

**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' (BOP) compliance with the Prison Rape Elimination Act (PREA). As the work product of independent auditors subcontracted by [PREA Auditors of America \(PAOA\)](#), the BOP 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 PAOA at [\(713\) 818-9098](#), or 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:** NA

**Date of Final Audit Report:** June 13, 2021

### Auditor Information

<b>Name:</b> Kendra Prisk	<b>Email:</b> Kendra@preaauditing.com
<b>Company Name:</b> PREA Auditors of America, LLC	
<b>Mailing Address:</b> PO Box 1071	<b>City, State, Zip:</b> Cypress, TX 77410
<b>Telephone:</b> 713-818-9098	<b>Date of Facility Visit:</b> April 27-29, 2021

### Agency Information

<b>Name of Agency:</b> Federal Bureau of Prisons			
<b>Governing Authority or Parent Agency (If Applicable):</b> U.S. Department of Justice			
<b>Physical Address:</b> 320 First Street, NW		<b>City, State, Zip:</b> Washington, DC 20534	
<b>Mailing Address:</b> 320 First Street, NW		<b>City, State, Zip:</b> Washington, DC 20534	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal
<b>Agency Website with PREA Information:</b> <a href="https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp">https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp</a>			

### Agency Chief Executive Officer

<b>Name:</b> M.D. Carvajal	
<b>Email:</b> BOP-RSD-PREACoordinator@BOP.GOV	<b>Telephone:</b> 202-616-2112

### Agency-Wide PREA Coordinator

<b>Name:</b> Jill Roth	
<b>Email:</b> BOP-RSD-PREACoordinator@BOP.GOV	<b>Telephone:</b> 202-616-2112
<b>PREA Coordinator Reports to:</b> Sonya Thompson, Assistant Director, Reentry Services Division	<b>Number of Compliance Managers who report to the PREA Coordinator:</b> <p style="text-align: center;">0</p>

## Facility Information

**Name of Facility:** Federal Correctional Institution (FCI) Waseca

**Physical Address:** 1000 University Drive SW

**City, State, Zip:** Waseca, MN 56093

**Mailing Address (if different from above):**  
PO Box 1731

**City, State, Zip:** Waseca, MN 56093

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:**

[https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

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

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

ACA

NCCHC

CALEA

Other (please name or describe):

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
AAAH, EMS, NOAA, Weather Ready Nation Ambassador

### Warden/Jail Administrator/Sheriff/Director

**Name:** M. Starr

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

**Telephone:** 507-835-8972

### Facility PREA Compliance Manager

**Name:** T. Vaught

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

**Telephone:** 507-835-8972

### Facility Health Service Administrator

**Name:** T. Wiczorek

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

**Telephone:** 507-835-8972

### Facility Characteristics

**Designated Facility Capacity:**

712

**Current Population of Facility:**

708

Average daily population for the past 12 months:	649	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	20-74	
Average length of stay or time under supervision:	764.4 Months	
Facility security levels/inmate custody levels:	Community, Minimum, Low	
Number of inmates admitted to facility during the past 12 months:	355	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	352	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	332	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	199	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	18	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	9	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	22	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	42	

## Physical Plant

<p><b>Number of buildings:</b></p> <p>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.</p>	8
<p><b>Number of inmate housing units:</b></p> <p>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.</p>	6
<p><b>Number of single cell housing units:</b></p>	0
<p><b>Number of multiple occupancy cell housing units:</b></p>	1
<p><b>Number of open bay/dorm housing units:</b></p>	5
<p><b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b></p>	34
<p><b>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p><b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p><b>Are medical services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Are mental health services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe):
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**Investigations**

**Criminal Investigations**

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

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

## Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) re-certification audit for the Federal Correctional Institution (FCI) Waseca, Federal Bureau of Prisons (BOP) in Waseca, Minnesota was conducted on April 27-29, 2021 to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

The auditor conducted the audit through a third-party entity as a contractor and is personally accountable for complying with the DOJ certification requirements and audit findings. The agency contract was secured through a third-party entity, PREA Auditors of America, LLC. and not directly by the auditor herself. The contract described the specific work required according to the DOJ standards and PREA audit handbook to include the pre-audit, onsite audit and post-audit.

The previous PREA audit was conducted by PREA Auditor Sonya Love on September 18-20, 2018. The previous auditor found that the facility met all 45 standards.

### Pre-Audit

The auditor received an initial introduction email from the third party entity on March 19, 2021 initiating correspondence between the BOP and the auditor. Prior to the on-site portion of the audit the auditor received the Pre-Audit Questionnaire (PAQ), policies, procedures and supporting documentation through email and a shared folder. The auditor had correspondence via phone and email with the assigned Management Analyst from the External Auditing Branch. The Management Analyst served as the liaison between the facility and the auditor and assisted with pre-audit information and on-site audit logistics. On April 19, 2021 the auditor sent the Management Analyst questions related to the PAQ, policy, procedure and supporting documentation (all documents reviewed are listed under the appropriate PREA standard). Additionally, the auditor provided the Management Analyst with information on the listings that would be needed on the first day of the audit, as well as some of the supplemental documentation that would need to be reviewed on-site. The Management Analyst was very responsive and forwarded the information to the facility staff. The auditor received updated information from the Management Analyst on April 20, 2021. Facility staff ensured the audit announcement was placed throughout the facilities prior to the audit. The auditor received ten emailed photos on March 1, 2021 of the PREA audit announcement posted across the facility. The auditor did not receive any letters from inmates at FCI Waseca.

The auditor contacted the Mayo Clinic Mankato related to forensic medical examinations. The staff member confirmed that they provide forensic medical examinations and that exams are conducted by Sexual Assault Nurse Examiners (SANE). The auditor contacted the Committee Against Domestic Abuse (CADA) – Waseca County related to victim advocacy services at FCI Waseca. The Executive Director stated that they currently provide services to the facility through a Memorandum of Understanding (MOU) which was executed in 2018. He indicated that they provide the inmates sexual violence advocacy services. He indicated that they have not provided any accompaniment during forensic examinations but they have provided general advocacy services in the past. The Executive Director stated that he does not have any concerns about the facility complying with PREA. The auditor also contacted Just Detention International (JDI) and Rape, Abuse & Incest National Network (RAINN), two national anti-sexual violence organizations. JDI indicated that they did not have any correspondence with inmates at FCI Waseca. The auditor did not receive a response from RAINN related to the inquiry.

The auditor conducted a web-based search related to FCI Waseca. The auditor did find news articles and legal documents; however none were associated with PREA compliance and/or issues related to

sexual abuse and/or sexual harassment. The auditor confirmed that both the agency website and the facility website contained PREA information. The agency website had the PREA policy, the annual report, a link to the PREA Resource Center and a method to report allegations. The facility website had the inmate handbook with PREA information as well as the last PREA audit report.

**On-Site**

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site portion of the audit. Based on the population on the first day of the audit (708) the PREA auditor handbook indicated that at least 30 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random inmate interviews were chosen at random and varied across gender, race, ethnicity, housing assignments and time in custody. At least four inmates were selected from each of the housing units. Inmates selected for the targeted interviews were selected at random across varying factors, when possible. The facility did not have any inmates with a physical disability or inmates with a hearing or vision impairment and as such no interviews were conducted. Additionally, there were no youthful inmates or inmates in segregated housing due to their high risk of victimization. Interviews were conducted using the *Inmate Interview Questionnaire* supplemented by the *Targeted Inmate Questionnaire*. The table following the inmate listings depicts the breakdown of inmate interviews. It should also be noted that during the tour an inmate asked to speak to the auditor. The inmate was added to the interview list. The auditor determined that her concern/issue was not PREA related, however the information was passed along to the Management Analyst to handle.

1. Complete inmate roster (provided based on actual population on the first day of the on-site portion of the audit)
2. Youthful inmates (if any)
3. Inmates with disabilities (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Inmates who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inmates
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

<b>Category of Inmates</b>	<b>Number of Interviews</b>
Random Inmates	15
Targeted Inmates	15
Total Inmates Interviewed	30
Targeted Inmate Interview:	
• Youthful Inmates	0
• Inmates with a Physical Disability	0



• Inmates who are LEP	5
• Inmates with a Cognitive Disability	2
• Inmates who Identify as Lesbian, Gay or Bisexual	4
• Inmates who Identify as Transgender or Intersex	1
• Inmates in Segregated Housing for High Risk of Victimization	0
• Inmates who Reported Sexual Abuse	5
• Inmates who Reported Sexual Victimization During Screening	4

The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site portion of the audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across gender, race, ethnicity and post assignments. Random staff and intermediate supervisors were interviewed from all three shifts. Staff selected for the specialized interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Interview Guide for a Random Sample of Staff* and the *Interview Guide for Specialized Staff*. The table following the staff listings depicts the breakdown of staff interviews.

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
  - Agency contract administrator
  - Intermediate-level 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 any
  - Education staff who work with youthful inmates, if any
  - Program staff who work with youthful inmates, if any
  - Medical staff
  - Mental health staff
  - Non-medical staff involved in cross gender strip or visual searches
  - Administrative (Human Resource) staff
  - SAFE and/or SANE staff
  - Volunteers who have contact with inmates
  - Contractors who have contact with inmates
  - Criminal investigative staff
  - Administrative investigative staff
  - Staff who perform screening for risk of victimization and abusiveness
  - Staff who supervise inmates in segregated housing
  - Staff on the sexual abuse incident review team
  - Designated staff member charged with monitoring retaliation
  - First responders

- Intake staff

Category of Staff	Number of Interviews
Random Staff	12
Specialized Staff	18
Total Staff Interviews	30
Specialized Staff Interviews	
• Agency Contract Administrator	1
• Intermediate or Higher-Level Facility Staff	3
• Line Staff who Supervise Youthful Inmates	0
• Education and Program Staff who Work with Youthful Inmates	0
• Medical and Mental Health Staff	3
• Human Resource Staff	1
• Volunteers and Contractors	2
• Investigative Staff	1
• Staff who Perform Screening for Risk of Victimization	1
• Staff who Supervise Inmates in Segregated Housing	1
• Incident Review Team	1
• Designated Staff Member Charged with Monitoring Retaliation	1
• First Responders	2
• Intake Staff	1

The auditor also conducted interviews with the below leadership staff (not counted in table above):

- Mr. M.D. Carvajal (Agency Head/Director)
- Ms. M. Starr (Warden)
- Ms. Jill Roth (National PREA Coordinator “PC”)
- Mr. T. Vaught (PREA Compliance Manager “PCM”)

The on-site portion of the audit was conducted on April 27, 2021 through April 29, 2021. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the

auditor selected inmates and staff for interviews as well as documents to review. The auditor conducted a tour of the facility on April 27, 2021. The tour included all housing units, intake (R&D), Health Services, Psychology Services, visitation, work, program and common areas (Religious Services, food service, education, commissary, laundry, UNICOR, recreation, etc.). During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, posted advocacy information, privacy for inmates in housing units and other factors as indicated in the below standard findings. During the tour the auditor spoke to staff and inmates informally about PREA and the facility in general. While touring the auditor observed that the audit announcement information was incorrect. The address on the audit announcement was for the prior auditing company that conducted the last PREA audit. The Management Analyst reached out to the auditing company (the Nakamoto Group) to inquire about any correspondence that may have been received from FCI Waseca. The Management Analyst advised that the company had forwarded other inmate correspondence that was received in error from other facilities and as such she believed that there was not any correspondence from inmates at FCI Waseca. Further contact with the company confirmed that there was not any correspondence mailed to them from inmates at FCI Waseca.

During the tour the auditor tested the advocacy phone that was located in Psychology Services. The phone is a direct line to CADA. The auditor confirmed that the phone is accessible to the inmate population between the hours of 8:00am-7:00pm. The auditor spoke to a staff member at CADA and confirmed the line was utilized to provide inmates at FCI Waseca advocacy services.

Interviews were conducted on April 27, 2021, April 28, 2021 and April 29, 2021. Day watch staff were interviewed on April 27, 2021. Evening watch staff were interviewed on April 28, 2021 and morning watch staff were interviewed on April 29, 2021. All interviews were conducted in a private setting. The auditor was provided an office to conduct inmate and staff interviews.

During inmate interviews the auditor determined that over half of the inmates were unfamiliar with the victim advocacy information. While the information is discussed during comprehensive PREA education and the information is contained in the inmate handbook and is posted on flyers, the auditor recommended that additional posters be placed around the facility. The PCM ensured that the flyers were posted throughout the housing units and common areas prior to the completion of the on-site portion of the audit.

During the audit the auditor requested personnel and training files of staff, volunteers and contractors, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

**Personnel and Training Files.** The facility has 199 staff assigned. The auditor reviewed a random sample of 20 personnel and training records that included five individuals hired within the previous twelve months. The sample included a variety of job functions and post assignments, including supervisors, line staff and non-custody staff. Most of the files that were reviewed were of those staff the auditor selected for interview. Additionally, personnel and training files for six volunteers, four contractors and seven medical and mental health care staff were reviewed. Medical and mental health care staff, volunteer and contractor files were selected at random from the listings.

**Inmate Files.** A total of 31 inmate files were reviewed, although, some files were only reviewed for a specific area the auditor was reviewing. 23 inmate files were of those that arrived within the previous twelve months, three were disabled inmates, three were LEP inmates, four were transgender inmates and fifteen were inmates who reported prior victimization during the risk screening or had a history of abusiveness. Most inmate files reviewed were of those selected for random and targeted interviews.

**Medical and Mental Health Records.** During the past year, there were four allegations of sexual abuse or sexual harassment reported in the previous twelve months. The auditor reviewed the medical and

mental health records of the four inmate victims as well as mental health documents for thirteen inmates who disclosed victimization during the risk screening and two inmates identified by the risk screening of having prior sexual abusiveness.

**Grievances.** In the past year, the facility had zero grievances of sexual abuse. The auditor reviewed the grievance log for the previous twelve months as well as a sample of five grievances to confirm that no sexual abuse grievances were filed.

**Hotline Calls.** The agency does not have a hotline for inmate reporting. Reporting is done verbally, in writing, through email, anonymously or through a third party.

**Incident Reports.** The auditor reviewed the incident report log for the previous twelve months. The incident report codes of 114 (sexual assault), 205 (sex offense), 206 (sexual harassment), 221 (unauthorized area with a person of the opposite sex) and 229 (sexual assault) are utilized for PREA related issues. The auditor reviewed three of the five incident reports from the 205 code to confirm none were related to sexual abuse or sexual harassment.

**Investigation Files.** During the previous twelve months there were four allegations reported at the facility. During the on-site portion of the audit two of the allegations were closed. The auditor reviewed the two closed investigations to ensure all components were included from the investigating authority. One of the allegations was determined not to rise to the level of PREA and as such only one closed investigation was completed. In the previous twelve months there were no allegations that involved a criminal investigation nor were there any referred for prosecution. However the two open investigations were forwarded to the Office of Internal Affairs (OIA) by the facility investigator.

