymously. The majority of inmates interviewed stated that they believed FCI Texarkana staff would take complaints of sexual safety seriously and act accordingly to address their concerns.

(D) Per policy (P5324.12), staff have an affirmative duty to report any knowledge, suspicion, or information they may have regarding sexual abuse, sexual harassment, or retaliation against inmates or staff for having reported such abuse. Nonetheless, per policy (P5324.12) staff may privately report sexual misconduct by contacting "any supervisory staff at the local institution, regional staff, or Central Office staff, including the Central Office Management Analyst and the National PREA Coordinator. Allegations involving staff members may also be reported to the Office of Internal Affairs or the Office of the Inspector General, as appropriate." When asked, staff were generally aware that they could make anonymous reports of sexual abuse and sexual harassment and could provide at least one manner by which to do so.

Reasoning & Findings Statement:

This standard works to ensure inmates, staff, and outside agents have the ability to report all instances of sexual abuse and sexual harassment against inmates. The agency does have multiple avenues by which inmates may make formal reports, to include verbal, written, anonymous, and third-party reports. Inmates are provided detailed instructions, contact persons, phone numbers, email addresses, and physical addresses for correspondence where incidents or suspicions of sexual abuse, sexual harassment, and retaliation may be reported. Additionally, while inmates are not encouraged to utilize rape counseling support service centers as reporting avenues, these centers will serve in this capacity if explicitly requested by the inmate. With this in mind, the auditor solicited inmate contact information from Just Detention International, a national resource center that can provide referrals to local rape crisis centers, along with the RAINN National Sexual Abuse Hotline, a national rape crisis center servicing the facility. Just Detention International stated that it had not received any correspondence from persons confined within the FCI Texarkana. The RAINN National Sexual Abuse Hotline did not indicate members of its network have experienced any undue concerns in speaking to any prisoners confined within the FCI Texarkana. In interviewing correctional staff, all such persons were aware that inmates could report allegations of sexual abuse and sexual harassment verbally, in writing, anonymously, and through a third party. When receiving verbal reports of sexual abuse and sexual harassment, all staff recognized the need to take immediate action to protect the inmate in question and the need to document the verbal complaint as soon as possible. In speaking with inmates, all persons were aware of their right to be free from sexual abuse and sexual harassment, as well as their right not to suffer retaliation for having reported such abuse. All incarcerated persons understood their right to make verbal and written complaints. The majority of inmates understood their right to make anonymous and third-party complaints. As such, it is evident that the FCI Texarkana meets all aspects of this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P1330.18, Administrative Remedy Program, 1-6-14
- Sexually Abusive Behavior Prevention and Intervention, An Overview for Inmates, July 2018, English
- Sexually Abusive Behavior Prevention and Intervention, An Overview for Inmates, July 2018, Spanish
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Inmate Orientation Handbook, English
- TEX Inmate Orientation Handbook, Spanish
- TEX Institution Admission and Orientation Program Checklist: 2-13-18, 1-3-19, 6-1-21, 8-19-21, 6-23-22, 7-6-22, 10-5-22, 12-1-22, 1-31-23, 8-3-23, 8-27-24, 9-3-24, 9-11-24a, 9-11-24b, 9-17-24, 10-1-24a, 10-1-24b, 10-22-24, 12-31-24, 1-7-25a, 1-7-25b, 1-7-25c, 1-13-25, 2-4-25, 3-4-25, 3-25-25, 4-2-25a, 4-2-25b, 4-22-25, 5-20-25, 5-28-25, 6-10-25, 6-18-25a, 6-18-25b, 7-22-25, 7-29-25a, 7-29-25b, 7-29-25c, 7-29-25d, 8-26-25a, 8-26-25b, 8-26-25c, 8-26-25d, 8-26-25e, 9-30-25, 11-5-25a, 11-5-25b, 11-5-25c, 11-5-25d, 12-16-25, 1-13-26a, 1-13-26b, 2-24-26
- TEX Memo, PREA Standard 115.52, Exhaustion of Administrative Remedies

Interviews:

- PREA Compliance Manager
- Facility Warden

- Investigative Staff
- Random Inmates
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Reviewed inmate complaints received by Institutional Investigator.

Standard Subsections:

(A) The BOP does have administrative procedures to address grievances submitted by incarcerated persons regarding sexual abuse.

(B) Policy (P5324.12, P1330.18) permits inmates to submit grievances regarding allegations of sexual abuse and sexual harassment. Inmates are not mandated to file these administrative remedies within a required time frame. Additionally, inmates do not need to first seek an informal resolution to their concerns prior to filing for an administrative remedy. In speaking with the Institutional Investigator, compliance with this agency policy was confirmed.

(C) Policy (P5324.12, P1330.18) permits inmates to submit grievances regarding allegations of sexual abuse and sexual harassment directly to the Regional Director. Inmates are not required to first seek an informal resolution to their concerns prior to filing and administrative remedy. Also, once filed, complaints are processed by the institutional investigator, not the person with whom the complaint is against. In speaking with the Institutional Investigator, compliance with this agency policy was confirmed.

(D) Policy (P5324.12, P1330.18) requires the BOP to "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. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. 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, the inmate may consider the absence of a response to be a denial at that level." Per the PREA Compliance Manager, there were not any (0) grievances alleging sexual abuse that were received within the audit time frame that took longer than 90 days to process. As such, no extensions were necessary.

(E) Policy (P5324.12, P1330.18) allows for "third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates… If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision." In speaking with the Institutional Investigator, compliance with this agency policy was confirmed.

(F) Policy (P5324.12, P1330.18) requires that should the agency receiving "an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency

decision within five calendar days. The initial response and final agency decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance." In speaking with the Institutional Investigator, compliance with this agency policy was confirmed.

(G) Policy (P5324.12, P1330.18) allows that "the agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith." In speaking with the Institutional Investigator, compliance with this agency policy was confirmed.

Reasoning & Findings Statement:

This standard works to ensure inmate access to courts by way of exhausting administrative remedies specific to allegations of sexual abuse and sexual harassment. Policy (P1330.18) permits inmates to submit grievances alleging sexual abuse and sexual harassment. Once filed, the agency must respond to the inmate's allegations in a timely manner. Failure to provide a timely response can be construed as a denial at that level. Inmates may then pursue their concerns to the next level. Unless the agency can prove that the inmate filed his administrative remedy in bad faith, disciplinary sanctions cannot be applied against the inmate for having filed allegations of sexual abuse or sexual harassment. During the audit time frame, the FCI Texarkana did not receive any (0) grievances concerning sexual abuse. However, in speaking with the Institutional Investigator, it was noted that if the facility did receive grievances concerning allegations of sexual abuse, those complaints would be processed and provided disposition within a 90-day time frame. As such, the facility has demonstrated its compliance with this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP RAINN National Sexual Assault Hotline, Crisis Support Counselor, English
- BOP RAINN National Sexual Assault Hotline, Crisis Support Counselor, Spanish
- BOP Sexually Abusive Behavior Prevention and Intervention, An Overview for Inmates, English, July 2018
- BOP Sexually Abusive Behavior Prevention and Intervention, An Overview for Inmates, Spanish, July 2018
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Inmate Orientation Handbook, English
- TEX Inmate Orientation Handbook, Spanish
- TEX Email Communications with Red River Ammy Depot: 7-31-24, 9-25-24a, 9-25-24b, 9-25-24c

- TEX Email Communications with Domestic Violence Prevention, Inc : 8-5-25, 8-28-24a, 8-28-24b, 8-28-24c, 9-30-24
- TEX Email Communications with Community Healthcare: 12-30-24, 1-9-25, 1-17-25
- TEX Memorandum for PREA File, PREA Standard 115.21 (c)-1, (c)-3, nd
- TEX Memorandum for PREA File, PREA Standard 115.21 (e)-1, nd
- TEX Memorandum for PREA File, PREA Standard 115.21 (f)-1, nd
- TEX Paris/RRC Sane Call Schedule: December 2025, March 2026
- TEX SANE Call, 10-1-25
- TEX Bureau Learning University, Forensic Medical Exams: An Overview for Victims' Advocates: 12-19-16, 4-18-19, 7-30-19
- TEX Psychology Board Licensing Details: 4-30-21, 10-1-25, 12-31-25
- TEX Memorandum for Inmate Population, RAINN National Sexual Assault Hotline, English, 1-13-26
- TEX Memorandum for Inmate Population, RAINN National Sexual Assault Hotline, Spanish, 1-13-26

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Medical Staff
- Mental Health Staff
- SANE/SAFE Staff
- Random Staff
- Mailroom Staff
- Just Detention International Staff
- RAINN National Sexual Assault Hotline
- Inmates Who Disclosed Sexual Victimization During Risk Screening
- Inmates Who Reported Sexual Abuse
- Random Inmates

Site Review Observations:

- Reviewed PREA Risk Screening assessment and distributed information upon FCI Texarkana reception
- Observed informational posters throughout the facility advising inmates of various reporting mechanisms for allegations of sexual abuse and sexual harassment
- Observed numerous PREA educational and reporting references available for inmate use within the facility Law Library
- Observed informational posters within inmate general visitation and legal visit areas

Standard Subsections:

(A) Policy (P5324.12) requires the facility to provide inmates with the mailing address and telephone numbers of outside victim advocates. The FCI Texarkana Inmate Handbook provides a wealth of

contact information for reporting sexual abuse and sexual harassment. Via institutional awareness posters, inmates are also provided the physical address to write for confidential emotional support services. As well, the Law Library contains a list of contact information. Per policy (P5324.12) the agency does provide toll-free telephone calls to a rape crisis hotline. Policy (P5324.12) also allows that communication between inmates and advocates within rape crisis centers is as confidential as possible. The BOP does not detain inmates solely for civil immigration purposes. However, information on how to contact relevant consular officials is available in the facility's Law Library. When interviewed, most inmates knew that the agency provided free rape crisis support services to inmates, more commonly referred to across the inmate population as the "PREA Hotline." Additionally, all inmates were aware of at least one means by which they could contact rape crisis support services, with most inmates knowing that they could access those services by way of the information provided on the PREA informational posters located throughout the facility. It was noted, however, that at the time of the onsite portion of the audit, the inmate phone system did not currently allow inmates to dial the toll-free rape crisis center number from the inmate phones without that number being first added to inmate phone lists. To encourage inmate use of this service, additional training was provided to all incoming inmates, as well as current inmates, to ensure that said persons are aware that the rape crisis center phone number can be added to their phone call list at any time. This information was also added to the FCI Texarkana Inmate Admission & Orientation Handbook. With this knowledge, inmates are able to speak with rape crisis counselors at their own convenience.

(B) Per policy (P5324.12) inmates are notified that their calls to the national hotline number (Rape, Abuse & Incest National Network), as well as to any local rape crisis centers, only rise to the level of confidential. As such, these calls are subject to staff monitoring.

(C) The FCI Texarkana has attempted to negotiate a contract between itself and several local rape crises centers. However, to date, the facility has been unable to do so. The facility has, however, arranged for victim advocacy support services to be provided via phone by the RAINN National Sexual Assault Hotline. Additionally, if needed, the agency also trains facility staff to provide in-person advocacy counseling.

Reasoning & Findings Statement:

This policy works to ensure that inmates assigned to the FCI Texarkana have access to outside confidential rape crisis support services and that access is provided in the most confidential manner as possible. Inmates assigned to the FCI Texarkana are provided resources to contact regarding sexual abuse and rape crisis support services. These resources include reporting mechanisms, victim advocacy via the RAINN National Sexual Assault Hotline, as well as agency staff who have been specifically trained in sexual abuse victim advocacy measures. Inmates are advised that calls to rape crisis center is subject to monitoring. When interviewed, all employees and inmates knew that the agency provided free emotional support services to inmates upon request. As such, the FCI Texarkana has met the provisions of this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP Inmate Notice Zero Tolerance, Green, English, 05/2024
- BOP Inmate Notice Zero Tolerance, Green, Spanish, 05/2024
- BOP RAINN National Sexual Assault Telephone Hotline, English
- BOP RAINN National Sexual Assault Telephone Hotline, Spanish
- BOP Website, Voice Your Inmate Concerns Reporting Prompt
- BOP Sexually Abusive Behavior Prevention and Intervention, An Overview for Inmates, English, July 2018
- BOP Sexually Abusive Behavior Prevention and Intervention, An Overview for Inmates, Spanish, July 2018
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Inmate Orientation Handbook, English
- TEX Inmate Orientation Handbook, Spanish
- TEX Memorandum for Inmate Population, RAINN National Sexual Assault Hotline, English, 1-13-26

- TEX Memorandum for Inmate Population, RAINN National Sexual Assault Hotline, Spanish, 1-13-26

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- FCI Texarkana Executive Assistant
- Investigative Staff
- Just Detention International Staff
- RAINN National Sexual Assault Hotline
- Random Inmates

Site Review Observations:

- Review BOP website specific to PREA and third-party reporting methods
- Tested BOP online third-party reporting system
- Observed the Offender Visitation Area informational posters
- Observed informational postings and other publications throughout the offender housing areas
- Observed PREA reporting information within the Law Library

Standard Subsections:

(A) Policy (P5324.12) allows for the use of third-party reporting on allegations of sexual abuse and sexual harassment. During the onsite review, signage throughout the facility encouraged inmates to third-party report as needed. As well, public notices on PREA reporting, specifically third-party reporting, were available for review by offender family and friends via the facility's Inmate Visitation Room. Additionally, public notice on third-party PREA reporting is available to the general public on the agency's website. To verify the online third-party reporting system was operational, the auditor submitted a test email to the agency's online reporting address. An automated receipt response was received at the time of submission. Agency personnel, specifically, the FCI Texarkana PREA Executive Assistant, quickly responded to the online submission confirming receipt of the system test email the same day as it was received. All staff interviewed confirmed that the FCI Texarkana would accept third-party reports of sexual abuse. As well, most inmates interviewed believed that the facility would accept, and take seriously, any allegations of sexual abuse reported by a third party to the FCI Texarkana Administration.

Reasoning & Findings Statement:

This standard works to ensure a publicly available third-party reporting mechanism exists for claims of sexual abuse and sexual harassment. In accordance with policy (P5324.12), the FCI Texarkana promotes the use of third-party reporting via informational posters displayed throughout the facility, to include the Inmate Visitation Area. Electronic contact information is freely distributed on the agency's website to allow the general public direct access to reporting information. To ensure the functionality of the BOP site, all electronic links were tested and found to be operating as required. To ensure the functionality of

the BOP online third-party reporting system, a test submission was successfully sent with a personalized facility-based response received within two business days. PREA informational posters and the inmate PREA training video also provide inmates with a plethora of agency telephone numbers, physical addresses, and electronic contact methods. During facility orientation, inmates are provided detailed instructions, contact persons, phone numbers, email addresses, and physical addresses for correspondence where incidents or suspicions of sexual abuse, sexual harassment, and retaliation may be reported. Additionally, inmates can access the agency's internal website to utilize the web reporting system. Inmates can subsequently communicate this reference information to their family, friends, and personal advocates. Inmates are also provided numerous state and advocacy addresses to submit third-party correspondence. While inmates are not encouraged to utilize rape counseling support service centers as reporting avenues, these centers will serve in this capacity if explicitly requested by the inmate. Inmates are advised that calls to rape crisis centers, when available, are subject to monitoring. Lastly, inmates may also file a third-party complaint on behalf of another inmate via any staff member or other PREA reporting mechanisms. When interviewed, all staff were aware that the facility would accept and investigate third-party complaints of sexual abuse and sexual harassment from inmate advocates. Most inmates were also aware of their right to file a third-party complaint on behalf of another inmate. The concept of third-party reporting is clearly institutionalized across staff and inmate cultures. As such, the FCI Texarkana has met the requirements of this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX PREA Training Acknowledgement Roster: 1-8-25, 1-15-25, 1-29-25
- TEX Contractor Sexually Abusive Behavior Prevention and Intervention Training Agreement and Certification: 1-10-25, 3-20-25, 5-12-25, 5-14-25, 8-6-25, 9-2-25,
- TEX PREA Investigating Sexual Abuse in a Confinement Setting, Training Roster: October 1, 2024 – December 17, 2025
  12-8-25

- TEX PREA for Medical and Mental Health Care, Training Roster: October 1, 2024 – December 17, 2025
- TEX PREA for Medical and Mental Health Care, Training Roster: Through 2-27-26

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Investigative Staff
- Medical Staff
- Mental Health Staff
- Random Staff
- Random Inmates

Site Review Observations:

- Employee training records

Standard Subsections:

(A) Policy (P5324.12) mandates that all employees must immediately report all knowledge, suspicion, or information of any sexual misconduct that occurred within the correctional institution. As well, staff have an affirmative duty to report all knowledge, suspicion, or information regarding retaliation against Inmates or staff for having reported an incident of sexual abuse and sexual harassment. Staff also have an affirmative duty to report any negligence or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation. A review of employee training records, as well as training curriculum records, reflects that all FCI Texarkana staff have all received initial PREA training, including acknowledgment of their affirmative duty responsibilities. When interviewed, all staff confirmed their obligation to immediately report any information they might have regarding allegations of sexual abuse and sexual harassment.

(B) Policy (P5324.12) advises all staff that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and Mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decision. Staff are cautioned to disseminate information related to sexual abuse reports only on a need-to-know basis and only to the extent necessary. Random staff interviews confirm that facility employees are aware of the sensitive and confidential nature of said complaints. In speaking with the FCI Texarkana PREA Compliance Manager, as well as FCI Texarkana institutional investigators, the totality and reasoning surrounding the confidential investigatory process was clearly explained.

(C) Policy (P5324.12) requires that medical and mental health practitioners have a duty to disclose their mandatory reporting status, including limitations of confidentiality. During medical/mental health services staff interviews, the need for medical staff to inform inmates (at the initiation of professional services) of their duty to report, as well as to their limitations of confidentiality, was

affirmed. Additionally, medical/mental health staff noted their policy to have inmates acknowledge their understanding of the informed consent statement.

(D) All inmates incarcerated within the FCI Texarkana are legally classified as adults. As such, there are not any juveniles assigned to this facility. However, per policy (P5324.12), the facility may still have persons classified as vulnerable adults. In accordance with the National Adult Protective Services Association, a vulnerable adult is a person who has been identified as being elderly (generally seen as over the age of 60) or having an intellectual and/or developmental disability. If an inmate is considered a vulnerable adult, per policy (P5324.12), allegations of prior sexual victimization must be forwarded to the appropriate "state or local services agency under applicable mandatory reporting laws."