	Sexual Abuse		Sexual Harassment	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Substantiated	0	0	0	0
Unsubstantiated	1	0	0	0
Unfounded	0	0	0	0
Ongoing	0	2	0	0
<b>Total Allegations</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>

**Post-Audit**

After the completion of the on-site portion of the audit, the auditor spoke with the Management Analyst and facility staff about recommendations for 115.33, 115.42, 115.51 and 115.53.

During the on-site portion of the audit, the auditor interviewed one inmate that was at the facility prior to 2013. The inmate had PREA education upon her arrival in 2012, but did not have it within a year of the release of the PREA standards. The facility identified six additional inmates that arrived prior to 2013 that were still at FCI Waseca. On April 29, 2021 the auditor received confirmation from the facility that all seven of the inmates that arrived prior to 2013 were provided comprehensive PREA education. As such,

provision (c) of standard 115.33 was corrected. Additionally, the facility provided comprehensive PREA education documentation for the one inmate that was identified through the documentation review to have not received comprehensive PREA education.

## Facility Characteristics

FCI Waseca is a Federal Prison under the authority of the Federal Bureau of Prisons, located at 1000 University Drive SW in Waseca, Minnesota. The facility is located in Waseca County, approximately 75 miles south of Minneapolis, Minnesota. The facility was utilized by the University of Minnesota until 1992 and officially opened in 1995 as a federal prison housing adult male inmates. In 2008, FCI Waseca was converted to an adult female facility. The total capacity for the facility is 712. The average daily population over the previous twelve months was 649. On the first day of the audit the population at the facility was 708. The age range of the facility's population is 20-79 years of age. The facility houses community, minimum and low custody female inmates. The average sentence length for inmates at the FCI Waseca is 764 months.

The facility employs 199 staff. Custody staff make up three shifts; day watch works from 8:00am-4:00pm, evening watch works from 4:00pm-12:00am and morning watch works from 12:00am-8:00am. Each shift has a Lieutenant, senior officers, correctional officers and senior officer specialists. At least one custody staff member is assigned to each housing unit along with a case manager and/or counselor. Additional staff are assigned to other areas to include recreation, intake, food service, visitation, education, UNICOR, etc. Additionally, medical and mental health care staff and administrative staff have their own varied scheduled work hours, ranging from 6:00am to 10:00pm. The facility employs 22 contractors and has 42 volunteers that provide services to inmates.

FCI Waseca comprises eight buildings. The facility is equipped with reflective mirrors and video cameras to alleviate blind spots and assist with monitoring. PREA posters, including reporting information and advocacy information was observed throughout the facility. The below describes the basics of the facility.

Administration – Numerous staff offices, including the Warden's office.

Central Control – Contains the staff, contractor and visitor search area as well as central control.

Commissary – The space has a waiting area, a back storage room and a space that is store style setup with goods. The inmate restroom has a solid door for privacy.

Education/Vocation – Contains numerous classrooms and space for horticulture and cosmetology. The space also has three greenhouses for horticulture. The facility has over 30 apprenticeship programs for inmates.

Facilities – Consists of enclosed work area, a tool room and metal fabrication. The inmate restroom is public style with fully enclosed toilets.

Food Services – The dining area has tables, stools, a drink station and serving lines. While the kitchen is equipped with coolers, freezers, a baking area, a food preparation area, a butcher shop, a dish area, ovens, kettles, grills, dry storage and an office. The inmate restroom has a solid door for privacy. The staff dining area also contains the barista apprenticeship program.

Health Services – Includes medical and dental. Dental has chairs and work stations. Medical includes a waiting area, an emergency room, a laboratory, an x-ray room and exam rooms. All exam room doors are solid and each room contains a curtain for added privacy. The inmate restroom is public style with fully enclosed toilets. Medical also has two direct observation cells. The cells have a bed, toilet, sink and shower. Observation is conducted by staff of the same gender as the inmate. All inmate medical records are electronic.

Intake (R&D) – Includes staff offices and holding cells. The strip search space is equipped with a solid door and curtains. The holding cells contain toilets with half walls. A shower is located in this area and has a curtain for privacy. A medical screening room is also in the area that has a solid door with a security window that affords confidentiality for the risk screening questions. Inmate records are located in this area as well and are behind a solid locked door.

Laundry – Has a storage space, a changing area, washers, dryers and folding tables. The changing area contains fully enclosed spaces for privacy.

Psychiatric Treatment Program – This area has numerous classrooms, offices and treatment rooms for the Residential Drug Abuse Program (RDAP) and the Resolve program.

Psychology Services – Contains offices with solid doors with windows for adequate privacy.

Recreation – Both indoor and outdoor. Outdoor recreation consists of a track, a handball court, a volleyball court and a softball field. Indoor recreation contains a library, the law library, a tv room, a cosmetology area, a career resource room, a hobby craft area, a music room, a leisure area with activity tables and a gym with a basketball court and fitness equipment. The inmate restroom is public style with fully enclosed toilets.

Religious Services – Includes a media center, religious library and a small auditorium that is utilized as a chapel.

UNICOR – Area is factory style with sewing stations and tables. The inmates produce shorts for contracts through the Department of Defense. The inmate restroom is public style with fully enclosed toilets.

Visitation – Open area with chairs and a children’s play room. The strip search area has a solid door as well as half walls and curtains for additional privacy. The inmate restroom has a solid door.

A, B, D and E housing units at the facility have the same physical layout. Each unit is three tiered with the tiers connected by a stairwell. The first tier is open bay style with numerous areas separated by walls while the second and third are multiple occupancy rooms. Each housing unit has a television room, offices, telephones and a computer room. All living areas have beds, lockers, tables and chairs. A separate restroom area is on each tier and each area contains public style fully enclosed toilets, sinks and showers with curtains.

C housing unit is open bay style with numerous small living areas separated by walls. Living areas have numerous bunk beds, lockers and chairs. The inmate restroom is separate from the living area and has fully enclosed public style toilets and showers with curtains. The housing unit also contains computers, telephones and a television room with chairs.

The SHU has two wings. Cells are double bunked with a desk, stool, sink, toilet and shower. Showers are equipped with a curtain for privacy. Cell doors are solid with a small security window. The SHU also has multipurpose rooms and a holding cell with black film on the window to afford privacy while on the toilet. The SHU also contains numerous outdoor recreational enclosures strictly for SHU inmates.

Unit	Capacity	Style	Inmate Population
A	224	Multiple Occupancy & Open Bay	General Population

B	150	Multiple Occupancy & Open Bay	General Population
C	126	Open Bay	General Population
D	234	Multiple Occupancy & Open Bay	General Population – UNICOR & PAWS
E	102	Multiple Occupancy & Open Bay	General Population - RDAP
SHU	67	Double Occupancy	Segregated Housing



## Summary of Audit Findings

### Standards Exceeded

Number of Standards Exceeded: 1  
List of Standards Exceeded: 115.31

### Standards Met

Number of Standards Met: 44

### Standards Not Met

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

## PREVENTION PLANNING

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

##### Documents:

1. Pre-Audit Questionnaire
2. P5324.12

3. P3420.11
4. P5270.09
5. WAS-5324.12d
6. Inmate Admission and Orientation Handbook
7. Sexually Abusive Behavior Prevention and Intervention Program
8. Memorandum of Understanding with National PREA Coordinator

**Interviews:**

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

**Findings (By Provision):**

**115.11 (a):** The agency has a comprehensive PREA Policy: P5324.12 as well numerous other policies and procedures that supplement the PREA Plan. These include P3420.11, P5270.09, WAS-5324.12d, the Inmate Admission and Orientation Handbook and the Sexually Abusive Behavior Prevention and Intervention Program. The agency has a zero-tolerance policy towards all forms of sexual abuse and sexual harassment which is outlined on page 2 of P5324.12 and on page 25 of the inmate handbook. The policies outline the strategies on preventing, detecting and responding to such conduct and include definitions of prohibited behavior. Agency policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates (P3420.11 and P5270.09, page 45), incident reviews and data collection. This policy is consistent with the PREA standards and outlines the agency's approach to sexual safety.

**115.11 (b):** The agency's organizational chart reflects that the PC position (referred to as the National PREA Coordinator) is an upper-level position and is agency-wide. The PC is a Psychologist under the Psychology Services Branch. The PC reports to the Assistant Director, Reentry Services Division. The PC provides guidance through six regional PREA Coordinators and 122 Compliance Managers. The PC was interviewed and she reported that her position is full time and that she has enough time to manage all of her PREA related responsibilities.

**115.11 (c):** The facility has designated an Associate Warden as the staff member responsible for ensuring PREA compliance. The PAQ indicated that the PCM has sufficient authority and time to coordinate the facility's PREA efforts. The facility's organizational chart confirms that the Associate Warden is responsible for PREA compliance and that he reports directly to the Warden. The interview with the PREA Compliance Manager indicated he has sufficient time to coordinate the facility's PREA compliance. He stated that he coordinates the facility's PREA compliance through reviewing the program statement, through annual training, by posting information related to PREA throughout the facility and through enforcing the zero-tolerance policy.

Based on a review of the PAQ, P5324.12, P3420.11, P5270.09, WAS-5324.12d, the inmate handbook, the Sexually Abusive Behavior Prevention and Intervention Program, the MOU with the PC and information from interviews with the PC and PCM, this standard appears to be compliant.

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

### 115.12 (a)

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

### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. Contracts for Confinement of Inmates

### Interviews:

1. Interview with the Agency's Contract Administrator

### Findings (By Provision):

**115.12 (a):** The agency currently has eight contracts with private contract facilities and 150 contracts with Residential Reentry Centers (RRC). A review of the three private contract facilities contracts confirmed that the following language was initially included or added to each: "The contractor shall comply with the Prison Rape Elimination Act of 2003 and the National Standards to Prevent, Detect, and Respond to Prison Rape as contained in 28CFR Part 115". Additionally, a review of three RRC contracts confirmed the following language was present: "Prison Rape Elimination Act of 2003 (PREA), seeks to eliminate sexual assault and sexual misconduct of offenders in correctional facilities to include all community-based facilities. Administration must maintain a zero-tolerance for sexual abuse, specifically policy that addresses PREA compliance will be maintained by contractor. Facility must be in full compliance with PREA standards that apply to Community Confinement Facilities". The interview with the Agency

Contract Administrator confirmed that all new and renewed contracts require PREA compliance. The interview indicated that the contractor's policies and procedures are reviewed by the BOP and that the contractor is required to notify the BOP of any PREA allegations and forward a copy of the allegation, the investigation and the findings to the oversight staff. Additionally, at least once a year the BOP's Quality Assurance Program conducts a review of each of the contractor's PREA allegations to determine compliance.

**115.12 (b):** The agency currently has eight contracts with private contract facilities and 150 contracts with Residential Reentry Centers (RRC). A review of the three private contract facilities contracts confirmed that the following language was initially included or added to each: "The contractor shall comply with the Prison Rape Elimination Act of 2003 and the National Standards to Prevent, Detect, and Respond to Prison Rape as contained in 28CFR Part 115". Additionally, a review of three RRC contracts confirmed the following language was present: "Prison Rape Elimination Act of 2003 (PREA), seeks to eliminate sexual assault and sexual misconduct of offenders in correctional facilities to include all community-based facilities. Administration must maintain a zero-tolerance for sexual abuse, specifically policy that addresses PREA compliance will be maintained by contractor. Facility must be in full compliance with PREA standards that apply to Community Confinement Facilities". The interview with the Agency Contract Administrator confirmed that all new and renewed contracts require PREA compliance. The interview indicated that the contractor's policies and procedures are reviewed by the BOP and that the contractor is required to notify the BOP of any PREA allegations and forward a copy of the allegation, the investigation and the findings to the oversight staff. Additionally, at least once a year the BOP's Quality Assurance Program conducts a review of each of the contractor's PREA allegations to determine compliance.

Based on the review of the PAQ, the language within the six sample agency contracts and information from the interview with the Agency Contract Administrator, this standard appears to be compliant.

## Standard 115.13: Supervision and monitoring

### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes  No  NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. P3000.03
3. P5324.12
4. Staffing Plan
5. Annual Staffing Plan Reviews
6. Documentation of Unannounced Rounds

### Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

### Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials

### Findings (By Provision):

**115.13 (a):** P3000.03 addresses the agency's staffing plan development. Specifically, on pages 9-10 the policy indicates that the Workforce Utilization Committee will formulate a staffing plan based on the number of allocated positions, historical turnover and anticipated vacancies. Additionally, the policy indicates that the committee will review departmental rosters, review findings of program, operational and other management reviews and recommend actions designed to increase effective use of resources. The policy also indicates on page 11 that the vacancy rate will not exceed ten percent during any eighteen-month period. The staffing plan takes into consideration generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant,

the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the current staffing plan is based off of 712 inmates. The facility employs 199 staff. Custody staff make up three shifts; day watch works from 8:00am-4:00pm, evening watch works from 4:00pm-12:00am and morning watch works from 12:00am-8:00am. Each shift has a Lieutenant, senior officers, correctional officers and senior officer specialists. At least one custody staff member is assigned to each housing unit along with a case manager and/or counselor. Additional staff are assigned to other areas to include recreation, intake, food service, visitation, education, UNICOR, etc. Additionally, medical and mental health care staff and administrative staff have their own varied scheduled work hours, ranging from 6:00am to 10:00pm. During the tour the auditor observed that there were at least two staff members in each housing unit as well as adequate staffing throughout other locations within the facility. There were also numerous cameras and reflective mirrors strategically placed throughout the facility to assist with monitoring. Interviews with the Warden and the PCM confirmed that the facility has a staffing plan that provides adequate staffing levels and that they comply with the plan on a regular basis. They both indicated the required components are considered when reviewing the staffing plan. The Warden stated that the plan is reviewed quarterly and after each incident of sexual abuse. She also stated she reviews the plan weekly informally. She stated that the goal is to be fully staffed according to the compliment for a low security female facility. The Warden indicated that the facility follows American Correctional Association guidelines and that they have not had any findings of inadequacy but if they did they would be taken into consideration. She indicated that they review what is needed per housing unit based on security levels and the mission of the facility. She stated that there are supervisors and unit managers in all areas, that each shift has a Lieutenant and that department heads are spread across the facility. She stated most programs occur during the day however they ensure staff are adequate for any evening programming. The Warden indicated that she checks for compliance with the staffing plan through roster reviews, by making rounds and through monitoring absences of staff over time. The PCM stated that the staffing plan is reviewed to check for an adequate staff to inmate ratio. He stated the reviews determine if staffing levels are adequate enough to protect inmates and to allow for programming. He stated that video monitoring is located in all areas of the facility and that mirrors are utilized to eliminate blind spots. He confirmed that the IDOs and supervisors make rounds to assist with monitoring and that the plan is reviewed annually.

**115.13 (b):** The facility indicated in the PAQ that there are never deviations from the staffing plan. The interview with the Warden confirmed that the facility never deviates from the staffing plan as they do not vacate custody posts.