(E) Policy (P5324.12) mandates that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are referred by the "Institution PREA Compliance Manager... to the appropriate office, and reviews the incident for any further response." When interviewing random facility staff, all employees affirmatively responded that any reports of sexual abuse and sexual harassment received by them would be immediately referred to supervisory and/or other entities appropriate for further investigations.

Reasoning & Findings Statement:

This standard works to ensure mandatory staff and agency reporting requirements. Both agency and facility policies mandate the duty of staff to report all allegations of sexual abuse and sexual harassment. Policy further stresses the importance of confidentially as it applies to reported incidents of sexual abuse and sexual harassment. Lastly, policy requires that all medical and mental health staff disclose their limits of confidentially and obtain informed consent prior to the initiation of services. In interviewing correctional staff, both uniformed and non-uniformed, all employees expressed an understanding of policy. Training records and course curricula document correctional staff training specific to mandatory reporting requirements. In interviewing FCI Texarkana medical/mental health staff, the process of limited confidential and informed consent used by said staff was explained. As well, training records and course curricula for the specialized training of medical staff document an understanding of mandatory reporting requirements. As such, the FCI Texarkana meets the provisions established within this standard.

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 when 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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP Guide for First Responders
- BOP Staff PREA Emergency Response Card
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Memo, PREA Standard 115.62, Agency Protection Duties, nd

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Investigative Staff
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Medical Staff
- Mental Health Staff
- Random Staff
- Random Inmates
- Inmates Who Disclosed Sexual Victimization During Risk Screening
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Review of retaliation monitoring documentation.
- Review of facility-based first responder policy.

Standard Subsections:

(A) Per policy (P5324.12), when the FCI Texarkana learns that an inmate is subject to a substantial risk of imminent sexual abuse, agency officials have an affirmative duty to take immediate action to protect the offender. In speaking with the FCI Texarkana PREA Compliance Manager, FCI Texarkana Warden, FCI Texarkana Unit Managers, FCI Texarkana Investigative Staff, and Random Staff, a number of possible options were discussed specific to inmate protection measures. During the audit time frame, however, the FCI Texarkana did not have any (0) instances where inmates were at substantial risk of imminent sexual abuse. As such, the facility has no such documentation for review.

Reasoning & Findings Statement:

This standard works to actualize the processes of inmate protection. Agency policy (P5324.12) requires staff to take immediate action to ensure the safety of all inmates who are at a high risk of sexual victimization. Provided there are no other alternative options available to ensure the inmate's safety, policy (P5324.12) allows the facility to immediately increase the safety of the at-risk inmate by placing said inmate in a Special Housing Unit. However, placement in the Special Housing Unit would only be used if no other general housing assignments available would ensure the inmate's safety. During the audit time frame, the FCI Texarkana did not receive any reports from inmates who were at a substantial risk of sexual abuse. In interviewing random staff, all persons were asked specifically what actions would be taken if an inmate presented as a high risk for sexual victimization. Unequivocally, all staff responded that they would take immediate action to protect the potential victim. Additionally, supervisory staff were questioned as to their role in this potentially dangerous situation. While supervisory staff did provide a more technical and inclusive response, they too, were centrally focused on protecting the inmate. Hence, the facility has clearly realized the provisions of this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Memo, PREA Standard 115.63, Reporting to Other Confinement Facilities, nd
- TEX Warden to Warden Notification: 10-10-24

Interviews:

- Agency Head Designee
- PREA Compliance Manager
- Facility Warden

Site Review Observations:

- Review of facility-to-facility referrals

Standard Subsections:

(A) BOP policy (P5324.12) requires that when a facility receives notice regarding allegations of sexual abuse and sexual harassment occurring at another facility, the receiving facility must

provide written notice of these allegations to the managing officer (Warden) of the former institution within 72 hours. During the audit time frame, there was one (1) such referrals made to the FCI Texarkana from another facility. Relevant documentation was reviewed.

(B) Per BOP policy (P5324.12), written notice of the aforementioned allegations must be provided as soon as possible, but not more than 72 hours after learning of the allegations. The FCI Texarkana Warden confirmed that, when received, all notices are sent to other institutions as soon as possible and certainly within 72 hours. During the audit time frame, there were not any (0) referrals sent from the FCI Texarkana to other institutions. As such, there was no documentation to review.

(C) Referrals are documented using a BOP Memorandum in accordance with policy (P5324.12). Relevant documentation was reviewed.

(D) Upon receipt of said allegations, policy (P5324.12) requires that the Warden of the destination facility must then process these allegations in accordance with standard protocol. In speaking with the facility warden, it was noted that the facility does comply with agency policy as required.

Reasoning & Findings Statement:

This policy works to ensure agency staff are provided sufficient due process with respect to the timely notification of inmate allegations involving sexual abuse and sexual harassment. Within the audit time frame, the FCI Texarkana did not receive any (0) allegations of sexual abuse or sexual harassment from inmates alleging such had occurred at another facility once those inmates were assigned to FCI Texarkana. Within the audit time frame, the FCI Texarkana did receive one (1) allegation of sexual abuse from an inmate who reported that abuse had occurred at FCI Texarkana once the inmate was assigned to another facility. Documentation review supports referrals being made within the required time frame. Accordingly, the FCI Texarkana has satisfied the requirements of this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP PREA First Responder Actions Card
- BOP Guide for First Responders
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX PREA Training Acknowledgement: 1-8-25, 1-15-25, 1-29-25
- TEX Volunteer Training Affirmation: 6-27-23, 12-14-23, 6-4-24, 9-12-24a, 9-12-24b, 12-7-24, 3-19-25a, 3-19-25b, 3-19-25c, 3-19-25d, 3-19-25e, 6-17-25a, 6-17-25b, 6-17-25c, 6-17-25d, 7-15-25a, 7-15-25b, 7-15-25c, 7-15-25d, 7-16-25, 7-17-25, 9-17-25a, 9-17-25b, 9-17-25c, 10-29-25a, 10-29-25b, 11-5-25a, 11-5-25b
- TEX Contractor Sexually Abusive Behavior Prevention and Intervention Training Agreement and Certification: 1-10-25, 3-20-25, 5-12-25, 5-14-25, 8-6-25, 9-2-25, 12-8-25

- TEX PREA Investigating Sexual Abuse in a Confinement Setting, Training Roster: October 1, 2024 – December 17, 2025
- TEX PREA for Medical and Mental Health Care, Training Roster: October 1, 2024 – December 17, 2025
- TEX PREA for Medical and Mental Health Care, Training Roster: Through 2-27-26

Interviews:

- PREA Compliance Manager
- Facility Warden
- Investigative Staff
- Intermediate or Higher-Level Facility Staff
- Random Staff
- First Responders
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Review of employee, contractor, and volunteer training records
- Review of investigator case files

Standard Subsections:

(A) Policy (P5324.12) requires the first responding custody staff member to immediately separate the alleged victim and abuser. After ensuring the safety of the victim, policy (P5324.12) requires staff to preserve and protect the crime scene until evidence collection is possible. If the first responder learns that the victim has been sexually abused, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should 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. Once the first responder learns that an offender has been sexually abusive, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should 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. In interviewing FCI Texarkana custody staff, the actions that would be taken if said staff were notified of sexual abuse allegations were consistent with policy. Within the audit time frame, FCI Texarkana has received four (4) allegations of sexual abuse. It should also be noted that staff confirmed that when notified within a time period that still allows for the collection of physical evidence, the first security staff member would take appropriate action to preserve and protect the alleged crime scene, as well as any forensic evidence of the reporting inmate.

(B) Policy (P5324.12) requires that non-custody first responders contain and assess the situation, notify their immediate supervisor or the security shift supervisor, instruct the victim not to take any action that could destroy physical evidence. In interviewing FCI Texarkana non-custody staff, the actions that would be taken were said staff notified of sexual abuse allegations were consistent with policy.

Reasoning & Findings Statement:

This standard works to determine whether facility staff understand their role when responding to inmate allegations of sexual abuse and sexual harassment. Of primary importance is separating and securing the alleged victim and abuser. Of this, all staff interviewed absolutely articulated that point. Most staff then articulated the need to preserve any evidence possibly remaining at the crime scene and on the alleged victim. A review of employee training records and class curricula reflect staff have received required training specific to the preservation of evidence regarding allegations of sexual abuse and sexual harassment. As a function of the response protocol, the immediate notification to a custody supervisor provides greater assurance that all subsequent critical steps will be followed. This information, combined with agency policy, staff interviews, and facility training documentation sufficiently supports the expectations required by this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP ONE Source First Responder Reference Guide
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Investigative Staff
- Medical Staff
- Mental Health Staff
- SANE/SAFE Staff
- Random Staff

Site Review Observations:

- Review of departmental level facility processes

Standard Subsections:

(A) The FCI Texarkana has developed a written institutional plan; namely, TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25, to coordinate actions amongst first responders, medical and Mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse and sexual harassment.