**115.13 (c):** The PAQ indicated that at least once a year the facility in collaboration with the PC, reviews the staffing plan to see where adjustments are needed. The staffing plan was most recently reviewed on October 21, 2020. The staffing plan is reviewed quarterly by the Salary/Workforce Utilization Committee. The Committee comprises the Warden, the Associate Warden of Operations, the Associate Warden of Programs (who serves as the PCM), a Captain, the Business Administrator, the Human Resource Manager, the Budget Analyst and the Executive Assistant. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. A review of documentation indicated additional staffing reviews were completed on August 21, 2020, May 21, 2020 and March 18, 2020. The reviews indicated the facility was considering additional video monitoring and lighting to increase safety. They also indicated that the Institution Duty Officer (IDO) rounds were expanded to include earlier hours. The PC confirmed in the interview that she is consulted annually with regard to a review of the staffing plans for institutions. She did indicate that the Human Resource Management Division and the Administration Division allocates overall staffing resources.



**115.13 (d):** P5324.12, page 16, indicates that the Institution Duty Officer (IDO) is required to make weekly unannounced rounds on all shifts to identify and deter sexual abuse and sexual harassment. These rounds are required to be documented and forwarded to the PCM for retention. A review of ten PAQ supplemental documentation IDO rounds indicated that announced rounds are being conducted weekly by the IDO in all locations at the facility. Additionally, P5324.12 prohibits staff from alerting other staff members that the supervisory rounds are occurring, unless such announcement is related to legitimate operational functions of the facility. An additional review of Operations Lieutenant rounds for three days (one day in January, one in February and one in March) indicated that unannounced rounds were conducted in all housing units on all three shifts. The interviews with the intermediate-level or higher-level staff confirm that they make unannounced rounds and that the rounds are documented in TRUSCOPE. The staff stated that they change up their rounds daily and that they do not go to the same location at the same time each day nor do they go in the same order when conducting rounds.

Based on a review of the PAQ, P3000.03, P5324.12, the staffing plan, annual staffing plan reviews, documentation of unannounced rounds, observations made during the tour and interviews with the PC, PCM, Warden and intermediate-level or higher-level staff, this standard appears to be compliant.

## Standard 115.14: Youthful inmates

### 115.14 (a)

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

### 115.14 (b)

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

### 115.14 (c)

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

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire

### Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager

### Site Review Observations:

1. Observations in Housing Units Related to Age of Inmates

### Findings (By Provision):

**115.14 (a):** The PAQ indicated that no youthful inmates are housed at FCI Waseca. A review of the daily population report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

**115.14 (b):** The PAQ indicated that no youthful inmates are housed at FCI Waseca. A review of the daily population report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

**115.14 (c):** The PAQ indicated that no youthful inmates are housed at FCI Waseca. A review of the daily population report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

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

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

### 115.15 (a)

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

### 115.15 (b)

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

### 115.15 (c)

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

### 115.15 (d)

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

### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that

information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. P5521.06
3. P5324.12
4. Sexually Abusive Behavior Prevention and Intervention Program Annual Training Curriculum
5. Staff Training Records

### Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with Transgender/Intersex Inmates

### Site Review Observations:

1. Observations of Privacy Barriers

### Findings (By Provision):

**115.15 (a):** P5521.06, page 4 and 5, discuss visual searches and body cavity searches. Page 4 indicates that visual searches are to be conducted by staff of the same sex as the inmate, except where circumstances are such that a delay would mean the loss of contraband. In such a case, this exception would be documented in the inmate's central file. Page 5 indicates that body cavity searches are only conducted by qualified health personnel upon the approval of the Warden or Acting Warden and such searches are documented in the inmate's central file. The PAQ indicated that no searches of this kind were conducted at the facility over the past twelve months.

**115.15 (b):** The PAQ indicated that the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Additionally, the PAQ indicated that the facility does not restrict

female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with the provision. P5521.06, page 3, states that cross-gender pat-down searches of female inmates are not permitted, absent exigent circumstances. As a result, male staff are not permitted to pat-search female inmates, unless exigent circumstances exist. Interviews with 30 inmates indicated that none had ever been restricted access from programs or privileges due to not having a female to conduct a pat-search. The PAQ indicated that there were zero pat-searches of female inmates by male staff in the previous twelve months. A review of a sample of search logs indicated that all searches reviewed were conducted by female staff.

**115.15 (c):** P5521.06, page 4 and 5, discuss visual searches and body cavity searches. Page 4 indicates that visual searches are to be conducted by staff of the same sex as the inmate, except where circumstances are such that a delay would mean the loss of contraband. In such a case, this exception would be documented on the inmate's central file. Page 5 indicates that body cavity searches are only conducted by qualified health personnel upon the approval of the Warden or Acting Warden and such searches are documented in the inmate's central file. The PAQ indicated that no cross-gender searches have been conducted in the previous twelve months. A review of a sample of search logs indicated that all searches reviewed were conducted by female staff.

**115.15 (d):** P5324.12, page 17 states that the facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttock, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, it states that such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. Page 18 states the four ways inmates are notified of the presence of opposite gender staff, including through a posted notice on the bulletin board, through an announcement at the beginning of primary shifts, notices of the hours of work for male staff with offices in the housing units and by notifying inmates during intake of the requirement to remain clothed and the presence of opposite gender staff generally. The PAQ indicated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Interviews with twelve random staff indicated that all twelve stated that inmates have privacy when showering, using the restroom and changing their clothes. Additionally, all twelve stated that opposite gender staff announce their presence when entering an inmate housing unit. All 30 inmates interviewed indicated they had never been naked in front of a staff member of the opposite gender and 22 stated that staff of the opposite gender announce when they enter inmate housing units. During the tour, the auditor heard the opposite gender announcement being made upon entry into the housing units. The auditor observed that all housing units provide privacy through shower curtains, public style fully enclosed toilets, solid doors and doors with security windows.

**115.15 (e):** P5324.12, page 19 states that the facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversation with the inmate, by reviewing medical records, or, if necessary, by learning information as part of a broader medical examination conducted in private by a medical practitioner. The PAQ indicated that there had been no searches of this nature within the past twelve months. Interviews with twelve random staff indicate that nine are aware of an agency policy that prohibits staff from searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. Interviews with four transgender inmates confirmed that none felt they were ever searched for the sole purpose of determining their genital status.

**115.15 (f):** The Sexually Abusive Behavior Prevention and Intervention Program Annual Training Curriculum indicated that staff are trained on conducting cross gender pat searches and searches of

transgender and intersex inmates in a professional and respectful manner on the first day of the annual training. A review of the training curriculum confirms that the training covers cross gender pat-searches and searches of transgender and intersex inmates. The PAQ indicated that 100% of staff had received this training. Interviews with twelve random staff indicated that all twelve had received training on how to conduct a cross-gender search and a search of a transgender or intersex inmate. A review of fifteen staff training records indicated that all fifteen had received the search training during the annual refresher training (ART).

Based on a review of the PAQ, P5521.06, P5324.12, the Sexually Abusive Behavior Prevention and Intervention Program curriculum, a random sample of staff training records, observations made during the tour to include shower curtains, public style fully enclosed toilets, solid doors and doors with security windows, the opposite gender announcement as well as information from interviews with random staff, random inmates and transgender inmates indicates this standard appears to be compliant.

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

### **115.16 (a)**

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

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. LanguageLine Solutions Contract

4. PREA Posters
5. Inmate Admission and Orientation Handbook

**Interviews:**

1. Interview with the Agency Head
2. Interview with Inmates with Disabilities
3. Interview with LEP Inmates
4. Interview with Random Staff

**Site Review Observations:**

1. Observations of PREA Posters in English and Spanish

**Findings (By Provision):**

**115.16 (a):** P5324.12, page 19 establishes guidelines to providing disabled inmates an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. It states that the PCM is responsible for reaching out to local disabilities assistance offices to ensure the facility is providing effective communication accommodations when needed. A review of PREA posters, the inmate handbook and inmate distributed information confirmed that information is provided in large font and bright colors. The interview with the Agency Head indicated that inmates receive PREA information in a format that they can understand. Interviews with three disabled inmates and three LEP inmates indicated that all six had received information in a format that they could understand. During the tour, the PREA signage was observed to be in large text and in bright colors.

**115.16 (b):** P5324.12, page 20 establishes the procedure to ensure meaningful access to all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient (LEP). It states that the PCM is responsible for reaching out to available interpretation services to ensure the facility is providing effective communication accommodations. The facility has numerous staff that are bilingual and assist in translation when needed. The agency has a contract (#GS-10F-0460N) with LanguageLine Solutions to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. A review of PREA posters, the inmate handbook and inmate distributed information confirmed that information is available in both English and Spanish. The interview with the Agency Head indicated that inmates receive PREA information in a format that they can understand. Interviews with three disabled inmates and three LEP inmates indicated that all six had received information in a format that they could understand. The three LEP inmates stated that they received information in both English and Spanish via the inmate handbook and posted PREA information. During inmate interviews the auditor utilized LanguageLine Solutions to translate. During the tour, it was observed that PREA signage was posted throughout the facility in English and Spanish.

**115.16 (c):** P5324.12, page 20 prohibits the use of inmate interpreters, readers or any other type of inmate assistants for allegations of sexual abuse and sexual harassment, except in limited circumstances where an extended delay could compromise the inmate's safety. The PAQ indicated that there were no instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with twelve staff indicated that eleven were aware of a policy that prohibits utilizing inmate interpreters, translators and assistants. Interviews with three disabled inmates and three LEP inmates indicated that one had another inmate utilized as a translator, interpreter or reader, however it was informal and not part of the facility education.

Based on a review of the PAQ, P5324.12, the LanguageLine Solutions contract, PREA posters, the inmate handbook, observations made during the tour to include the PREA signage as well as interviews



with the Agency Head, random staff, inmates with disabilities and LEP inmates indicate that this standard appears to be compliant.

## Standard 115.17: Hiring and promotion decisions

### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

### 115.17 (b)

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

### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check?  Yes  No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers

for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Documents:**

1. Pre-Audit Questionnaire
2. P3000.03
3. Standard Form 85P – Questionnaire for Public Trust Positions
4. BOP Recruiting Flyer
5. National Background Investigations Bureau (NBIB)
6. General Employment Considerations for Staff
7. Memorandum for Human Resource Manager
8. Mass Initiation of Staff Re-Investigations Email
9. Eligibility Questions
10. Personnel Files of Staff
11. Contractor Background Files
12. Volunteer Background Files

**Interviews:**

1. Interview with Human Resource Staff

**Findings (By Provision):**

**115.17 (a):** P3000.03, page 28, indicates that a statement indicating eligible external applicants must meet all application criteria and conditions of employment. The PAQ indicated that the agency will not hire or promote anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. A review of the eligibility questions on the USAJobs Application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files for five staff who were hired in the previous twelve months indicated that all five had completed an application and as such were required to answer the eligibility questions. Additionally, all staff had a criminal background completed which included their criminal history, credit history and other record inquiries. All contractors also have a completed criminal background check and as such the four contractors reviewed all had a criminal background check completed prior to enlisting their services.

**115.17 (b):** The General Employment Considerations for Staff indicates on page 2 that the applicant's character or past conduct might impose a statutory bar to employment or impede employment by adversely impacting on the Bureau's efficiency by jeopardizing the ability to accomplish its mission successfully. The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an inmate. Human Resource staff confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

**115.17 (c):** Standard Form 85P and the BOP Recruitment Flyer, indicates that employment is subject to satisfactory completion of a background investigation, which also includes law enforcement and criminal records checks, credit checks, inquiries with previous employers and personal references. The PAQ indicated that 100% of those hired in the past twelve months that may have contact with inmates had received a criminal background check and prior institutional employers were contacted. A review of five personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background check completed and all prior institutional employers contacted. Additionally, all staff are fingerprinted

and any future arrest is automatically reported to the agency through the National Background Investigations Bureau. Human Resource staff indicated that a criminal background investigation is completed for all applicants and contractors.

**115.17 (d):** P3000.03, pages 42 and 44, indicates that the agency performs criminal background checks before enlisting the services of any contractor who may have contact with inmates via a check of the National Crime Information Center (NCIC). The PAQ indicated that there have been ten contracts at the facility within the past twelve months. A review of five contractor personnel files indicated that a criminal background check had been conducted for all five. Human Resource staff indicated that a criminal background investigation is completed for all applicants and contractors.

**115.17 (e):** The PAQ indicated that the agency requires either criminal background checks to be conducted at least every five years for current employees and contractors or have a system in place for otherwise capturing such information for current employees. The agency utilizes the National Background Investigations Bureau. All employees are fingerprinted and all subsequent FBI criminal arrest information is forwarded through NBIB back to the agency. Additionally, Security and Background Investigation Section (SBIS) tracks the timeline of background investigations for the NBIB. Mass emails are sent to each staff member as well as the Human Resource staff at the facility that the staff works to initiate the re-investigation process for the five-year background check. Staff are required to take the appropriate steps to complete the process by a due date to ensure the background is completed on time. The interview with Human Resource staff confirmed that an NCIC check is completed initially and that a full criminal background check is then completed. The staff member confirmed that criminal background checks are conducted every five years.

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

**115.17 (g):** The PAQ indicates that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. The Questionnaire for Public Trust Positions indicates that falsifying or concealing facts is a felony which can result in fines and up to five years in prison.

**115.17 (h):** The Memorandum for Human Resource Managers documented that the agency provides information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee to institutional employers for whom the employee has applied to work. Specifically, the memo indicates that all requests should be forwarded to the Office of Internal Affairs and that this office will respond to all requests. Human Resource staff indicated that any information that is permitted by law would be released.

Based on a review of the PAQ, P3000.03, Standard Form 85P, BOP Recruiting Flyer, National Background Investigations Bureau (NBIB), General Employment Considerations for Staff, Memorandum

for Human Resource Manager, Mass Initiation of Staff Re-Investigations Email, the Eligibility Questions, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.

## Standard 115.18: Upgrades to facilities and technologies

### 115.18 (a)

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

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire

### Interviews:

1. Interview with the Agency Head
2. Interview with the Warden

### Site Review Observations:

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

### Findings (By Provision):

**115.18 (a):** The facility has not designed, acquired or planned any expansion or modification of the existing facility; however the agency has had modifications across other facilities. The PAQ as well as the interview with the Warden confirmed there have not been any modifications to the facility since the last PREA audit. The interview with the Agency Head confirmed that new facility designs, modifications and technology upgrades would be reviewed to see how these modification or upgrades may enhance the ability to protection inmates against sexual abuse. During the tour, the auditor did not observe any renovations, modifications or expansions.

**115.18 (b):** The PAQ indicated that the facility has installed or updated video monitoring technology, electronic surveillance system or other monitoring technology within the audit period. The interview with the Agency Head confirmed that new facility designs, modifications and technology upgrades would be reviewed to see how these modification or upgrades may enhance the ability to protection inmates against sexual abuse. The Warden stated that they look at the placement of video monitoring to give the best oversight of the areas without violating any inmate privacy concerns. During the tour, the auditor observed video monitoring technology throughout the facility.