Reasoning & Findings Statement:

This provision works to coordinate facility efforts so that victims of sexual abuse and sexual harassment receive adequate support services. To coordinate facility efforts in the most efficient manner possible, the FCI Texarkana implemented a facility-based policy (TEX-5324.12c) that details the coordinated response plan to an incident of inmate sexual abuse. In this, the roles of all facility staff are discussed and, perhaps even more importantly, the way those roles interact with one another is outlined. This policy is a conveniently written overview of departmental responsibilities, equipped with notification and referral reminders. When asked, various departmental staff were able to articulate their roles in the response process. As such, the FCI Texarkana has met the requirement of this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25

Interviews:

- Agency Head Designee
- Agency Contract Administrator
- Agency PREA Coordinator
- PREA Compliance Manager

- Facility Warden
- Administrative (Human Resources) Staff

Site Review Observations:

- Review of facility documentation

Standard Subsections:

(A) Per policy (P5324.12), both the agency, as well as any other governmental entity responsible for collective bargaining on the agency's behalf, are 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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The FCI Texarkana has not renewed or entered into any new collective bargaining agreement since its previous PREA audit that would limit the facility's ability to remove alleged staff sexual abusers from contact with inmates. It is further noted that the Federal Bureau of Prisons, and by extension, the FCI Texarkana, retains the management rights for facilitates to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

(B) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This provision allows the agency to protect inmates from having contact with sexual abusers and sexual harassers. Policy (P5324.12) allows for employees to be suspended from duty pending the outcome of a sexual abuse or sexual harassment investigation. In speaking with the FCI Texarkana Warden and FCI Texarkana Investigative Staff, the process of suspending or separating an employee from employment as a function of a negative sexual abuse or sexual harassment investigation finding was explained. It was also noted that the BOP, and by extension, FCI Texarkana facility administration, has no reservations about discharging employees for engaging in sexual abuse and sexual harassment of inmates. Hence, the FCI Texarkana has satisfactorily met all provisions within this standard.

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 were 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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Assurance Memo, PREA Retaliation Monitoring, PCM Responsibilities and Documentation, 3-4-26

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Institutional Investigator
- Designated Staff Member Charged with Monitoring Retaliation
- Random Staff

- Random Inmates
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Reviewed PREA investigations, to include retaliation monitoring logs (staff/offender), onsite.

Standard Subsections:

(A) Policy (P5324.12) prohibits retaliation for reporting sexual abuse or sexual harassment and for cooperating with a sexual abuse and sexual harassment investigations. Per policy (P5324.12) "the Institution PREA Compliance Manager monitors staff and inmates who have reported sexual abuse allegations to protect them from retaliation for 90 days. However, if the initial monitoring indicates a continuing need, periodic status checks occur."

(B) Per policy (P5324.12), the "agency shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations."

(C) Per policy (P5324.12), for a minimum of three (3) months following a report of sexual abuse or sexual harassment, the facility shall monitor the conduct and treatment of:
- An inmate who reported an incident of sexual abuse or sexual harassment (including a third-party reporter)
- An inmate who was reported to have suffered sexual abuse or sexual harassment; and
- An employee who reported an incident of sexual abuse or sexual harassment of an inmate.
- Monitoring staff shall employ multiple protection measures to prevent inmate retaliation, such as reviewing inmate disciplinary, housing changes, job changes, and program changes.
- Monitoring staff shall employ multiple protection measures to prevent staff retaliation, such as negative performance reviews for staff and the reassignment of staff.
- Monitoring shall go beyond 90 days if the initial monitoring indicates a continuing need.
- Within the audit time frame, the FCI Texarkana has not had any reported incidents of retaliation.

(D) Per policy (P5324.12), in the case of inmates, such monitoring shall also include periodic in-person status checks at least every 30 days. In speaking with the facility investigator, adherence to this policy was confirmed. Additionally, documentation review further supports facility compliance with this requirement.

(E) Per policy (P5324.12), if any other individual (staff, volunteer, contractor, offender, adolescent offender, resident, etc.) who cooperates with an investigation expresses a fear of retaliation, the facility and agency shall take appropriate measures to protect that individual against retaliation.

(F) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard works to prevent retaliation against employees and inmates for reporting sexual abuse and sexual harassment or for having cooperated with an investigation into such. BOP policy provides a comprehensive overview of agency protection against sexual abuse and sexual harassment. In speaking with inmates, none noted that they had ever experienced retaliation for participating in a PREA-related facility investigation. Investigatory files, which included retaliation monitoring, were reviewed while on-site. In reviewing these, both the FCI Texarkana PREA Compliance Manager and the FCI Texarkana Institutional Investigator provided detailed explanations of the monitoring process. As such, the auditor was able to observe the monitoring system currently in place at the FCI Texarkana. Given the totality of the policies provided, staff knowledge regarding the process, and a demonstration of the FCI Texarkana monitoring process, the FCI Texarkana has certainly satisfied the basic provisions of this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25

- TEX Memo, PREA Standard 115.68, Post-Allegation Protective Custody
- TEX Memo, PREA Allegation, Notification of Criminal Disposition Form, 12-16-25
- TEX Memo, PREA Allegation, Notification of Investigation Form Where Staff Are Alleged Perpetrator, 12-16-25
- TEX Memo, PREA Allegation, Notification of Investigation Form, 12-16-25

Interviews:

- PREA Compliance Manager
- Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Random Staff
- Staff Who Supervise Inmates in Segregated Housing
- Random Inmates
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Observed Special Housing Unit

Standard Subsections:

(A) Policy (P5324.12) prohibits placing inmates who allege sexual abuse, or inmates who are at a high risk of sexual abuse, in a Special Housing Unit unless an assessment of all other available alternatives has been made and a subsequent determination concludes that there are no available alternative means of separation from likely abusers. During the audit time frame, the FCI Texarkana has not placed any (0) inmates who have suffered sexual abuse, or who are at a high risk of sexual abuse, in a Special Housing Unit pending completion of their assessment.

Reasoning & Findings Statement:

Agency policy strictly prohibits the use of involuntary special housing; namely, a Special Housing Unit, as a de facto response to inmate safety concerns. Rather, as explained by the FCI Texarkana PREA Compliance Manager and FCI Texarkana Investigative Staff, the use of involuntary special housing should be considered only as the last available option, and even at that, as only a temporary measure. Within the reporting time frame, FCI Texarkana Administration did not utilize involuntary special housing for any inmate who had alleged sexual abuse or fear of such abuse. While conversations with SHU staff did indicate that, if necessary, inmates would be placed in involuntary special housing, it would be the absolute last option. The FCI Texarkana Warden noted that should this ever happen, a weekly review of that inmate's status would occur during each Special Housing Unit weekly meeting. As well, the inmate's status would be reviewed at least every 30 days, with the reviews being documented on the Security Review Official Log. The inmate would also be reviewed every 30 days by Psychology Services. As such, the FCI Texarkana has satisfied the requirements of this provision.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

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

115.71 (b)

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

115.71 (c)

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

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

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

115.71 (d)

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

115.71 (e)

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

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

115.71 (f)

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

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP email regarding DOJ OIG Authority and AG Memo of Duty to Report Misconduct and Cooperate, 3-12-14
- BOP Memorandum External Investigators and PREA Training, 8-6-13
- BOP MOU with FBI to Conduct Investigations According to DOJ PREA Standards, 4-2-14
- BOP FBI Domestic Investigations and Operations Guide
- BOP DOJ/OIG PREA Training, Topics List, 1-14-14
- BOP Management Advisory Memorandum, October 2022
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Memo, PREA Standard 115.68, Post-Allegation Protective Custody, nd
- TEX Memo, PREA Allegation, Notification of Criminal Disposition Form, 12-16-25
- TEX Memo, PREA Allegation, Notification of Investigation Form Where Staff Are Alleged Perpetrator, 12-16-25
- TEX Memo, PREA Allegation, Notification of Investigation Form, 12-16-25

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Investigative Staff
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Review of facility-based case files.
- Review investigator training certifications.

Standard Subsections:

(A) Policy (P5324.12) requires that "when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports." Conversations with agency investigators, as well as a review of investigative files, supports facility adherence to this requirement.

(B) Policy (P5324.12) requires investigators to have received specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. In interviewing the FCI Texarkana Institutional Investigator, said staff confirmed participation in numerous related courses, to include NIC's Investigating Sexual Abuse in a Confinement Setting. Additionally, training curricula, employee training certifications, as well as completed training rosters, provided additional documentation to support facility compliance.

(C) Per policy (P5324.12), and as noted by facility investigators, Institutional Investigators and/or the FCI Texarkana PREA Compliance Manager gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Policy (P5324.12) allows Institutional Investigators and/or the FCI Texarkana PREA Compliance Manager will interview alleged victims, suspected perpetrators, and witnesses. Institutional Investigators and/or the FCI Texarkana PREA Compliance Manager are also required to review prior reports and complaints of sexual abuse involving the suspected perpetrator.

(D) Policy (P5324.12) allows compel interviews only “after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.” Conversations with agency investigators support facility adherence to this requirement. In speaking with the Institutional Investigator, compliance with this policy was noted.

(E) Policy (P5324.12) requires that the “credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.” In speaking with the Institutional Investigator, it was noted the credibility was based on a preponderance of the evidence. This assertation was further supported by a review of investigative files.

(F) Policy (P5324.12) requires administrative investigations to consider whether staff actions or failures to act contributed to the sexual abuse and sexual harassment. All administrative investigations are documented in written reports. As a function on that documentation, these reports include a description of the physical evidence and testimonial evidence, the reasoning behind credibly assessments, as well as investigative facts and findings. A review of investigatory files conducted by FCI Texarkana Investigative Staff provided detailed written reports of both the allegations and the subsequent investigation.

(G) Policy (P5324.12) requires that all investigations are documented in written reports. As a function on that documentation, these reports include a description of the physical evidence, testimonial evidence, and documentary evidence. A review of investigative files conducted by FCI Texarkana Investigative Staff provided detailed written reports of both the allegations and the subsequent investigation.

(H) As noted by the Institutional Investigator and required by policy (P5324.12), all substantiated allegations of conduct that appear to be criminal are referred for prosecution. During the audit time frame, the FCI Texarkana referred one (1) case for criminal prosecution.

(I) Police (P5324.12) requires that "the agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years."

(J) Policy (P5324.12) mandates that "the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation." In speaking with the Institutional Investigator, compliance with this policy was noted.

(K) The auditor is not required to audit this provision.

(L) Policy (P5324.12) requires that "when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation." In speaking with the Institutional Investigator, compliance with this policy was noted.

Reasoning & Findings Statement:

The BOP conducts its own administrative investigations via agency investigators. To perform administrative investigations, BOP investigative staff must have met additional training requirements for conducting sexual abuse/sexual harassment investigations within a confinement setting. The Federal Bureau of Investigation (FBI), which is a separate and independent component of the Department of Justice, has jurisdiction to investigate all criminal allegations within the BOP, to include all criminal allegations of sexual abuse. As such, FBI staff have the authority to collect evidence, as well as interview victims, suspected perpetrators, and witnesses. FBI officers have been trained on the standards of evidence required to support a finding of guilt in criminal cases. As well, FBI officers have been trained on due process and procedural requirements of criminal cases. As confirmed through interviews with BOP staff, FBI agents and BOP staff work collaboratively under a memorandum of understanding to facilitate communication between these two distinctly separate agencies. This considered, the BOP, and by extension, the FCI Texarkana, has met the requirements of this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Memo, PREA Standard 115.68, Post-Allegation Protective Custody, nd
- TEX Memo, PREA Allegation, Notification of Criminal Disposition Form, 12-16-25
- TEX Memo, PREA Allegation, Notification of Investigation Form Where Staff Are Alleged Perpetrator, 12-16-25
- TEX Memo, PREA Allegation, Notification of Investigation Form, 12-16-25

Interviews:

- PREA Compliance Manager
- Facility Warden
- Investigative Staff

Site Review Observations:

- Review of PREA investigation case files.

Standard Subsections:

(A) Policy (P5324.12) requires that "the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." Policy (P5324.12) clearly establishes the standard of proof required to substantiate claims of sexual abuse and sexual harassment. Specifically, the allegations are determined substantiated, unsubstantiated, or unfounded based on the preponderance of the evidence. For substantiated claims, this simply means that the weight of the evidence must indicate that the allegations are more likely to be true than not true. In speaking with Investigative Staff, agency policy regarding required standards of evidentiary proof, which is merely a preponderance of the evidence, was clearly explained. A review of investigatory files reflected that standard.

Reasoning & Findings Statement:

Agency policy requires that the BOP establish a standard of proof no higher than a preponderance of evidence when determining the disposition to allegations of sexual abuse or sexual harassment. When interviewed, the FCI Texarkana Investigative Staff confirmed that standard of proof to be slightly more than half. An onsite review of facility-based PREA investigation case files, which included substantiated and unsubstantiated dispositions, reflected the standard of proof used to provide disposition on allegations of sexual abuse or sexual harassment was merely a preponderance of evidence. As such, the FCI Texarkana has satisfied all material provisions of this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP Inmate Notification of Outcome of Allegation Form
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Memo, PREA Standard 115.68, Post-Allegation Protective Custody, nd
- TEX Memo, PREA Allegation, Notification of Criminal Disposition Form, 12-16-25
- TEX Memo, PREA Allegation, Notification of Investigation Form Where Staff Are Alleged Perpetrator, 12-16-25
- TEX Memo, PREA Allegation, Notification of Investigation Form, 12-16-25
- TEX Memo, PREA Standard 115.73, Reporting to Inmates, nd
- TEX PREA Compliance Manager Information Tracking Log, nd
- TEX Inmate Notification of PREA Disposition Form

Interviews:

- PREA Compliance Manager
- Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Investigative Staff
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Review of PREA investigation case files.

Standard Subsections:

(A) Policy (P5324.12) requires that "the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated …. Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded." Conversations with investigative staff, as well as documentation review onsite, support FCI Texarkana's compliance with this requirement.

(B) Policy (P5324.12) further requires that "If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate." Conversations with investigative staff, as well as documentation review onsite, support FCI Texarkana's compliance with this requirement.

(C) Policy (P5324.12) requires that when an inmate has filed allegations of sexual abuse against a staff member (unless unfounded), the institutional investigator shall inform the inmate upon the following:
- The staff member is no longer posted within the inmate's unit;
- The staff member is no longer employed at the facility;
- The institution learns that the staff member has been indicted on a charge related to sexual abuse within the institution;
- The institution learns that the staff member has been convicted on a charge related to sexual abuse within the institution.

Per the PREA Compliance Manager, the FCI Texarkana has not been required to provide any (0) such notification during the auditing time frame.

(D) Policy (P5324.12) requires that when an inmate has filed allegations of sexual abuse against another offender, the agency must notify the alleged victim whenever the alleged abuser has been:
- Indicted on a charge related to sexual abuse within the facility and
- Whenever the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Documentation review supports facility compliance with this requirement.

(E) Policy (P5324.12) requires that "all such notifications or attempted notifications shall be documented." Conversations with investigative staff, as well as documentation review onsite, support FCI Texarkana's compliance with this requirement.

(F) Auditor is not required to audit this provision.

Reasoning & Findings Statement:

Agency policy requires BOP staff to provide inmates with dispositions for all claims of sexual abuse and sexual harassment. The BOP conducts all administrative sexual abuse/sexual harassment investigations. While all criminal sexual abuse and/or sexual harassment claims are addressed by the FBI, agency staff do remain actively engaged in those investigations. Agency policy provides that all inmates who have filed a previous sexual abuse and sexual harassment claim against agency staff or other inmates, should receive notification upon a change in housing status for the alleged abuser or a change in job status for the employee. Lastly, policy requires these notifications to be documented. Within the audit time frame, FCI Texarkana staff have provided inmates with notifications on all closed investigations. Notifications to FCI Texarkana inmates are required to be documented, with the notified inmates signing to acknowledge their receipt of said notifications. Documentation reflecting proper notifications was reviewed and found to follow agency policy. As such, the FCI Texarkana is operating in accordance with all parts of this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P3420.12, Standards of Employee Conduct, 6-24-24
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX PREA Training Acknowledgement: 1-8-25, 1-15-25, 1-29-25
- TEX Memo, PREA Standard 115.76, Disciplinary Sanctions for Staff, nd

Interviews:

- PREA Compliance Manager
- Facility Warden
- Investigative Staff
- Administrative (Human Resources) Staff
- Random Staff

Site Review Observations:

- Review of PREA investigation case files

Standard Subsections:

(A) Policy (P3420.11, P5324.12) clearly advises staff that all employees shall be subject to disciplinary sanctions up to and including termination for violating BOP sexual misconduct policies. Interviews with the FCI Texarkana Warden, FCI Texarkana Human Resource Staff, FCI Texarkana PREA Compliance Manager, and the FCI Texarkana Institutional Investigator confirm facility adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment.

(B) Policy (P3420.11, P5324.12) continues by noting that any perpetrator of a sexual abuse or sexual harassment will be dealt with through discipline or prosecution to the fullest extent permitted by law. In this, per the FCI Texarkana Human Resource Staff, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse of inmates.

(C) Policy (P3420.11, P5324.12) stipulates disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with

similar histories. Again, interviews with the FCI Texarkana Warden, FCI Texarkana Human Resource Staff, FCI Texarkana PREA Compliance Manager, and FCI Texarkana Investigator Staff confirm the facility's adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment. Per the FCI Texarkana PREA Compliance Manager, within the audit time frame, there have not been any (0) employees assigned to the FCI Texarkana who have engaged in acts of sexual abuse or sexual harassment.

(D) Policy (P5324.12) notes that "all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies." According to the FCI Texarkana Warden, within the audit time frame, the FCI Texarkana has not had any (0) terminations, resignations, or other sanctions against staff for violating agency sexual abuse or sexual harassment policies.

Reasoning & Findings Statement:

This standard works to ensure agency staff understand the gravity and the criminal nature of having sexual relations with incarcerated persons. The Federal Bureau of Prisons has made the consequences of engaging in such behavior exceptionally clear. Within the audited time frame, there have not been any (0) staff members assigned to the FCI Texarkana who have violated agency sexual abuse or sexual harassment policies. During staff interviews, all staff expressed their knowledge of the agency's zero tolerance policy. As such, the FCI Texarkana has satisfied the provisions of this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P3420.12, Standards of Employee Conduct, 6-24-24
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Volunteer Training Affirmation: 6-27-23, 12-14-23, 6-4-24, 9-12-24a, 9-12-24b, 12-7-24, 3-19-25a, 3-19-25b, 3-19-25c, 3-19-25d, 3-19-25e, 6-17-25a, 6-17-25b, 6-17-25c, 6-17-25d, 7-15-25a, 7-15-25b, 7-15-25c, 7-15-25d, 7-16-25, 7-17-25, 9-17-25a, 9-17-25b, 9-17-25c, 10-29-25a, 10-29-25b, 11-5-25a, 11-5-25b
- TEX Contractor Sexually Abusive Behavior Prevention and Intervention Training Agreement and Certification: 1-10-25, 3-20-25, 5-12-25, 5-14-25, 8-6-25, 9-2-25, 12-8-25
- TEX Memo, PREA Standard 115.77, Corrective Action for Contractors and Volunteers, nd

Interviews:

- Agency Contract Administrator
- Facility Warden
- Investigative Staff
- Administrative (Human Resources) Staff
- Contractors Who May Have Contact with Inmates

Site Review Observations:

- Review contractor/volunteer files.