Based on a review of the PAQ, observations made during the tour and information from interviews with the Agency Head and Warden indicates that this standard appears to be compliant.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

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

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness

to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act Investigation Policy Memorandum
3. P6031.04
4. WAS-5324.12d
5. Memorandum of Understanding with Committee Against Domestic Abuse (CADA) - Waseca County
6. Memorandum of Understanding with the Federal Bureau of Investigation (FBI)
7. Qualified Staff Advocacy Training Documents
8. Letter from FBI on PREA Compliance

### Interviews:

1. Interview with Random Staff
2. Interview with the PREA Compliance Manager
3. Interview with SAFE/SANE
4. Interview with Inmates who Reported Sexual Abuse

### Findings (By Provision):

**115.21 (a):** The Prison Rape Elimination Act Investigation Policy Memorandum, pages 10-13, section 234.13 outline the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The policy outlines evidence preservation, medical examinations, forensic crime scene investigation with biological evidence, handling biological evidence and detecting and testing forensic evidence. The PAQ indicated that the agency is responsible for conducting administrative investigations while the FBI is responsible for conducting criminal investigations. Interviews with twelve random staff indicated eleven were aware of and understood the protocol for obtaining usable physical evidence. Additionally, eleven of the twelve staff indicated that SIS would be responsible for conducting the sexual abuse investigation.

**115.21 (b):** The Prison Rape Elimination Act Investigation Policy Memorandum, page 11, as well as the PAQ indicates that medical forensic examinations are conducted in accordance with standards set forth in "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents, DOJ Office of Violence Against Women, second edition, April 2013".

**115.21 (c):** The Prison Rape Elimination Act Investigation Policy Memorandum, page 10, section 234.13, indicates that all inmate victims of sexual abuse are offered a forensic medical examination, whether on-



site or at an outside facility, without financial cost. P6031.04, page 4, specifically states that only in institutions where extreme security concerns exist may an in-house physician be used. WAS-5324.12d, page 3 states that Health Services staff will provide a preliminary examination to determine if injuries exist. If the victim requires a forensic medical examination, the inmate shall be transported to an outside medical facility staff with SANE certified staff for the examination. The PAQ indicated that during the previous twelve months there have not been any forensic examinations conducted. A review of investigations confirmed that none involved a forensic examination. The interview with the staff member at the Mayo Clinic Mankato confirmed that they provide forensic medical examinations and that exams are conducted by Sexual Assault Nurse Examiners (SANE).

**115.21 (d):** The PAQ indicated that the agency attempts to make available to the victim a victim advocate from a rape crisis center and if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member. WAS-5324.12d, page 3 states that during the forensic medical assessment, the inmate shall be provided with the opportunity to have the on-call Psychologist or outside victim advocate provide them with support during the medical examination. If the victim chooses services of the outside victim advocate, the institution's Social Worker, Lieutenant or on-call Psychologist will contact the agency with whom the FCI Waseca has an MOU. The MOU with CADA confirms that advocates are provided during forensic medical examinations. Specifically on page 3 the MOU states that CADA will provide at least one staff member to serve as a volunteer at the BOP to visit inmates for support services related to sexual violence including hospital accompaniment for an offender victim during the forensic medical examination process, investigatory interviews, and follow-up crisis counseling on request of the offender-victim. Additionally, the facility has four qualified staff members to serve as advocates if necessary. The interview with the PCM indicated that the facility has an MOU with CADA to provide advocacy services. The interviews with the inmates who reported sexual abuse indicated that neither of them spoke to anyone after their allegation. One inmate stated she could have but didn't want to. Both inmates indicated that their allegation did not involve penetration and as such did not involve a forensic medical examination.

**115.21 (e):** The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. WAS-5324.12d, page 3 states that during the forensic medical assessment, the inmate shall be provided with the opportunity to have the on-call Psychologist or outside victim advocate provide them with support during the medical examination. If the victim chooses services of the outside victim advocate, the institution's Social Worker, Lieutenant or on-call Psychologist will contact the agency with whom the FCI Waseca has an MOU. The MOU with CADA confirms that advocates are provided during forensic medical examinations. Specifically on page 3 the MOU states that CADA will provide at least one staff member to serve as a volunteer at the BOP to visit inmates for support services related to sexual violence including hospital accompaniment for an offender victim during the forensic medical examination process, investigatory interviews, and follow-up crisis counseling on request of the offender-victim. Additionally, the facility has four qualified staff members to serve as advocates if necessary. The interview with the PCM indicated that the facility has an MOU with CADA to provide advocacy services. The interviews with the inmates who reported sexual abuse indicated that neither of them spoke to anyone after their allegation. One inmate stated she could have but didn't want to. Both inmates indicated that their allegation did not involve penetration and as such did not involve a forensic medical examination.

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

**115.21 (g):** The auditor is not required to audit this provision.

**115.21 (h):** The auditor is not required to audit this provision.

Based on a review of the PAQ, The PREA Investigation Policy Memo, P6031.04, WAS-5324.12d, the MOU with CADA, the MOU with the FBI, the letter from the FBI, the qualified staff member documents and information from interviews with the PREA Compliance Manager, SANE/SAFE hospital staff, and inmates who reported sexual abuse indicate that this standard appears to be compliant.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

### **115.22 (a)**

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

### **115.22 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

### **115.22 (c)**

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

### **115.22 (d)**

- Auditor is not required to audit this provision.

### **115.22 (e)**

- Auditor is not required to audit this provision.

## **Auditor Overall Compliance Determination**

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

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. P5508.02
4. Attorney General (AG) Memo – Duty to Report Misconduct and Cooperate with Investigations
5. Attorney General Order Number 2835-2006
6. Memorandum of Understanding with the Federal Bureau of Investigation
7. Investigative Reports

**Interviews:**

1. Interview with the Agency Head
2. Interview with Investigative Staff

**Findings (By Provision):**

**115.22 (a):** P5324.12, page 43, outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as P5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. Allegations are reported to the Operations Lieutenant and immediately forwarded to the facility investigator for investigation. The PAQ indicated that there were four allegations reported within the previous twelve months, all of which resulted in an administrative investigation. A review of documentation indicated there were four allegations reported in the previous twelve months, however one did not rise to the level of PREA. All four allegations had an investigation initiated and two were still open during the on-site portion of the audit. The interview with the Agency Head indicated that all allegations are investigated. Specifically, the OIG investigates potential criminal cases involving staff-on-inmate sexual abuse; the OIA investigates administrative cases of staff-on-inmate sexual abuse or sexual harassment and the Special Investigative Services (SIS) Lieutenant at the facility investigates all other cases.

**115.22 (b):** P5324.12, page 43, outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as P5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. A review of the BOP website indicated that P5508.02 which describes the FBI's authority to conduct criminal investigations is available at <https://www.bop.gov/PublicInfo/execute/policysearch?todo=query>. The interview with the investigator confirmed that all allegations are referred to an investigator with the authority to conduct criminal investigations.

**115.22 (c):** P5324.12, page 43, outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as P5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. A review of the BOP website indicated that P5508.02 which describes the FBI's authority to conduct criminal investigations is available at <https://www.bop.gov/PublicInfo/execute/policysearch?todo=query>.

**115.22 (d):** The auditor is not required to audit this provision.

**115.22 (e):** The auditor is not required to audit this provision.

Based on a review of the PAQ, P5324.12, P5508.02, the AG Memo, AG Order 2835-2006, the MOU with the FBI, investigative reports, the agency's website and information obtained via interviews with the Agency Head and the investigator indicate that this standard appears to be compliant.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Sexually Abusive Behavior Prevention and Intervention Program Annual Training Curriculum
4. Sample of Staff Training Records (Acknowledgement Form)

## Interviews:

1. Interview with Random Staff

## Findings (By Provision):

**115.31 (a):** P5324.12, pages 24-25 indicate that all staff will receive the Sexually Abusive Behavior Prevention and Intervention Program training during institutional familiarization and yearly thereafter as part of the annual refresher training. A review of the Sexually Abusive Behavior Prevention and Intervention Program Annual Training Curriculum outline and PowerPoint slides confirmed that the training includes information on: the agency's zero-tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. A review of fifteen staff training records indicated that 100% of those reviewed received PREA training. Interviews with twelve random staff confirmed that all twelve had received PREA training. Staff stated they receive training annually and throughout the year. Staff indicated that the training goes over first responder duties and how to handle an allegation of sexual abuse. All twelve staff confirmed all required topics were covered in the training.

**115.31 (b):** P5324.12, page 25, indicates that the annual refresher takes into consideration the gender of the inmate population at each facility. The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. Additionally, staff receive training when assigned to a female facility for handling female offenders. A review of fifteen staff training records indicated that all fifteen staff had the supplemental female offender training.

**115.31 (c):** The PAQ indicated that 199 or 100% of the staff have been trained in PREA requirements and that they receive PREA training annually. P5324.12 indicates that new employees receive the Sexually Abusive Behavior Prevention and Intervention Program training and that current employees receive the training as part of their annual training. A review of documentation confirmed that all fifteen staff had received PREA training the previous two years.

**115.31 (d):** The PAQ as well as P5324.12, page 26, indicates that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. A review of the training records indicate that all staff sign a training acknowledgement that states "I have received and understand the training conducted regarding the agency's sexual abuse and sexual harassment policies and procedures". A review of a sample of fifteen staff training records indicated that all fifteen signed the acknowledgment form.

Based on a review of the PAQ, P5324.12, the Sexually Abusive Behavior Prevention and Intervention Program Annual Training Curriculum, a review of a sample of staff training records as well as interviews with random staff indicate that the facility exceeds this standard. The facility provides training annually on PREA, which exceeds the every other year requirements. Additionally, staff are provided supplemental web-based training as well as information during shift briefings. Interviews with twelve staff indicated that all were knowledgeable on PREA.

## Standard 115.32: Volunteer and contractor training

### 115.32 (a)

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

### 115.32 (b)

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act (PREA) Training for Level I Volunteers
3. Level I Volunteer Application/Training Form
4. Sample of Contractor Training Records
5. Sample of Volunteer Training Records

### Interviews:

1. Interview with Volunteers or Contractors who have Contact with Inmates

### Findings (By Provision):

**115.32 (a):** The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors receive the PREA Training for Level I Volunteers. The PAQ indicated that eighteen volunteers and contractors had received PREA training. Further discussion with the facility indicated that there were actually 64 volunteers and contractors that received PREA training,

which is equivalent to 100%. A review of a sample of training documents for four contractors and six volunteers indicated that all ten had received PREA training. Additionally, the interviews with the two contract staff confirmed that they had received training on the agency's sexual abuse and sexual harassment policies annually.

**115.32 (b):** The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that they have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Volunteers and contractors are required to receive the PREA Training for Level I Volunteers. They may be required to complete the staff PREA training, Sexually Abusive Behavior Prevention and Intervention Program, if their level of contact warrants. A review of a sample of training documents for four contractors and six volunteers indicated that all ten had received PREA training. Additionally, the interviews with the two contract staff confirmed that they receive training on the agency's sexual abuse and sexual harassment policies annually through the Sexually Abusive Behavior Prevention information. Both contractors stated they were informed of the zero-tolerance policy and who they should report to.

**115.32 (c):** The PAQ and a review of ten training documents for contractors and volunteers indicated that 100% of those reviewed had signed the Level I Volunteer Application/Training form. The bottom of this form has a section that reads "I am aware and understand the Federal Bureau of Prisons zero-tolerance policy on sexual abuse and sexual harassment. I have been instructed and understand how to report incidents of sexual abuse and sexual harassment".

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

## Standard 115.33: Inmate education

### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

### 115.33 (b)

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



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

#### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

#### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

#### 115.33 (e)

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

#### 115.33 (f)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. P5290.14
4. Bureau's Admission and Orientation (A&O) Pamphlet on Sexually Abusive Behavior Prevention and Intervention Program
5. Zero-Tolerance Policy Poster
6. Sexually Abusive Behavior Prevention and Intervention Program
7. Inmate Admission and Orientation Handbook
8. Inmate Education Records

**Documents Received During the Interim Report Period**

1. Inmate Education Records

**Interviews:**

1. Interview with Intake Staff
2. Interview with Random Inmates

**Site Review Observations:**

1. Observations of Intake Area
2. Observations of PREA Signs in English and Spanish

**Findings (By Provision):**

**115.33 (a):** P5324.12, pages 26-27, outlines the requirement for inmates to receive PREA education. Page 26 specifically states that inmates receive information on the agency's zero-tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment via the A&O pamphlet on Sexually Abusive Behavior Prevention and Intervention Program. The PAQ indicated that 355 inmates received information on the zero-tolerance policy and how to report at intake. This is equivalent to 100% of inmates who arrived in the previous twelve months. A review of the pamphlet, poster and inmate handbook confirmed that they include information on the zero-tolerance policy and reporting methods. A review of 23 inmate files of those received in the previous twelve months indicated that all 23 received PREA information at intake. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates are provided the inmate handbook as well as the pamphlet and are asked the risk screening questions. The interview with intake staff indicated inmates are provided information on the zero-tolerance policy and how to report sexual abuse through the intake process. The staff member stated that Psychology Services staff go over the information with the inmates and that they have a presentation they conduct during A&O that covers the information. The staff stated that inmates are provided a handout with the information and that there are also posters with the information.

**115.33 (b):** P5324.12, pages 26-27, outlines the requirement for inmates to receive PREA education. Page 27 specifically discusses the comprehensive education that is provided to the inmates. The policy indicates that during the A&O Program, a designated staff member will present the Sexually Abusive Behavior Prevention and Intervention Program. A review of the six-page training document (available in English and Spanish) indicated that inmates are educated on definitions, the zero-tolerance policy, ways to prevent sexual abuse, how to report, information on the investigative process, counseling programs for victims and management programs for abusers. The PAQ indicated that 332 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to 100%. A review of 23

inmate files of those that arrived in the previous twelve months indicated that 22 were documented with comprehensive PREA education. The one inmate that was not documented with comprehensive PREA education had it completed immediately following the on-site portion of the audit (April 29, 2021). The interviews with intake staff indicated that all inmates receive A&O within 30 days of arrival. He stated that Psychology Services staff go over the information with the inmates and that they have a presentation they conduct during A&O that covers the information. The staff stated that inmates are provided a handout with the information and that there are also posters with the information around the facility. Interviews with 30 inmates indicated that 20 were provided information on their right to be free from sexual abuse, how to report sexual abuse and their right to be free from retaliation. Most inmates indicated they typically receive the information during A&O, however, because of COVID-19 a staff member from Psychology Services came by their housing area and went over the information with them.