Standard Subsections:

(A) Policy (P3420.11) advises contractors and volunteers that no person shall "allow themselves to show partiality toward, or become emotionally, physically, or financially involved with inmates, former inmates, or persons known (or who should have been known based on circumstances) to the employee as a family member or close friend of inmates or former inmates." Policy (P5324.12) further notes that "any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies." During the audit time frame, there have not been any (0) contractors or volunteers who violated the agency's Zero Tolerance policy. Review of FCI Texarkana contractor/volunteer training documentation, as well as interviews with contracted staff and a facility volunteer, evidenced that the agency's zero-tolerance policy was institutionalized.

(B) Policy (P5324.12) states that "the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer." Review of FCI Texarkana contractor/volunteer training documentation, as well as interviews with contracted staff and a facility volunteer, evidenced that the agency's zero-tolerance policy was institutionalized.

Reasoning & Findings Statement:

Agency policy expressly states that contractors and volunteers who engage in sexual abuse with inmates will be removed from contact with inmates pending the outcome of the investigation. Contractors or volunteers who engage in sexual abuse will be reported to law enforcement and to any relevant licensing body. These persons will also be subject to criminal sanctions. Within the audit time frame, the FCI Texarkana has not had any (0) contractors or volunteers engaged in sexual abuse or harassment of any inmate. Documentation of contractor and volunteer training records reflect that all contractors and volunteers are provided training appropriate to their level of contact with inmates. During FCI Texarkana contractor and volunteer interviews, both the prohibition against sexual abuse and sexual harassment of inmates, as well as the consequences of having engaged such, were clearly known. Hence, FCI Texarkana complies with all provisions of this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P3420.12, Standards of Employee Conduct, 6-24-24
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Institution Admission and Orientation Program Checklist: 2-13-18, 1-3-19, 6-1-21, 8-19-21, 6-23-22, 7-6-22, 10-5-22, 12-1-22, 1-31-23, 8-3-23, 8-27-24, 9-3-24, 9-11-24a, 9-11-24b, 9-17-24, 10-1-24a, 10-1-24b, 10-22-24, 12-31-24, 1-7-25a, 1-7-25b, 1-7-25c, 1-13-25, 2-4-25, 3-4-25, 3-25-25, 4-2-25a, 4-2-25b, 4-22-25, 5-20-25, 5-28-25, 6-10-25, 6-18-25a, 6-18-25b, 7-22-25, 7-29-25a, 7-29-25b, 7-29-25c, 7-29-25d, 8-26-25a, 8-26-25b, 8-26-25c, 8-26-25d, 8-26-25e, 9-30-25, 11-5-25a, 11-5-25b, 11-5-25c, 11-5-25d, 12-16-25, 1-13-26a, 1-13-26b, 2-24-26
- TEX Memo, PREA Standard 115.78, Disciplinary Sanctions for Inmates, nd

Interviews:

- PREA Compliance Manager
- Facility Warden
- Investigative Staff
- Medical Staff
- Mental Health Staff
- Random Staff
- Random Inmates
- Inmates Who Have Reported Sexual Abuse

Site Review Observations:

- Review of PREA investigation case files

Standard Subsections:

(A) Policy (P3420.11) provides the standards associated with all disciplinary hearings, to include hearings related to inmate-on-inmate sexual abuse/sexual harassment. Policy (P5324.12, P5324.12) further notes that following an administrative finding that an offender engaged in inmate-on-inmate sexual abuse, said offender is subject to disciplinary sanctions pursuant to formal disciplinary processes. During the audit time frame, the FCI Texarkana has had one (1) administrative finding of inmate-on-inmate sexual abuse. Criminal charges are pending.

(B) Policy (P3420.11, P5324.12) requires that disciplinary sanctions imposed are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. As well, sanctions consider aggravating and mitigating factors.

(C) When determining an offender's disciplinary sanctions, policy (P3420.11, P5324.12) does consider how an inmate's mental disabilities or mental illness contributed to his behavior.

(D) Per policy (P5324.12), "all inmates found guilty of sexual abuse shall be given appropriate programming and interventions if determined to be necessary by mental health services in consultation with sex offender services."

(E) Per policy (P5324.12), the agency may discipline an inmate for sexual contact and/or sexual conduct with staff only upon finding that the staff member did not consent to such contact or conduct.

(F) Per policy (P5324.12), a report made in good faith based upon a reasonable belief that the alleged conduct did occur does not constitute falsely reporting an incident or lying for the purpose of disciplinary action, even if the investigation does not establish evidence sufficient to substantiate the allegations.

(G) Per policy (P3420.11, P5324.12), the agency clearly distinguishes between consensual sex, which is still a violation of agency policy, and inmate-on-inmate sexual abuse, which is defined as when one or more inmates engage in sexual conduct, including sexual contact, with other inmates against their will or by use of force, threats, intimidation, or other coercive actions.

Reasoning & Findings Statement:

The inmate disciplinary process is a formal means to address institutional misconduct. The FCI Texarkana uses a progressive disciplinary system, which allows for consideration of aggravating and mitigating factors. During the audit time frame, the FCI Texarkana has had one (1) administrative finding of inmate-on-staff sexual abuse, with criminal charges now pending. In considering agency policies, facility procedures, staff interviews, and inmate interviews, FCI Texarkana is compliant with disciplinary standards as required under this standard.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P6031.05, Patient Care, 5-14-24
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Memo, PREA Standard 115.81, Medical and Mental Health Screenings, History of Sexual Abuse, nd1
- TEX Memo, PREA Standard 115.81, Medical and Mental Health Screenings, History of Sexual Abuse, nd2
- TEX Memo, PREA Standard 115.81, Medical and Mental Health Screenings, History of Sexual Abuse, nd3
- TEX Memo, Assurance Memo for PREA Checklist, 10-29-25
- TEX List of Inmates Who Reported Victimization During the Risk Screening, 1-22-26
- TEX Intake Screening Form: 2-8-18, 12-7-18, 6-24-21, 4-7-21, 6-15-22, 6-30-22, 9-15-22, 11-7-22, 1-26-23, 7-27-23, 6-27-24a, 6-27-24b, 8-1-24, 8-22-24, 10-31-24, 11-12-24, 12-2-24, 1-23-25a, 1-23-25b, 3-13-25, 4-3-25, 4-24-25, 5-29-25, 6-13-25, 7-17-25, 7-23-25, 7-24-25a, 7-24-25b, 7-31-25, 8-7-25, 9-11-25, 12-3-25, 12-11-25, 1-22-26a, 1-22-26b
- TEX Psychology Services, Risk of Sexual Abusiveness: 1-6-25, 2-4-25, 2-6-25, 2-19-25, 3-10-25, 3-14-25, 3-20-25a, 3-20-25b, 4-1-25, 4-7-25, 4-18-25, 5-12-25, 6-3-25, 7-10-25, 8-26-25, 8-29-25
- TEX Individualized Needs Plan, Initial Classification: 7-10-22, 7-27-22, 7-1-25, 7-16-25, 8-14-25, 9-17-25, 9-18-25, 10-22-25
- TEX Psychology Services, Sexual Abuse Intervention, Victim: 10-20-24, 10-21-24, 11-24-24, 12-12-24, 12-23-24, 9-17-25, 9-18-25, 12-1-25, 2-18-26
- TEX Psychology Services, Sexual Abuse intervention, Perpetrator: 5-9-16, 2-14-17, 4-27-17, 5-3-17a, 5-3-17b, 6-7-17, 6-30-17, 11-7-24, 11-24-24, 12-20-24
- TEX List of Risk of Victimization Screenings via Psychology: October 1, 2023, to January 1, 2025

Interviews:

- PREA Compliance Manager
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Inmates Who Reported Sexual Victimization During Risk Screening

Site Review Observations:

- Observed Medical Department
- Observed Mental Health Department
- Observed Medical Records Storage
- Review of Medical/Mental Health PREA Screening Forms

Standard Subsections:

(A) Policy (P5324.12) requires that within 72 hours of arrival, all FCI Texarkana inmates will be screened for sexual abuse risk factors. If the assessment indicates that the inmate has had prior sexual victimization, whether it occurred in an institutional setting or in the community, staff will offer a follow-up meeting with a mental health or medical practitioner within 14 days of the intake screening. Per the FCI Texarkana PREA Compliance Manager, within the audit time frame, 100% of inmates received at the FCI Texarkana who disclosed prior victimization during their initial risk screening were offered a follow-up meeting with a medical or mental health practitioner. A review of both medical and mental health referrals, as well as conversations with medical and mental health staff, along with inmates who reported prior sexual victimization, confirms the institutionalization of this practice.