**115.33 (c):** The PAQ indicated that all current inmates at the facility had been educated on PREA. P5324.12, page 27, indicates that the agency requires that all inmates who are transferred from one facility to another be educated regarding their rights under PREA to the extent that the policies and procedures of the new facility differ from those of the previous facility. All inmates are typically educated upon transfer, whether policies and procedures differ or not. A review of 23 inmate files of those that arrived in the previous twelve months indicated that 22 were documented with comprehensive PREA education. The one inmate that was not documented with comprehensive PREA education had it completed immediately following the on-site portion of the audit (April 29, 2021). The interviews with intake staff indicated that all inmates receive A&O within 30 days of arrival. He stated that Psychology Services staff go over the information with the inmates and that they have a presentation they conduct during A&O that covers the information. The staff stated that inmates are provided a handout with the information and that there are also posters with the information around the facility. Interviews with 30 inmates indicated that 20 were provided information on their right to be free from sexual abuse, how to report sexual abuse and their right to be free from retaliation. Most inmates indicated they typically receive the information during A&O however because of COVID-19 a staff member from Psychology Services came by their housing area and went over the information with them. During the review, the auditor interviewed one inmate that was at the facility prior to 2013. The inmate had PREA education upon her arrival in 2012, but did not have it within a year of the release of the PREA standards. The facility identified six additional inmates that arrived prior to 2013 that were still at FCI Waseca. On April 29, 2021 the auditor received confirmation from the facility that all seven of the inmates that arrived prior to 2013 were provided comprehensive PREA education. As such this was corrected during the interim report period.

**115.33 (d):** The PAQ indicated that PREA education is available in accessible formats for disabled and LEP inmates. The facility has staff members who are able to provide accommodations for inmates who are LEP. Additionally, the agency has a contract (#GS-10F-0460N) with LanguageLine Solutions to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. The A&O pamphlet, inmate handbook and the Sexually Abusive Behavior Prevention and Intervention Program is available in English and Spanish. A review of the PREA education and documents also indicated that information was printed in bright colors and contained large print. During the tour the auditor observed that PREA information was posted in both English and Spanish. A review of a sample of three disabled inmate files and three LEP inmate files indicated that all six had signed that they received PREA information in a format they could understand.

**115.33 (e):** P5290.14, page 10 indicates that inmates are required to sign a copy of the A&O pamphlet at intake and that the original is placed in the inmate's central file. Additionally, the education is documented on the Institution A&O Program Checklist (Form BP-A0518) and the Unit A&O Program Checklist (Form BP-A0597). A review of 23 inmate files indicate that all 23 were documented to have received PREA education initially at intake and that 23 of the 23 signed that they received comprehensive

PREA education (one form was provided to the auditor after the on-site portion of the audit, only 22 initially had the form).

**115.33 (f):** The PAQ indicated that information is continuously available through posters, inmate handbooks or other written forms for the inmate population. A review of documentation indicated that the facility has PREA information available via the inmate handbook, the A&O pamphlet, the Sexually Abusive Behavior and Intervention Program and through PREA signage. During the tour, the auditor observed the PREA signage in each housing unit and in common areas.

Based on a review of the PAQ, P5324.12, P5290.14, the A&O pamphlet, the Sexually Abusive Behavior Prevention and Intervention Program, the inmate handbook, a review of inmate records, information received during the interim report period for the inmates that arrived prior to 2013, observations made during the tour to include the availability of PREA information via signage and documents as well information obtained during interviews with intake staff and random inmates indicate that this standard appears to be compliant.

**Recommendation:**

While the facility meets this standard based on the tour, documentation and interviews, the auditor recommends that the facility provide education again to all LEP inmates that arrived prior to 2019. All three inmates interviewed indicated that they mainly understood the information and that they received a handbook in Spanish and information was posted in Spanish, however two stated that they received the comprehensive PREA education in English and there was some information they did not completely understand. The auditor recommends that all LEP inmates who arrived prior to 2019 receive comprehensive PREA education in Spanish.

## Standard 115.34: Specialized training: Investigations

### 115.34 (a)

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

### 115.34 (b)

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

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. DOJ/OIG PREA Training
4. National Institute of Corrections (NIC): Investigating Sexual Abuse in a Confinement Setting
5. Memorandum of Understanding with the FBI
6. Letter from the FBI
7. Investigator Training Records

#### Interviews:

1. Interview with Investigative Staff

#### Findings (By Provision):

**115.34 (a):** P5324.12, page 28, and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigating Sexual Abuse in a Confinement Setting. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The PAQ indicated 253 facility and agency

staff complete investigations, including three facility staff at FCI Waseca. A review of documentation indicated that seventeen facility staff were documented with the NIC specialized investigator training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The interview with the investigator confirmed he received specialized training.

**115.34 (b):** P5324.12, page 28, and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigating Sexual Abuse in a Confinement Setting. A review of the training curriculums confirmed they included the following: 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 criminal prosecution. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The PAQ indicated 253 facility and agency staff complete investigations, including three facility staff at FCI Waseca. A review of documentation indicated that seventeen facility staff were documented with the NIC specialized investigator training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The interview with the investigator indicated he received the specialized training. He stated that the training covered Miranda and Garrity, how to deal with female offenders, how trauma affects inmates, how to deal with younger victims and how to conduct interviews. He confirmed all required topics were covered as required under this provision.

**115.34 (c):** The PAQ indicated 253 facility and agency staff complete investigations, including three facility staff at FCI Waseca. A review of documentation indicated that seventeen facility staff were documented with the NIC specialized investigator training. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34.

**115.34 (d):** The auditor is not required to audit this provision.

Based on a review of the PAQ, P5324.12, the DOJ/OIG PREA Training curriculum, the NIC training curriculum, the MOU with the FBI, the letter from the FBI, a review of investigator training records as well as the interview with the investigator, indicates that this standard appears to be compliant.

## Standard 115.35: Specialized training: Medical and mental health care

### 115.35 (a)

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

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

### 115.35 (b)

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

### 115.35 (c)

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

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire

2. P5324.12
3. P6031.04
4. PREA Medical and Mental Health Care: A Trauma Informed Approach
5. Forensic Medical Examinations: An Overview for Victim Advocates
6. Medical and Mental Health Staff Training Records

**Interviews:**

1. Interview with Medical and Mental Health Staff

**Findings (By Provision):**

**115.35 (a):** P5324.12, pages 28-29, requires that the Health Services Division or the Reentry Services Division ensure all medical and mental health care staff complete the required specialized training. The training consists of the PREA Resource Center (PRC) PREA Medical and Mental Health Care: A Trauma Informed Approach training as well as the Forensic Medical Examinations: An Overview for Victim Advocates training. Based on a review of the training modules, they include the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 23 medical and mental health staff and that 100% of these staff received the specialized training. A review of seven medical and mental health staff training records indicated that all seven had received the specialized training. Interviews with medical and mental health staff confirmed that they had received the PREA specialized training. Staff stated that the training covers how to identify inmates who are victim and how to respond to an allegation of sexual abuse. All staff confirmed that the required topics under this provision were discussed.

**115.35 (b):** This provision does not apply. Forensic exams are not conducted on-site by any of the facility's medical staff. P6031.04, page 4, specifically states that only in institutions where extreme security concerns exist may an in-house physician be used. Interviews with medical staff confirm that they do not perform forensic medical examinations and that inmates are transported to the local hospital.

**115.35 (c):** The PAQ indicated that documentation showing the completion of the training is maintained by the agency. A review of training documents indicated that a total of 23 facility staff had completed the specialized medical and mental health care training and it was documented by a sign-in sheet and in the electronic training system.

**115.35 (d):** BOP medical and mental health care staff are considered correctional workers. A review of seven medical and mental health care staff training documents indicated that 100% of those reviewed completed the Sexually Abusive Behavior Prevention and Intervention Program annual training.

Based on a review of the PAQ, P5324.12, P6031.04, the two training curriculums, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears to be compliant.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

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



#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective

determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Memorandum on Intake Screening Guidance
4. PREA Intake Objective Screening Instrument
5. Intake Screening Form
6. Inmate Assessment and Reassessment Documents

#### Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

#### Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of where Inmate Files are Located

#### Findings (By Provision):

**115.41 (a):** P5324.12, pages 29-32 describe the risk screening process. It indicates that inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates. P5324.12 further states that if an inmate is determined to be at risk of being sexually victimized by or being sexually abusive toward other inmates, they will be referred to Psychology Services for a reassessment. During the tour, the auditor observed the intake area. The risk screening is conducted in private offices. The interview with the staff responsible for the risk screening indicated that inmates are screened for their risk of victimization or abusiveness at intake. Interviews with 23 inmates that arrived within the previous twelve months confirmed that 21 remember being asked the risk screening questions.

**115.41 (b):** P5324.12, page 30, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates within 72 hours. The PAQ indicated that inmates are screened within this timeframe and that 352 inmates were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. The interview with the risk screening staff confirmed that inmates are screened for risk of sexual victimization or abusiveness within a few hours of arrival. Interviews with 23 inmates that arrived within the previous twelve months indicated that 21 remembered being asked the risk screening questions the first day or within the first few days. A review of 23 inmate records of those that arrived within the previous twelve months indicated that all 23 were screened within 72 hours.

**115.41 (c):** The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of the Intake Screening Form indicated that inmates are asked yes or no questions and a few of these questions are then utilized on the PREA Intake Objective Screening Instrument. The screening instrument includes sections that are determined based on the inmate's history (which can be found in his file).

**115.41 (d):** A review of the PREA Intake Objective Screening Instrument indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate was previously 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 is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming and whether the inmate is detained solely for civil immigration purposes. The Intake Form takes into consideration whether the inmate has previously experienced sexual victimization and the inmate's own perception of vulnerability. The Intake Form information is then transferred over to be included in the PREA Intake Objective Screening Instrument. The staff who perform the risk screening indicated that they utilize the screening form and that the form asks questions such as the inmate's sexual orientation, whether they have been sexually abused before, whether they have any abusive history and whether they have any disabilities. The staff member stated that they also review the inmate's file and look at prior criminal history and other personal information.

**115.41 (e):** A review of the PREA Intake Objective Screening Instrument confirms that the intake screening considers the following: prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility. Interviews with intake staff confirm that these criteria are considered and utilized to determine if the inmate is a potential predator and how to house accordingly. The staff who perform the risk screening indicated that they utilize the screening form and that the form asks questions such as the inmate's sexual orientation, whether they have been sexually abused before, whether they have any abusive history and whether they have any disabilities. The staff member stated that they also review the inmate's file and look at prior criminal history and other personal information.

**115.41 (f):** P5324.12, page 32 indicates that inmates would be reassessed for the inmate's risk of victimization or abusiveness within 30 days from their arrival by facility staff, ordinarily Psychology Services and Unit Management staff. The PAQ indicated that the facility requires inmates to be reassessed and that 332 inmates were reassessed within 30 days. This is equivalent to 100% of those inmates whose length of stay was for 30 days or more. The interview with the staff responsible for the risk screening indicated that inmates are reassessed within 28 days. Interviews with 23 inmates that arrived within the previous twelve months indicated that only eight remember a reassessment. A review of 23 inmate files indicated that 22 had a reassessment. The one that did not have a reassessment had arrived within the last 30 days and the reassessment was not yet due. It should be noted that reassessments do not consist of the full questionnaire. Inmates are asked if anything has changed from

when they arrived at their 28 day program review. This may account for the low number of inmates that remembered the reassessment.

**115.41 (g):** P5324.12, page 32, indicates that inmates would be reassessed for their risk of victimization or abusiveness when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on their risk of sexual victimization or abusiveness. This reassessment would be completed by Psychology Services staff. A review of the inmates who alleged sexual abuse indicated that none had a substantiated investigation and as such were not required to be reassessed. The interview with staff responsible for the risk screening indicated that they do an initial classification and then they would reassess them based on any new information. Interviews with 23 inmates that arrived within the previous twelve months indicated that only eight remember a reassessment. A review of 23 inmate files indicated that 22 had a reassessment. The one that did not have a reassessment had arrived within the last 30 days and the reassessment was not yet due. It should be noted that reassessments do not consist of the full questionnaire. Inmates are asked if anything has changed from when they arrived at their 28 day program review. This may account for the low number of inmates that remembered the reassessment.

**115.41 (h):** P5324.12, page 32, indicates that inmates would not be disciplined for refusing to answer the following questions during the risk screening: whether or not the inmate has a mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether or not the inmate previously experienced sexual victimization and the inmate's own perception of vulnerability. The PAQ indicated that inmates are not disciplined for refusing to answer. The interview with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening.

**115.41 (i):** P5324.12, page 32 as well as the PAQ indicated that the agency has implemented appropriate controls on the dissemination of the screening information to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Specifically, the policy states that information is disseminated on a need-to-know basis for staff. The interview with the PREA Coordinator indicated that the information obtained during the risk screening is limited to staff who have a need to know. The PCM stated that information is need-to-know and is limited to Unit Managers, Health Services staff and Psychology Services staff. The staff responsible for the risk screening stated information is kept in a file in the inmate's central file and that Unit Team and Psychology Services have access.

Based on a review of the PAQ, P5324.12, the Intake Screening Form, the PREA Intake Objective Screening Instrument, the Memo on Intake Screening Guidance, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard appears to be compliant.

## Standard 115.42: Use of screening information

### 115.42 (a)

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

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

## 115.42 (g)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. List of Inmates at Risk of Sexual Victimization or Sexual Abusiveness
4. Sample of Housing Determination Documents
5. Sample of Transgender/Intersex Reassessments
6. Inmate Housing Assignments/Logs

### Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Transgender/Intersex Inmates
5. Interview with Gay, Lesbian and Bisexual Inmates

### Site Review Observations:

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

### Findings (By Provision):

**115.42 (a):** P5324.12, page 33, indicates that the agency uses the information from the risk screening to recommend housing, bed, work, education and program assignments with the goal of keeping separate inmates at high risk of being sexual abused from those at high risk of being sexually abusive. The memo from the Warden states that the PCM, Unit Managers, the Chief of Correctional Services, the Chief of Psychology and the Health Service Administrator consult on a case-by-case basis to ensure inmates at risk of victimization are kept separate from those likely to be sexually abusive. The interview with the PREA Compliance Manager indicated that the information it utilized to determine security, custody and management levels and that it is utilized to house inmates appropriately. The PCM stated that they would

not place an inmate at high risk of victimization on a range with an inmate at high risk of abusiveness. The interview with the staff responsible for the risk screening indicate that information is utilized to make case-by-case determinations. The staff member stated that they utilized it to make sure at risk inmates are not housed with problematic inmates. He stated that high risk inmates would initially be placed near the officer's view and would also be placed in a work detail somewhere with higher visibility. A review of housing documents confirmed that information from the risk screening is utilized to house inmates appropriately. The one inmate identified as being at high risk of victimization was not housed with the one inmate who was identified as being at high risk of being sexually abusive.

**115.42 (b):** P5324.12, page 33 and the PAQ indicated that the agency makes individualized determinations about how to ensure the safety of each inmate. The interview with the staff responsible for the risk screening indicate that information is utilized to make case-by-case determinations. The staff member stated that they utilized it to make sure at risk inmates are not housed with problematic inmates. He stated that high risk inmates would initially be placed near the officer's view and would also be placed in a work detail somewhere with higher visibility.

**115.42 (c):** The PAQ stated that the agency/facility makes housing and programming assignments for transgender or intersex inmates in the facility on a case-by-case basis. P5324.12, page 33, indicates that housing and program assignments for transgender and intersex inmates are considered on a case-by-case basis to ensure the inmate's health and safety, and whether the placement would present management or security problems. All transgender and intersex inmate housing determinations are made at the Designation and Sentence Computation Center with the Transgender Executive Council (TEC). The TEC reviews each transgender or intersex inmate and clears the inmate for designation to the approved facility. The agency as a whole, houses over 1000 inmates who identify as transgender. A review of a sample of ten percent of those inmate's housing determinations indicated that all had a review by the TEC designating a male or female facility. An additional review of four transgender inmates at FCI Waseca indicated that two were reviewed by the TEC. One inmate had just identified in 2021 and had not yet been reviewed and the other had not requested a male facility and had not been transferred to another facility since identification. Inmates who identify as transgender are reviewed by TEC upon transfer to another facility after their initial identification. The interview with the PCM indicated that the agency's male and female housing unit determinations are completed by TEC. He stated that facility housing determinations are reviewed as per policy to ensure a safe environment for all inmates. The interviews with four transgender inmates indicated that none were asked about their safety. All four stated they did not feel like they were placed in a housing unit solely for inmates who identify as LGBTI.

**115.42 (d):** P5324.12, page 33, indicates that housing and program assignments for transgender and intersex inmates are reassessed at least twice each year to review any threats to the inmate's safety. The agency as a whole, houses over 1000 inmates who identify as transgender while FCI Waseca houses 24 inmates who identify as transgender. A review of eight transgender inmate files across the agency indicated that all eight had received biannual assessments in 2020 and seven had biannual assessments in 2019. An additional review of four transgender inmate files at FCI Waseca indicated that three of the four had biannual reviews completed in 2020. One inmate only had one review completed as he had recently identified in late 2020. Interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates are reassessed at least twice a year.

**115.42 (e):** P5324.12, page 33, indicates that the transgender or intersex inmate's own views with respect to his or her safety is given serious consideration. The interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates' views with respect to their safety are given serious consideration. The interviews with four transgender inmates indicated that none were asked about how they felt about their safety.



**115.42 (f):** P5324.12, page 33, indicates that transgender and intersex inmates are given the opportunity to shower separately. During the tour it was confirmed that all inmates are provided privacy while showering. All showers are single person and have a curtain for privacy. The interviews with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are able to shower separately. The PCM stated that all showers are single person and have a curtain for privacy. The interviews with four transgender inmates indicated that all four are afforded the opportunity to shower separately from the rest of the inmate population.

**115.42 (g):** P5324.12, page 33 states that inmates are not placed in one dorm, unit or facility based on their sexual preference or gender identity. The interviews with the PC and PCM confirmed that LGBTI inmates are not placed in one specific dorm, unit or facility. Interviews with five LGBTI inmates indicated that all five did not feel they were placed in any specific dorm, unit or facility based on their sexual preference and/or gender identity. The facility does not have a tracking mechanism for LGB inmates, as such the auditor reviewed housing assignments for the 24 transgender inmates and the one identified LGB inmate and confirmed that all inmates were housed across the facility in numerous different units.

Based on a review of the PAQ, P5324.12, a list of inmates at risk of sexual abusiveness and sexual victimization, a review of inmate housing assignments, a review of transgender and intersex inmate assessments and information from interviews with the PC, PCM, staff responsible for conducting the risk screening and LGBTI inmates, indicates that this standard appears to be compliant

**Recommendation:**

While the facility complies with this standard based on the facility tour, interviews with staff and inmates and a review of documentation the auditor recommends that when conducting biannual transgender reviews staff emphasize their questions related to how the inmates feel about their safety.

## Standard 115.43: Protective Custody

### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

### 115.43 (b)

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

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. Inmates at High Risk of Victimization Housing Assignments

**Interviews:**

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing

**Site Review Observations:**

1. Observations in the Special Housing Unit

**Findings (By Provision):**

**115.43 (a):** P5324.12, page 33, indicate that the agency does not place inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and no alternative is available to separate the inmate from likely abusers. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden confirmed that inmates at high risk for sexual victimization would not be involuntarily segregated unless there were no other alternatives. A review of housing assignment for the inmate at risk of sexual victimization confirmed that she was not placed in involuntary segregated housing due to her risk of victimization.

**115.43 (b):** P5324.12, page 34, indicates that if an inmate was placed in segregation that they would have access to programs, privileges, education and work opportunities to the extent possible and all limitations would be documented with indication of the reason and length of time of limitation. The policy indicates that the Chief of Correctional Services is responsible for documenting any such limitations, duration and rationale. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the staff who supervise inmates in segregated housing indicate that inmates would have access to programs, privileges, education and work opportunities to the extent possible. The staff member confirmed that any limitations would be documented. During the tour the auditor did not identify any inmates at risk of victimization that were placed in the segregated housing unit.

**115.43 (c):** P5324.12, page 34, indicates that if an inmate was placed in segregation due to risk of victimization they would only be placed until an alternative means of separation from likely abusers could be arranged, and such assignment would not ordinarily exceed 30 days. The policy indicates that the Warden would review, complete and sign BP-A1002 form and place a copy in the inmate's central file. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. She stated that the inmate would remain for the minimum time necessary to resolve the issue. The interview with the staff who supervise inmates in segregated housing confirmed that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. The staff member stated that inmates would typically not be involuntarily segregated for longer than 30 days. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

**115.43 (d):** P5324.12, pages 34-35, indicates that if an involuntary segregated housing assignment is made that the facility will clearly document the basis for the concern for the inmate's safety and the reasons that no alternatives means of separation can be arranged. Additionally, policy indicates that the

inmate will receive mental health services at least every 30 days. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization.

**115.43 (e):** P5324.12, page 35 and the PAQ indicate that if an inmate was placed in segregation due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. Specifically, policy indicates that inmates would be reviewed weekly at the Special Housing Unit Meeting. The interview with the staff who supervise inmates in segregated housing indicated that inmates would be reviewed at least every 30 days for their continued need for placement in segregated housing. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

Based on a review of the PAQ, P5324.12, high risk inmate housing assignments, observations from the facility tour related to segregation areas as well as information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates that this standard appears to be compliant.

## REPORTING

### Standard 115.51: Inmate reporting

#### 115.51 (a)

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

#### 115.51 (b)

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

### 115.51 (c)

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

### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. P3420.11
4. Sexually Abusive Behavior Prevention and Intervention Program
5. Inmate Admission and Orientation Handbook
6. PREA Posters

### Interviews:

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

### Site Review Observations:

1. Observation of PREA Reporting Information in all Housings Units

### Findings (By Provision):

**115.51 (a):** P5324.12, page 35, indicates that the agency provides multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the Sexually Abusive Behavior Prevention and Intervention Program inmate education, the inmate handbook and PREA signage, indicated that there are multiple ways for inmates to report. These methods include: to any employee, contractor or volunteer; via a “drop-note” or other written communication; via a grievance (administrative remedy); to the OIG either via the inmate’s personal email or via a written letter. Additionally, inmate can report via third party. The third party can call, write or email. They are also able to voice a concern on the agency

website at: <https://www.bop.gov/inmates/concerns.jsp>. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units. Interviews with 30 inmates confirm that all 30 were aware of at least one method to report sexual abuse and sexual harassment. Most inmates indicated that they would tell a staff member, report through the computer (copout or email) or use the phone. Interviews with twelve random staff confirm that they take allegations seriously and that inmates have multiple ways (verbal, written, electronic, anonymous and third party) to report sexual abuse and sexual harassment. Most staff stated inmates can report verbally, through the computer or on the PREA phone in Psychology Services.

**115.51 (b):** The PAQ stated that the agency provides at least one way for inmates to report sexual abuse to a public or private entity or office that is not part of the agency. P5324.12, page 35, indicates that the agency has a way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that the entity can immediately forward the information to agency officials. Inmates can report to the OIG via their personal email or via a written letter. Additionally, third parties can contact the OIG on behalf of the inmate. A review of the Sexually Abusive Behavior Prevention and Intervention Program as well as the PREA posters confirmed that inmates are informed they can write to the OIG via the provided mailing address and it also advises that they (the inmate) can email the OIG. The Sexually Abusive Behavior Prevention and Intervention Program advises the inmates that the email is untraceable and that they (the inmate) can remain anonymous to the BOP, though they must request it in the email. The auditor sent a letter from a BOP facility to the OIG address located on the PREA posters in order to test the outside reporting mechanism. The auditor was forwarded information from the Management Analyst confirming the letter was received by the OIG. All inmates also have access to the computer system. Inmates can send a confidential email directly to the Office of the Inspector General. The auditor had an inmate send an email to the OIG while on-site at a BOP facility to test the second OIG contact method. The auditor was forwarded a copy of the email from the facility investigator after it was forwarded to him from the OIG. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units, including the OIG information. The interview with the PCM indicated that inmates can report to the OIG. He stated that the OIG will forward the information to OIA who will determine if they will investigate or have the facility staff investigate. Interviews with 30 inmates indicated that ten were aware of the outside reporting entity and sixteen were aware they could anonymously report.

**115.51 (c):** P5324.12, page 35, notes that staff are required to accept all reports made verbally, in writing, anonymously and from a third party and will promptly document any verbal reports. Interviews with 30 inmates indicate that 28 knew they could verbally report to a staff member and 24 knew they could report through a third party. Interviews with twelve staff indicate that they accept all allegations of sexual abuse and sexual harassment and they immediately report any allegation to the Operations Lieutenant. Staff stated they would document verbal allegations in a written report as soon as possible.

**115.51 (d):** P5324.12, pages 35-36, describes that the agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ and policy indicates staff can privately report to the Office of the Inspector General, Office of Internal Affairs or any supervisory staff. Additionally, staff are informed of the way to report via BOP PREA Notices and via P3420.11. Interviews with twelve staff confirm that all twelve were aware that they could privately report sexual abuse and sexual harassment of an inmate. Most staff stated they would call or email a supervisor or they would report to the Warden.

Based on a review of the PAQ, P5324.12, P3420.11, the Sexually Abusive Behavior Prevention and Intervention Program, the inmate handbook, PREA signage, observations from the facility tour related to PREA posted information and interviews with the PCM, random inmates and random staff, this standard appears to be compliant.

## Recommendation

While inmates are informed of the outside reporting mechanism via the inmate handbook, during the Sexually Abusive Prevention and Intervention Program portion of A&O and through signage posted throughout the facility the auditor highly recommends that the information be emphasized during A&O and during program reviews. During inmate interviews, only ten inmates indicated they were aware that the OIG was the outside reporting entity.

## Standard 115.52: Exhaustion of administrative remedies

### 115.52 (a)

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

### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (d)

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

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes    No    NA

### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes    No    NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  
 Yes    No    NA

### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes    No    NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA



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

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. P1330.18
3. Sexually Abusive Behavior Prevention and Intervention Program
4. Grievance Log and Sample Grievances

### Interviews:

1. Inmates who Reported Sexual Abuse

### Findings (By Provision):

**115.52 (a):** P1330.18 is the policy related to inmate grievances/administrative remedies. The PAQ indicated that the agency is not exempt from this standard.

**115.52 (b):** P1330.18 describes the grievance process for allegations of sexual abuse and sexual harassment. Specially, page 4 indicates that the agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Page 4 also discusses that the agency does not require an inmate to use the informal grievance process, or attempt to resolve with staff, an alleged incident of sexual abuse. A review of the Sexually Abusive Behavior Prevention and Intervention Program education indicated that page 3 discusses administrative remedy procedures. The PAQ indicated that the agency has a policy that allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident alleged to have occurred. Additionally, it states that the policy does not require an inmate to use an informal grievance process.

**115.52 (c):** P1330.18 outlines the grievance process for allegations of sexual abuse and sexual harassment. Pages 6 and 14 specifically state that the inmate may submit a grievance without submitting it to the staff member who is the subject of the complaint and grievances will not be referred to staff

members who are the subject of the complaint. A review of the Sexually Abusive Behavior Prevention and Intervention Program education indicated that page 3 discusses administrative remedy procedures.

**115.52 (d):** P1330.18, page 14, section d, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, that the agency would issue a final decision on grievances related to sexual abuse within 90 days of the initial filing. The 90 days does not include the time used by the inmate to prepare any administrative appeal. The agency may claim an extension up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The inmate must be notified in writing of the extension and provide a date by which the decision will be made. The policy also indicates that if the inmate does not receive a response within the allotted timeframe, the inmate will consider the absence of a response to be a denial. The PAQ indicated that there were zero grievances of sexual abuse filed in the previous twelve months. A review of the grievance log and a sample of five grievances indicated there were no sexual abuse allegations reported via a grievance. The interviews with inmates who reported sexual abuse indicated that neither had reported via a grievance. One inmate stated she was told about the outcome of the investigation and one stated she didn't know she was supposed to be told.

**115.52 (e):** P1330.18, page 14, section e, outlines the grievance process for third party allegations of sexual abuse and sexual harassment. Specially, that third parties are permitted to assist inmates in filing request for administrative remedies for sexual abuse and are permitted to file such request on behalf of the inmate. In addition, it states that if a third-party files a report on behalf of an inmate that the agency may require the alleged victim to agree with the request prior to filing and if the inmate declines will require the inmate to complete a sworn affidavit stating he does not want the grievance to proceed. The PAQ indicated that there have not been any third-party grievances filed in the previous twelve months. A review of the grievance log and a sample of five grievances indicated there were no sexual abuse allegations reported via a grievance.

**115.52 (f):** P1330.18, page 14, section f, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency provides inmates the opportunity to file an emergency grievance alleging substantial risk of imminent sexual abuse and the grievance will be addressed immediately. The policy indicates that that an initial response will be provided within 48 hours and that a final decision will be provided within five calendar days. The final decision will 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. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the grievance log and a sample of five grievances indicated there were no sexual abuse allegations reported via a grievance.

**115.52 (g):** P1330.18, page 16, indicates that inmates may be disciplined for filing a grievance in bad faith. The PAQ indicated that no inmates have been disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, P1330.18, the Sexually Abusive Behavior Prevention and Intervention Program, the grievance log, sample grievances and the interviews with inmates who reported sexual abuse, this standard appears to be compliant.