(B) Per policy (P5324.12), persons with a history of being sexually abusive must also be referred for mental health services within 14 days of the intake screening. In speaking with Mental Health staff, it is noted that the nature of the referral is in accordance with the individualized needs of each inmate. Within the audit time frame, 100% of inmates received at the FCI Texarkana who had previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. A review of both medical and Mental health referrals, as well as conversations with medical and mental health staff, confirms the institutionalization of this practice.

(C) Per policy (P5324.12), regular mental health referrals are addressed within a time frame consistent with the nature of the referral and within 14 days of the intake screening.

(D) Per policy (P5324.12) and in accordance with the Prison Rape Elimination Act (PREA) Standards, 28 C.F.R. 115.81, any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans, as well as security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local laws. As noted by medical and mental health staff

during the interview process, medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

(E) Per policy (P5324.12) and in accordance with the Prison Rape Elimination Act (PREA) Standards, 28 C.F.R. §115.81, any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans, as well as security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local laws. As noted by medical and mental health staff during the interview process, medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18 years or considered a vulnerable adult. In speaking with medical/mental health staff, adherence to this policy was confirmed.

Reasoning & Findings Statement:

Within the audit time frame, 100% of inmates who had disclosed prior victimization during risk screening were offered a follow-up meeting with a medical or mental health practitioner. Within the audit time frame, 100% of inmates who had previously perpetrated sexual abuse as indicated during risk screening were offered a follow-up meeting with a medical or mental health practitioner. As noted by medical/mental health staff, as well as affected inmates, the FCI Texarkana is providing routine and regular medical screens and other health services in accordance to qualified medical assessments, as well as to policy. Documentation specific to the PREA Intake Objective Screening Instrument for medical and mental health staff reflects the appropriate use of the screening tool to determine appropriate housing, work, education, program, and medical/mental health needs. As such, the facility meets all provisions as established within this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P6031.05, Patient Care, 5-14-24
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Memo, PREA Standard 115.82, Access to Emergency Medical and Mental Health Services, nd

Interviews:

- PREA Compliance Manager
- Medical Staff
- Mental Health Staff
- SANE/SAFE Staff

- Custody Staff and/or Non-Custody Staff Who Have Acted as First Responders
- Random Staff
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Observed Medical Department
- Observed Mental Health Department
- Review of Medical/Mental Health Screening Form
- Reviewed investigative case files, to include TEX medical documentation related to emergency medical and mental health services

Standard Subsections:

(A) In accordance with policy (P5324.12), "inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment." In interviewing medical and mental health staff, said staff confirmed the ability to treat inmates in accordance to their professional medical judgment.

(B) Policy (P5324.12) requires that if there isn't any qualified medical or mental health staff on duty when a sexual abuse report is filed, then custody staff will need to "take preliminary steps to protect the victim pursuant to section 115.62 and shall immediately notify the appropriate medical and mental health practitioners." During interviews with first responders, as well as random custody staff, all personnel recognized with immediacy the need to notify medical and mental health staff of any sexual abuse allegations.

(C) Policy (P5324.12) requires that inmates are offered timely and appropriate prophylactic information, as well as emergency contraception, if appropriate. In speaking with medical staff, adherence to this policy was confirmed. Inmates who had previously made allegations of sexual abuse also confirmed that they had received medical or mental health treatment, as appropriate, in a timely manner.

(D) Policy (P5324.12) requires that "treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." In speaking with medical and mental health staff, adherence to this policy was confirmed. Additionally, inmates who had previously received medical treatment for allegations of sexual abuse also confirmed that they were not charged a medical fee for said services. Inmates who had previously received mental health services for allegations of sexual abuse further indicated that they were not charged a fee for these services.

Reasoning & Findings Statement:

This standard is designed to provide inmates access to emergency medical and Mental health services. In this, facility staff are meeting all provisions within this standard. Policy (P5324.12) allows that upon receipt of an inmate into the Medical Department, medical staff shall determine the inmate's course of treatment; specifically, what is medically indicated based on evidence collection or physical trauma.

Inmate interviews further acknowledge that inmates are provided appropriate medical/mental health treatment. Lastly, documentation reflecting access to medical and mental health care was reviewed. In reviewing the totality of the information provided, the FCI Texarkana has clearly met the minimum provisions of this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P6031.05, Patient Care, 5-14-24
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25

Interviews:

- PREA Compliance Manager
- Medical Staff
- Mental Health Staff

- Inmates Who Reported Sexual Abuse
- Random Inmates

Site Review Observations:

- Observed Medical Department
- Observed Mental Health Department
- Review of Medical/Mental Health PREA Screening Form
- Review of investigative case files

Standard Subsections:

(A) Policy (P5324.12, TEX 5324.12C) requires that all allegations of sexual assault must be evaluated immediately by facility medical and mental health staff. In speaking with medical and Mental health staff, adherence to this policy was confirmed. In speaking with random staff, as well as inmates, there were not any instances where any staff or inmates indicated that the medical or mental health departments had ever, or would ever, refuse to provide medical/mental health treatment to any inmate who claimed to have been a victim of sexual abuse. In speaking with inmates who were receiving mental health treatment services at the time of facility transfer within the BOP, they confirmed that upon said transfer, they were automatically placed on the mental health rosters of their newly assigned facility.

(B) Policy (P5324.12, TEX 5324.12C) requires that mental health services are offered to both victims of sexual assault and the abusers. Per policy (P5324.12) "the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody." In interviewing inmates who had previously alleged sexual abuse or sexual harassment, it was noted that medical services were offered to these inmates appropriately in accordance to their allegations. As well, all inmates stated they were provided the opportunity to speak with staff from mental health services.

(C) Policy (P5324.12) requires that all victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. If not referred to an outside hospital emergency department, the inmate is treated in the facility infirmary after evaluation by a primary care provider. In either instance, medical and mental health services are provided in accordance to the judgment of qualified health care providers. During interviews with medical and mental health staff, it was noted that inmates routinely receive services consistent with the community level of care. As well, the agency's coordinated medical and mental health care far exceeds the level of dedicated trauma care that one would expect to receive in the community.

(D) In speaking with medical staff, it was noted that if deemed medically appropriate, inmate victims of sexually abusive vaginal penetration while incarcerated would be offered pregnancy tests. However, it should be noted that at this time, the FCI Texarkana does not house any (0) biological females.

(E) If pregnancy were to result from a sexual assault, policy (P5324.12) does require that these victims receive "timely and comprehensive information about all lawful pregnancy-related medical services." In speaking with medical staff, it was noted that said information would be provided to inmate victims of sexually abusive vaginal penetration. However, it should be noted that at this time, the FCI Texarkana does not house any (0) biological females.

(F) Policy (P5324.12) requires that all victims of sexual assault are to be provided tests for sexually transmitted diseases as medically appropriate. In speaking with medical staff, departmental adherence to this policy was confirmed.

(G) Policy (P5324.12) requires that inmates are not charged for medical and mental health services received as a consequence of sexual assault. In fact, treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. In speaking with medical staff, adherence to this policy was confirmed. As well, when speaking to inmates who had previously utilized medical or mental health services because of an alleged sexual assault or sexual harassment, said inmates noted that there had not been a charge for such services.

(H) Policy (P5324.12) requires that "all prisons shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners." In speaking with mental health staff, it was noted that while agency policy allows for 60 days to evaluate abusers, to help ensure the safekeeping of all inmates, known abusers are generally evaluated at a much faster rate.

Reasoning & Findings Statement:

This standard is designed to ensure ongoing medical and mental health care for sexual abuse victims and abusers. The BOP, and by extension the FCI Texarkana, offers qualified and coordinated medical and mental health care regardless of an inmate's ability to pay for said services. As appropriate, inmates are provided the opportunity to attend follow-up treatments, for both medical and mental health services. Once established, access to said treatment follows the inmate throughout the BOP system and can be coordinated with community care upon the inmate's release from the BOP. The medical and mental health services provided are consistent with the community level of care. Additionally, because this level of care is coordinated to ensure that inmates receive every aspect of sexual abuse treatment, addressing both medical and mental health needs on a regular and timely basis, without regard to cost, the opportunity for treatment received in the institutional setting far exceeds that of individuals receiving similar treatments within the community. Accordingly, the FCI Texarkana Medical and Mental Health Departments have collectively exceeded the provisions of this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX Memo, PREA Standard 115.86, Sexual Abuse Incident Reviews, nd

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Incident Review Team Member

Site Review Observations:

- Reviewed investigative case files, including relevant Sexual Abuse Incident Reviews.

Standard Subsections:

(A) Policy (P5324.12) states that "the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded." During the audit time frame, the FCI Texarkana had four (4) investigations of alleged sexual abuse filed at the facility. Of those, all four (4) have been completed. Of the completed investigations, the FCI Texarkana conducted sexual incident reviews on all unsubstantiated and/or substantiated allegations. Documentation associated with the sexual incident reviews was examined to ensure completion within the required time frame. As well, in speaking with the FCI Texarkana PREA Compliance

Manager and FCI Texarkana Investigative Staff, each person explained their role within the Incident Review Team process.

(B) Policy (P5324.12) requires the Incident Review Team to complete the review process within 30 calendar days of the incident. Incident Review Team members did affirm, and documentation did corroborate, that incident reviews do occur within 30 calendar days of the incident.

(C) Policy (P5324.12) requires that, at a minimum, the incident "review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or Mental health practitioners." A review of staff attending each Incident Review Team confirms the appropriate mix of administrative and facility staff collaboration.

(D) Policy (P5324.123) requires that the incident review team considers:

- Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused other group dynamics at the facility;
- Whether the area in the facility where the incident allegedly occurred contains physical barriers in the area may enable abuse;
- The adequacy of staffing levels in that area during different shifts; and
- Whether monitoring technology should be deployed or augmented to supplement supervision by staff.

(E) Concluding the Incident Review Team Meeting, policy (P5324.12) requires a designated team member to prepare a brief report noting any team findings or recommendations for the future. Afterward, per policy (P5324.12), "the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so." In speaking with the PREA Compliance Manager, the implementation process was explained.

Reasoning & Findings Statement:

Within the audit time frame, FCI Texarkana conducted four (4) sexual abuse investigations. Of the completed investigations, the FCI Texarkana conducted sexual incident reviews on all unsubstantiated and substantiated allegations. Documentation relative to these reviews was examined to ensure that the Incident Review Team consisted of the appropriate committee members, that due considerations were given to the factors noted within Section D of the current standard, an incident review report was completed with appropriate subsequent action taken, and that these reviews were generally conducted within 30 days of the incident. In speaking with the FCI Texarkana PREA Compliance Manager and FCI Texarkana Investigative Staff, each person explained their role within the incident review process. Given the totality of the information reviewed, policies, documented evidence, as well as staff interviews, it is apparent that the FCI Texarkana has maintained compliance with each provision and is thus in compliance with the entire standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP Annual PREA Report, 2020
- BOP Annual PREA Report, 2021
- BOP Annual PREA Report, 2022
- BOP Annual PREA Report, 2023
- BOP Annual PREA Report, 2024
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section.

Standard Subsections:

(A) Policy (P5324.12) provides all staff within the BOP a standardized set of definitions specific to sexual abuse/sexual harassment allegations. Policy (P5324.12) further mandates that "the agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions." In speaking with FCI Texarkana Investigative Staff, adherence to this provision was confirmed.

(B) Policy (P5324.12) further requires that "the agency shall aggregate the incident-based sexual abuse data at least annually." In speaking with FCI Texarkana PREA Compliance Manager, adherence to this provision was confirmed.

(C) Policy (P5324.12) requires that the information collected "shall 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." In speaking with FCI Texarkana PREA Compliance Manager, adherence to this provision was confirmed.

(D) Policy (P5324.12) requires that "the agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual

abuse incident reviews." The FCI Texarkana PREA Compliance Manager confirmed the agency's overall adherence to this policy.

(E) Policy (P5324.12) mandates that the agency PREA coordinator/designee must ensure all aggregated sexual misconduct data received from private facilities with which it contracts is readily available to the public at least annually through the facility internet site. The BOP National PREA Coordinator confirmed the agency's overall adherence to this provision. As well, this information is publicly available via the BOP website.

(F) Policy (P5324.12) states "upon request, the agency shall provide all such (statistical PREA) data from the previous calendar year to the Department of Justice no later than June 30." The BOP National PREA Coordinator confirmed the agency's overall adherence to this provision.

Reasoning & Findings Statement:

This standard works to ensure that specific data relative to promoting sexual safety within the correctional institution is collected on a monthly basis. The data is then aggregated and made available for public review on an annual basis. The FCI Texarkana has complied with the timely collection of said data and subsequently furnishes such to the appropriate entities as required. Hence, the FCI Texarkana has met all provisional requirements and is following the overall requirements of this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP Annual PREA Report, 2020
- BOP Annual PREA Report, 2021
- BOP Annual PREA Report, 2022
- BOP Annual PREA Report, 2023
- BOP Annual PREA Report, 2024
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25

Interviews:

- Agency Head Designee
- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section.

Standard Subsections:

(A) Policy (P5324.12) requires the PREA Coordinator to prepare aggregated data relative to sexual abuse and sexual harassment across all BOP facilities. Following which, the BOP then uses that data to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, as well as its related training programs. Specifically, the BOP works to identify problem areas, take corrective action on an ongoing basis, as well as prepares an annual report of its findings from the data review and any corrective actions for each facility, along with the agency as a whole. The PREA Coordinator confirmed adherence to this policy. As well, the BOP Annual PREA Report (2024) is available on the agency website.

(B) Policy (P5324.12) requires that annual statistical reports "shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse." The PREA Coordinator confirms adherence to this policy. As well, a review of the agency's annual statistical reports demonstrates the progressive assessment of agency efforts to prevent, detect, and response to sexual abuse and sexual harassment.

(C) Policy (P5324.12) requires that upon completion of each year's Annual Report, "the agency's report shall be approved by the agency head designee and made readily available to the public through its website or, if it does not have one, through other means." A review of the BOP website reflects this data to be publicly available for citizen consumption.

(D) Policy (P5324.12) requires that any information redacted from the report due to a clear and specific threat to the safety and security of the facility must indicate the reason for redaction.

Reasoning & Findings Statement:

This standard works to determine if agency, and by extension, facility staff use aggregated data to promote the overall safety and security of the facility. In speaking with the agency-wide PREA Coordinator, the FCI Texarkana PREA Compliance Manager, and the FCI Texarkana Warden, the manner in which staff utilized the data to improve overall institutional safety, based on their role within the agency, was explained. Accordingly, the BOP, and by extension, the FCI Texarkana, has demonstrated clear compliance with each of the provisions, and as such, has reached the overall requirements of this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP Annual PREA Report, 2020

- BOP Annual PREA Report, 2021
- BOP Annual PREA Report, 2022
- BOP Annual PREA Report, 2023
- BOP Annual PREA Report, 2024
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section.

Standard Subsections:

(A) Policy (P5324.12) requires all aggregated data to be securely retained. The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87.

(B) Policy (P5324.12) requires all aggregated data to be publicly available, with new materials being added at least once annually. The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87. This data is made readily available to the public through the BOP website, with 2024 being the most recently published annual report.

(C) Policy (P5324.12) requires that all personal identifiers must be removed from publicly available data, such as all annually produced statistical reports published on the agency's website. The PREA Coordinator confirms agency compliance with this directive.

(D) Policy (P5324.12) requires all aggregated data to be retained for at least 10 years. The PREA Coordinator confirms agency compliance with this directive.

Reasoning & Findings Statement:

This standard works to ensure both public availability and agency integrity in the presentation of aggregated sexual abuse data. In reviewing agency documents and speaking with staff, it is more than apparent that both the BOP PREA Coordinator, as well as FCI Texarkana Administration, operate with transparency in government. As such, the agency, and by extension, the facility has clearly obtained each provision, and thus, satisfactorily achieved overall compliance of this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX PREA Audit Notice, English
- TEX PREA Audit Notice, Spanish

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Random Staff
- Random/Targeted Inmates

Site Review Observations:

- Onsite inspection of the entire facility
- Onsite inspection of facility documents
- Review of documentation available via the BOP PREA website

Standard Subsections:

(A) As evidenced by the presence of facility audits on the BOP website, and confirmed by the PREA Coordinator, PREA Audits have been completed at all BOP correctional facilities to provide for at least one-third of facilities operated by the BOP being audited during each audit year.

(B) This is the first year of the current PREA 3-year cycle.

(H) The auditor had full access to all areas of the facility.

(I) All documents requested by the auditor were received in a timely manner.

(M) The auditor was permitted to conduct private interviews with inmates.

(N) Inmates were permitted to correspond with the auditor using privileged mail processes.

Reasoning & Findings Statement:

The FCI Texarkana PREA Compliance Manager and other FCI Texarkana staff were exceptionally prepared for this review. The auditor was provided the PAQ well in advance of arriving to the facility. The auditor was given unrestricted access to the institution and provided with all reference materials requested. The auditor was provided with a convenient location from which to interview both employees and staff in a confidential manner. Agency staff ensured that the flow of interview traffic was never restricted and that the auditor was able to attend all requested inmate functions throughout the facility as needed. The auditor did not experience any significant barriers, at any stage of the audit, that were under the control of either the agency or FCI Texarkana staff. Accordingly, FCI Texarkana has exceeded the provisions of this standard.

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.

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- TEX-5324.12c, Sexually Abusive Behavior Prevention and Intervention Program, 1-22-25
- TEX PREA Audit Notice, English
- TEX PREA Audit Notice, Spanish

Interviews:

- Agency PREA Coordinator

Site Review Observations:

- Review of documentation available via the BOP PREA website.

Standard Subsections:

(F) A review of the agency website reflects that the BOP has published all final audit reports for prior audits completed during the last three years preceding this audit. The PREA Coordinator affirms that all facilities within the BOP have been audited, and their reports subsequently published on the agency's website.

Reasoning & Findings Statement:

The function of this standard is to promote transparency in government by ensuring that all facility PREA audits for the previous three years are available for public review, by way of, for example, the agency's website. In this case, the BOP does have an agency website and has made all facility PREA reports conducted within the previous three years conveniently accessible to the public. As such, the agency, and by extension, the facility, has met the provisions of this standard.

AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Valerie Wolfe Mahfood April 9, 2026

Auditor Signature **Date**

[1] See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110 .

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.