## **Standard 115.53: Inmate access to outside confidential support services**

### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Sexually Abusive Behavior Prevention and Intervention Program
4. Inmate Admission and Orientation Handbook
5. Zero-Tolerance Policy Poster
6. Memorandum of Understanding with the Committee Against Domestic Abuse (CADA) – Waseca County

**Interviews:**

1. Interview with Random Inmates
2. Interview with Inmates who Reported Sexual Abuse

**Site Review Observations:**

1. Observations of Victim Advocacy Information

**Findings (By Provision):**

**115.53 (a):** P5324.12, page 36 indicates that the agency provides access to outside victim advocates for emotional support related to sexual abuse by giving inmates mailing addresses and telephone numbers to victim advocates or rape crisis organizations and enables reasonable communication in as confidential manner as possible. The PAQ indicated that inmates were provided mailing addresses and phone numbers and that they enabled reasonable communication with these services in as confidential a manner as possible. The MOU with CADA states that they will provide the BOP with contact information for the inmate population so that inmates may contact CADA if they wish to receive support or advocacy services. The inmate handbook, page 26 indicates that advocacy services for inmates who have been sexually abused are available through CADA. It states that inmates can contact CADA by writing a letter to PO Box 466, Mankato, MN 56002 or by calling 1-800-477-0466. The handbook indicates that the telephone number cannot be dialed on the inmate telephone system lines. However, it states that if inmates desire to make a confidential telephone call to a Rape Crisis Counselor from CADA, it may be requested through any staff member. It further states that staff will facilitate a telephone call which is visually monitored, but is not listened to or recorded, to afford confidential access to advocacy and counseling services. Additionally the Sexually Abusive Behavior Prevention and Intervention Program explains that an MOU may exist and that a phone number and other contact information can be obtained through Psychological Services. During the tour the auditor observed that zero-tolerance policy flyers, which contains the victim advocacy information, were posted in some of the housing units. The auditor tested the advocacy phone that was located in Psychology Services. The phone is a direct line to CADA. The auditor confirmed that the phone is accessible to the inmate population between the hours of 8:00am-7:00pm. The auditor spoke to a staff member at CADA and confirmed the line was utilized to provide inmates at FCI Waseca advocacy services. Interviews with 30 inmates indicated that only nine were familiar with outside advocacy information. The interviews with inmates who reported sexual abuse indicated that one was provided the information but she threw it away and the other was not provided any mailing addresses or telephone numbers. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply. The interview the Executive Director of CADA indicated that they currently provide services to the facility through a Memorandum of Understanding (MOU) which was executed in 2018. He indicated that they provide inmates with sexual violence advocacy services.

**115.53 (b):** P5324.12, page 36, indicates that prior to giving inmates access to outside support services that they are informed of the extent which communication will be monitored as well as any mandatory reporting rules and limits to confidentially. Policy indicates that confidential is not the same as privileged communication and as such communication is monitored consistent with security practices. The inmate handbook, page 26 indicates that advocacy services for inmates who have been sexually abused are available through CADA. It states that inmates can contact CADA by writing a letter to PO Box 466, Mankato, MN 56002 or by calling 1-800-477-0466. The handbook indicates that the telephone number cannot be dialed on the inmate telephone system lines. However, it states that if inmates desire to make a confidential telephone call to a Rape Crisis Counselor from CADA, it may be requested through any staff member. It further states that staff will facilitate a telephone call which is visually monitored, but is not listened to or recorded, to afford confidential access to advocacy and counseling services. Additionally the Sexually Abusive Behavior Prevention and Intervention Program explains that an MOU may exist and that a phone number and other contact information can be obtained through Psychological

Services. During the tour the auditor observed that zero-tolerance policy flyers, which contains the victim advocacy information, were posted in some of the housing units. The auditor tested the advocacy phone that was located in Psychology Services. The phone is a direct line to CADA. The auditor confirmed that the phone is accessible to the inmate population between the hours of 8:00am-7:00pm. The auditor spoke to a staff member at CADA and confirmed the line was utilized to provide inmates at FCI Waseca advocacy services. Interviews with 30 inmates indicated that only nine were familiar with outside advocacy information. The interviews with inmates who reported sexual abuse indicated that one was provided the information but she threw it away and the other was not provided any mailing addresses or telephone numbers. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply. The interview the Executive Director of CADA indicated that they currently provide services to the facility through a Memorandum of Understanding (MOU) which was executed in 2018. He indicated that they provide inmates with sexual violence advocacy services.

**115.53 (c):** The PAQ stated that the agency or facility maintains a memorandum of understanding or other agreement with a community service provider that is able to provide inmates with emotional support services related to sexual abuse. A review of documentation confirms that the facility has an MOU with CADA. This organization is the local rape crisis center for the area. The MOU was signed October 12, 2018. The facility maintains copies of the MOU.

Based on a review of the PAQ, P5324.12, the Sexually Abusive Behavior Prevention and Intervention Program, the MOU with CADA, the inmate handbook, the zero-tolerance policy flyer and interviews with random inmates, inmates who reported sexual abuse and the staff member from CADA, this standard appears be compliant.

**Recommendation:**

While the facility complies with this standard based on the tour, interviews and documentation review, the auditor recommends that the facility emphasize the victim advocacy information during A&O, program reviews the risk screenings. Only nine inmates advised during the interviews that they were aware of the victim advocacy information. The auditor observed the information was posted in some areas of the facility and the information was located in numerous inmate documents and as such the inmates are being provided the appropriate information in numerous formats.

## Standard 115.54: Third-party reporting

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
  
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

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

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

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

**Documents:**

1. Pre-Audit Questionnaire

**Findings (By Provision):**

**115.54 (a):** The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. A review of the agency's website confirms that third parties can report on behalf of an inmate via the "voice your inmate concern" form located at <https://www.bop.gov/inmates/concerns.jsp>. Additionally, the website states that third parties can report incidents of sexual abuse by sending information to the National PREA Coordinator (for inmate-on-inmate) or the Office of Internal Affairs (for staff-on-inmate). Addresses are included on the website for both of these offices.

Based on a review of the PAQ and the agency's website this standard appears to be compliant.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

#### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.61 (b)

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

### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  
 Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

### 115.61 (d)

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

### 115.61 (e)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports

### Interviews:

1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Coordinator

### Findings (By Provision):

**115.61 (a):** P5324.12, pages 37-38, outline the staff and agency reporting duties. Specifically, it requires all staff to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation against any inmate or staff that reported such incidents and any staff neglect or violation of responsibility that may have contributed to an incident to the Operations Lieutenant. Staff are required to provide a written follow-up memo to the Lieutenant. The Lieutenant is then required to notify the PREA Compliance Manager. The allegation is then entered into the Bureau's intelligence database. The PAQ along with interviews with twelve staff confirm that they take all allegations seriously and that they know they are required to report any knowledge, suspicion or information regarding an incident of

sexual abuse and sexual harassment to their supervisor. Interviews also confirmed they would report retaliation or any staff neglect related to these incident types.

**115.61 (b):** P5324.12, page 38, describes that information is on a need to know basis and that information is only utilized for the inmate's welfare and the investigation of the incident. The PAQ along interviews with twelve staff confirm that they take all allegations seriously and that they know they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment to their supervisor.

**115.61 (c):** P5324.12, page 38, indicates that medical and mental health staff are required to report sexual abuse as described in section (a) and that they are required to inform inmates of their duty to report and limits to confidentiality at the initiation of services. Interviews with medical and mental health care staff confirm that they would immediately report any allegation of sexual abuse that occurred within a confinement setting. Medical and mental health care staff indicated that they inform inmates of their limitations of confidentiality and their duty to report.

**115.61 (d):** P5324.12, page 38, indicates that any alleged victims under the age of eighteen or considered to be a vulnerable adult would require the agency to report the allegation to the designated State or local service under applicable mandatory reporting laws. The interview with the PREA Coordinator indicated that if this were to occur that they would report to the appropriate state or local agencies under mandatory reporting laws. The Warden stated that they would report allegations based on mandatory reporting laws.

**115.61 (e):** P5324.12, page 38, indicates that all allegations of sexual abuse and sexual harassment, including third party and anonymous reports would be reported to the facility's designated investigators. The interview with the Warden confirmed that all allegations are reported to the facility investigator through the Associate Warden. A review of investigative reports indicate that all allegations were reported to SIS and two were referred to OIA.

Based on a review of the PAQ, P5324.12, investigative report and information from interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden indicates that this standard appears to be compliant.

## Standard 115.62: Agency protection duties

### 115.62 (a)

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

### Auditor Overall Compliance Determination

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



**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12

**Interviews:**

1. Interview with the Agency Head
2. Interview with the Warden
3. Interview with Random Staff

**Findings (By Provision):**

**115.62 (a):** P5324.12, pages 38-39, indicate that when the agency learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The policy indicates that the Operations Lieutenant will be notified and he/she will take immediate action to safeguard the inmate. This may include monitoring the situation, changes in housing assignments, changes in work assignments, placing the alleged victim and perpetrator in special housing, reassignment of staff member to another post or removal of the staff member from the facility. The PAQ noted that there were no inmates who were determined to be at risk of imminent sexual abuse. The interview with the Agency Head indicated that any inmate at risk would be immediately safeguarded from the potential danger. He stated that actions would vary depending on the severity of the threat. If the possible threat is by another inmate, the inmate may have a change in housing assignment, work assignment, or possibly placement in the SHU. If the possible threat is from a staff member, other options exist in addition to changing the staff member's work assignment or removal from the facility while the investigation is conducted. The Warden indicated that if an inmate was an imminent risk they would safeguard the inmate and Unit Team would review the inmate's housing and programming placement. All twelve random staff stated if an inmate was an imminent risk of sexual abuse they would safeguard/separate the inmate and immediately notify the Operations Lieutenant.

Based on a review of the PAQ, P5324.12 and interviews with the Agency Head, Warden and random staff indicate that this standard appears to be compliant.

**Standard 115.63: Reporting to other confinement facilities****115.63 (a)**

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

**115.63 (b)**

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

**115.63 (c)**

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

**115.63 (d)**

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Notification Letter
4. Investigative Reports

### Interviews:

1. Interview with the Agency Head
2. Interview with the Warden

### Findings (By Provision):

**115.63 (a):** P5324.12, pages 39-40, describe the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden will notify the appropriate staff (Warden/Office of Internal Affairs) within the agency or the appropriate office if it is outside of the agency. The PAQ indicated that during the previous twelve months, the facility had one inmate report that they were abused while confined at another facility. A review of documentation indicated there was one allegation that was located by a staff member when reviewing mail. The documentation confirmed that the FCI Waseca Warden provided a letter to the Warden at FCI Tallahassee related to the allegation.

**115.63 (b):** P5324.12, page 40, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the notification will be made as soon as possible, but not later than 72 hours after receiving the allegation. The PAQ indicated that during the previous twelve months, the facility had one inmate report that they were abused while confined at another facility. A review of documentation indicated there was one allegation that was located by a staff member when reviewing mail. The documentation confirmed that the FCI Waseca Warden provided a letter to the Warden at FCI Tallahassee related to the allegation. The allegation was found on October 22, 2020 and the notification was sent to FCI Tallahassee on the same day (October 22, 2020).

**115.63 (c):** P5324.12, page 40, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the required notification will be documented. The PAQ indicated the agency documents the notifications. A review of documentation indicated there was one allegation that was located by a staff member when reviewing mail. The documentation confirmed that the FCI Waseca Warden provided a letter to the Warden at FCI Tallahassee related to the allegation.

**115.63 (d):** P5324.12, page 40, indicates that the facility head or agency head that receives notification that an inmate alleges they were sexually abused shall ensure that the allegation is investigated in accordance with these standards. The PAQ indicated that during the previous twelve months, the facility had not had any allegations reported to them from another facility. A review of investigative reports confirmed all three of the sexual abuse allegations were reported at FCI Waseca. The interviews with the Agency Head and Warden confirmed that any allegation received from another facility/agency would be investigated.

Based on a review of the PAQ, P5324.12, the notification letter, a review of investigations and interviews with the Agency Head and Warden, this standard appears to be compliant.

## Standard 115.64: Staff first responder duties

### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

### 115.64 (b)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports

**Interviews:**

1. Interview with First Responders
2. Interviews with Random Staff

**Findings (By Provision):**

**115.64 (a).** P5324.12, page 40, describes staff first responder duties. Specifically, it requires that upon learning that an inmate was sexually abused, the first security staff member will: separate the alleged victim and the alleged perpetrator, preserve and protect any crime scene until evidence can be collected and if the abuse occurred within a time period that still allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The PAQ indicated that during the previous twelve months, there were four allegation of sexual abuse and none involved the immediate separation of inmates nor did any involve evidence collection. A review of investigations indicated there were actually three allegations, as one allegation did not rise to the level of PREA. None of the three involved the immediate separation of the victim from the alleged abuser and none occurred within a time period to collect any physical evidence. The custody first responder indicated that he would separate the inmates, safeguard the victim, notify the Operations Lieutenant, preserve any evidence and ensure the inmate victim is assessed by medical. The interviews with the two inmates who reported sexual abuse indicated that one inmate had the alleged perpetrator immediately moved from the housing unit while the other stated she didn't report the allegation someone else did and she denied it occurred.

**115.64 (b):** P5324.12, page 40, describe staff first responder duties. Specifically, it requires if the first responder is not a security staff member, the responder shall advise the alleged victim and ensure the alleged perpetrator not take any action to destroy physical evidence, if it occurred within a time period that still allows for the collection of physical evidence. Additionally, policy indicates that the first responder must preserve the crime scene for SIS. The PAQ indicated that during the previous twelve months, there were four allegation of sexual abuse and none involved the immediate separation of inmates nor did any involve evidence collection. A review of investigations indicated there were actually three allegations, as one allegation did not rise to the level of PREA. None of the three involved the separation of the victim from the alleged abuser and none occurred within a time period to collect any physical evidence. The custody first responder indicated that he would separate the inmates, safeguard the victim, notify the Operations Lieutenant, preserve any evidence and ensure the inmate victim is assessed by medical. The non-custody first responder stated that she would make sure the inmate is safe and then contact custody staff. The interviews with the twelve random staff indicated they would safeguard the inmate and contact their supervisor.

Based on a review of the PAQ, P5324.12, investigative reports and interviews with random staff, first responders and inmates who reported sexual abuse, this standard appears to be compliant.

## Standard 115.65: Coordinated response

### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. WAS-5324.12d

#### Interviews:

1. Interview with the Warden

#### Findings (By Provision):

**115.65 (a):** The PAQ as well as P5324.12, page 40, indicated that the facility has a written plan that coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health staff, investigators and facility leaders. A review of WAS-5324.12d showed that all areas are accounted for in the plan. Sections include actions and responsibilities required for each area. The Warden confirmed that the facility has a plan and that it includes all the required components.

Based on a review of the PAQ, P5324.12, WAS-5324.12d and the interview with the Warden, this standard appears to be compliant.

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

### 115.66 (a)

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

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. Council of Prison Locals – American Federation of Government Employees Master Agreement

#### Interviews:

1. Interview with the Agency Head

#### Findings (By Provision):

**115.66 (a):** The PAQ indicated that the agency has entered into or renewed a collective bargaining agreement since August 20, 2012. Page 70 of the Master Agreement indicates that the employer may reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter. The interview with the Agency Head confirmed that the agency has a collective bargaining agreement, however article 30g of the Master Agreement permits the agency to remove an employee from the institution when an allegation adversely affects the agency's confidence in the employee or the security of the institution.

**115.66 (b):** The PAQ indicated that the agency has entered into or renewed a collective bargaining agreement since August 20, 2012. Page 70 of the Master Agreement indicates that the employer may reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter.

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

### Standard 115.67: Agency protection against retaliation

#### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

### 115.67 (b)

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

### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports
4. Monitoring Documents

#### Interviews:

1. Interview with the Agency Head
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse

#### Findings (By Provision):

**115.67 (a):** P5324.12, pages 42-43, outline the agency's method for protection against retaliation. It addresses that the agency will protect all inmates and staff who report sexual abuse and sexual harassment from retaliation by other inmates and staff and has designated staff responsible for monitoring. The PAQ indicated that the facility has a policy and that the PREA Compliance Manager is responsible for monitoring for retaliation. WAS-5324.12d, page 3 states that the institution PREA Compliance Manager will monitor inmates who reported sexual abuse allegations to protect them from retaliation for 90 days.

**115.67 (b):** P5324.12, page 42, addresses the multiple measures that the facility will take to protect inmates and staff. These measures include housing changes or transfers for inmate victims, removal of the alleged staff abuser from contact with the victim and emotional support services for inmates or staff who fear retaliation for reporting. A review of investigative reports and monitoring documents indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Interviews with the



Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The interview with the Agency Head indicated that the PCM would monitor the inmate and monitoring would include housing and cell assignments, work assignments, programming changes and disciplinary action. The Agency Head indicated for staff it could include reassignment of work posts, performance evaluations and shift changes. The Warden stated that the Associate Warden reviews the inmate or staff member. She stated that checks include disciplinary histories, changes in work, program and housing assignments and any reports to staff. The Warden stated that protective measures would be taken and could include a change in housing assignment, a transfer to another unit or removing the staff member from contact with the inmate. The interview with staff responsible for monitoring indicated his role in monitoring for retaliation is through reviewing inmates and staff and educating staff on the appropriate protocols. He stated that he monitors inmates housing, job and programming assignments and he also reviews any incident reports or disciplinary reports. The risk screening staff stated that protective measures could include safeguarding the inmate victim, placing the perpetrator in segregated housing, changing an inmate's housing assignment, transferring an inmate from the facility and/or removing staff from contact with inmates. Both inmates who reported sexual abuse stated they felt protected against retaliation because they had no issues after the allegation. No inmates were identified to be in segregated housing for risk of victimization and as such no interviews were conducted.

**115.67 (c):** P5324.12, page 43, addresses that the facility will monitor the inmate for at least 90 days following a report of sexual abuse and will monitor the conduct and treatment of the inmate or staff to see if there are any changes that may suggest possible retaliation and will act promptly to remedy any retaliation. The policy requires that the process include monitoring any inmate disciplinary reports, housing or program changes or any negative performance reviews or reassignments of staff. The policy indicates that monitoring can extend beyond 90 days if the initial monitoring indicates a need to continue. The policy states that the PREA Compliance Manager is responsible for monitoring. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. The interview with the Warden indicated that in the event of retaliation an investigation would be initiated and discipline would ensue if appropriate. The interview with the staff member responsible for monitoring retaliation indicated that he monitors for a minimum of 90 days, with no maximum timeframe set. He stated he would review any changes to housing, work and programming assignments as well as review any disciplinary reports. He stated he conducted period status checks via mainline. A review of investigative reports indicated that one allegation required monitoring (two investigations were still open and one did not rise to the level of PREA). The monitoring was completed with reviews and status checks documented around the 30 day time mark, 60 day time mark and 90 day time mark.

**115.67 (d):** P5324.12, page 43, states that the facility will monitor the inmate and such monitoring includes periodic status checks. The interview with the staff member responsible for monitoring retaliation indicated that he conducted period status checks via mainline. A review of investigative reports indicated that one allegation required monitoring (two investigations were still open and one did not rise to the level of PREA). The monitoring was completed with reviews and status checks documented around the 30 day time mark, 60 day time mark and 90 day time mark.

**115.67 (e):** P5324.12, page 43, states if any other individual who cooperates with an investigation expresses fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The interview with the Agency Head indicated that If an inmate or staff member who cooperated with an investigation expresses a fear of retaliation, that individual will be monitored in the same manner as the individual who reported the allegation and will be protected against such retaliation. This protection can take the form of changing housing or work assignments, transfers, changing work supervisors, or other actions that prevent retaliation. The interview with the Warden indicated that the

Associate Warden would review the inmate or staff member. She stated that the Associate Warden would review the inmate's disciplinary history, changes in work, program and housing assignments and any reports to staff. The Warden stated that protective measures would be taken and could include a change in housing assignment, a transfer to another unit or removing the staff member from contact with the inmate. She stated that in the event of retaliation an investigation would be initiated and discipline would ensue if appropriate.

**115.67 (f):** Auditor not required to audit this provision.

Based on a review of the PAQ, P5324.12, investigative reports, monitoring documents and interviews with the Agency Head, Warden and staff charged with monitoring for retaliation, this standard appears to be compliant.

## Standard 115.68: Post-allegation protective custody

### 115.68 (a)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

- Pre-Audit Questionnaire
- P5324.12
- BP-A1002: Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegations Form

#### Interviews:

- Interview with the Warden
- Interview with Staff who Supervise Inmates in Segregated Housing

#### Site Review Observations:

- Observations of the Special Housing Unit

#### Findings (By Provision):

**115.68 (a):** P5324.12, page 43, indicates any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse will be subject to the requirements of 115.43. Pages 33-34 of P5324.12 reference the requirements under 115.43 in policy. The PAQ indicated that no inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. During the tour, it was observed that there were no inmates placed in segregation due to a PREA allegation. A review of housing documents for the three inmate who reported sexual abuse indicated that none were

placed in segregated housing due to their reported allegation. All three inmate victims remained in their current housing assignment after the allegation. The interview with the Warden indicated that the agency has a policy that prohibits placing inmate victims of sexual abuse in segregated housing unless there is an assessment made and there are no other available alternatives to separate the inmate victim from the abuser. She stated that inmates who allege sexual abuse are not placed in involuntary segregated housing unless there is no other alternative housing available at the facility. The Warden stated that the inmate would remain for the minimum time necessary to resolve the issue. The interview with the staff who supervise inmates in segregated housing indicate that inmates would have access to programs, privileges, education and work opportunities to the extent possible. The staff member confirmed that any limitations would be documented. He confirmed that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged and they would typically not be involuntarily segregated for longer than 30 days. The staff who supervise inmates in segregated housing stated that inmates would be reviewed at least every 30 days for their continued need for placement in segregated housing

Based on a review of the PAQ, P5324.12, BP-A1002 and the interviews with the Warden and staff who supervise inmates in segregated housing, this standard appears to be compliant.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No

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

#### 115.71 (d)

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

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

### 115.71 (I)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Prison Rape Elimination Act Investigation Policy Memorandum
4. Memorandum of Understanding with the Federal Bureau of Investigation (FBI)
5. Letter from FBI on PREA Compliance
6. Investigative Reports

### Interviews:

1. Interview with Investigative Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with the Warden
4. Interview with the PREA Coordinator
5. Interview with the PREA Compliance Manager

### Findings (By Provision):

**115.71 (a):** P5324.12, page 43, states when an agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly and objectively for all allegations. The policy indicated that when it is an inmate-on-inmate allegation that the Special Investigative Services (SIS) is contacted and for an allegation that is staff-on-inmate, the OIA, OIG and if appropriate, the FBI are contacted. There were four allegations of sexual abuse or sexual harassment reported at the facility for the previous twelve months. One of the allegations did not rise to the level of PREA and two still had open investigations during the on-site portion of the audit. A review of the one closed investigation confirmed that it was investigated by SIS within a week. The investigation was thorough and objective and included photos of the victim and alleged perpetrator as well as interviews. The two open investigations were forwarded from SIS to the OIA. The interview with the investigator confirmed that an investigation would be initiated immediately and that allegations are investigated the same whether they are reported anonymously or through a third party.

**115.71 (b):** P5324.12, page 28, and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigating Sexual Abuse in a Confinement Setting. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The PAQ indicated 253 facility and agency staff complete investigations, including three facility staff at FCI Waseca. A review of documentation indicated that seventeen facility staff were documented with the NIC specialized investigator training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The interview with the investigator indicated he received the specialized training. He stated that the training covered Miranda and Garrity, how to deal with female offenders, how trauma affects inmates, how to deal with younger victims and how to conduct interviews. He confirmed all required topics were covered as required under this provision.

**115.71 (c):** P5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that investigators shall gather and preserve direct and circumstantial evidence including physical, DNA, electronic monitoring data and interviews. It also indicates that they will review prior complaints and reports of sexual abuse involving the alleged perpetrator. There were four allegations of sexual abuse or sexual harassment reported at the facility for the previous twelve months. One of the allegations did not rise to the level of PREA and two still had open investigations during the on-site portion of the audit. A review of the one closed investigation confirmed that it included photos of the victim and alleged perpetrator as well as interviews. The investigation did not involve video monitoring review or the collection of other evidence (i.e. physical or DNA). The investigator stated that following an allegation his first step would be to safeguard the inmate. He stated he would secure the crime scene to preserve any evidence and he would determine who the role players were in the allegation. The investigator stated he would then interview any witnesses, review statements, collect any evidence related to video monitoring, telephone calls or email and review all the information to make a conclusion. He stated that he would be responsible for collecting evidence such as emails, phone calls, video, statement and any other physical evidence.

**115.71 (d):** P5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that when evidence appears to support criminal prosecution that the agency will conduct compelled interviews only after consulting with prosecutors. The investigator stated they would consult with prosecutors before they conducted any compelled interviews.

**115.71 (e):** P5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that the credibility of the alleged victim, perpetrator and/or witness will be assessed on an individual basis and will not be determined based on the individual's status as an inmate or staff member. Additionally, it indicates that inmates would not be required to submit to a polygraph examination or any other truth-telling device as a condition for proceeding with the investigation. The interview with the investigator confirmed that the agency does not utilize polygraph tests or any other truth-telling devices on inmates who allege sexual abuse. He stated that credibility is based on a case-by-case basis. Both inmates who reported sexual abuse indicated they were not required to take a polygraph or truth telling device test.

**115.71 (f):** P5324.12, pages 44-45, describes the criminal and administrative investigation process. Specifically, it states that all administrative investigation will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. Additionally, the policy indicates that the investigation should also include information as to whether other factors such as physical layout, staffing patterns and institutional

operations contributed to the abuse. administrative investigations were completed in the previous twelve months. A review of the one closed investigation confirmed that it was documented in a written report with investigatory facts and findings. The interview with investigative staff confirmed that administrative investigations would be documented in written reports and reports include statements, a description of any of the evidence, a summary of any video, emails or phone calls, a summary, facts and finding and a conclusion. The investigator confirmed that they always look at the bigger pictures during the investigation and that they review information to determine if staff violated policy and procedure.

**115.71 (g):** P5324.12, page 45, indicates that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. There had been no criminal investigations completed related to sexual abuse within the previous twelve months. The interview with investigator confirmed that criminal investigations would be documented in written reports through the FBI or OIG and that their reports would contain similar elements as an administrative report.

**115.71 (h):** P5324.12, page 45 and the PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there have not been any allegations referred for prosecution since the last PREA audit. A review of documentation indicated there have been no substantiated sexual abuse allegations over the audit period. The interview with the investigator indicated that an allegation would be referred for prosecution if the evidence indicates that a criminal act has occurred.

**115.71 (i):** P5324.12, page 45 and the PAQ describes that all written reports referenced in (f) and (g) will be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. A review of a sample of historic investigations confirmed retention is being met.

**115.71 (j):** P5324.12, page 45, indicates that the departure of the alleged victim or alleged abuser from employment or custody of the agency does not provide a basis for terminating an investigation. The interview with the investigator confirmed that all investigations are completed no matter if staff leave/resign or if inmates depart the facility or agency's custody.

**115.71 (k):** The auditor is not required to audit this standard.

**115.71 (l):** The Office of the Inspector General and the Federal Bureau of Investigation are responsible for conducting criminal sexual abuse investigations at all BOP facilities. The MOU as well as the letter from the FBI indicate that they are compliant with all PREA investigatory standards. The PREA Coordinator stated that if the OIG is conducting the investigation, they provide updates to the institution; at the conclusion of their investigation, they inform OIA of the outcome. The Warden stated that the outside agency will communicate with her or SIS. The PCM confirmed that the agency would stay informed through SIS. The investigator stated he assists the outside agency through coordinating interviews and providing any information and evidence that has already collected.

Based on a review of the PAQ, P5324.12, the MOU with the FBI, the letter from the FBI, investigative reports, training records and information from interviews with the Agency Head, Warden, PREA Coordinator, PREA Compliance Manager, investigative staff and inmates who reported sexual abuse, indicate that this standard appears to be compliant.

## **Standard 115.72: Evidentiary standard for administrative investigations**

### **115.72 (a)**

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports

### Interviews:

1. Interview with Investigative Staff

### Findings (By Provision):

**115.72 (a):** P5324.12, page 45, indicates that the agency does not impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. There were four allegations of sexual abuse or sexual harassment reported at the facility over the previous twelve months. One of the allegations did not rise to the level of PREA and two still had open investigations during the on-site portion of the audit. A review of the one closed investigation indicated that it was completed with a finding of unsubstantiated. A review indicated the finding was accurate based on the evidence. The interview with the investigator indicated the level of evidence required to substantiate an allegation is a preponderance of evidence.

Based on a review of the PAQ, P5324.12, investigative reports and information from the interview with the investigator, it is determined that this standard appears to be compliant.

## Standard 115.73: Reporting to inmates

### 115.73 (a)

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

### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency



in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.73 (c)

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. Sexually Abusive Behavior Prevention and Intervention Program
4. Investigative Reports
5. Notification Memos

**Interviews:**

1. Interview with the Warden
2. Interview with Investigative Staff
3. Interview with Inmates who Reported Sexual Abuse

**Findings (By Provision):**

**115.73 (a):** P5324.12, page 45 and the Sexually Abusive Behavior Prevention and Intervention Program, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation, the facility will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The policy indicates that the Special Investigative Services Lieutenant is responsible for all notification under this standard. The PAQ indicated that there were two investigations completed within the previous twelve months. Upon further review it was determined one of the closed investigations did not rise to the level of PREA. As such, only one required a notification. A review of documents confirmed that the inmate victim was notified of the outcome of the investigation two days after it was completed. The interviews with the Warden and the investigator confirmed that inmates are informed of the outcome of the investigation into their allegation. The interviews with the inmates who reported abuse indicated that one was informed of the outcome of the investigation while the other was not. Two staff-on-inmate cases are still currently open and as such two inmates have not yet been notified.

**115.73 (b):** P5324.12, page 46 and the PAQ indicate that if the agency does not conduct the investigation, that it shall request the relevant information from the investigating agency in order to inform the inmate. The OIG and FBI are responsible for criminal sexual abuse investigations. These agencies provide relevant information to the facility in order to inform inmates about the outcome of their investigations. The PAQ indicated that there were zero investigations completed within the previous twelve months by an outside agency. A review of information confirmed that there were no criminal investigations completed within the audit period.

**115.73 (c):** P5324.12, page 46 and the Sexually Abusive Behavior Prevention and Intervention Program, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The policy further indicates that these notifications may not be appropriate in all cases and that all notifications are made in

accordance with the Freedom of Information Act/Privacy Act. The PAQ indicated that there have been substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. A review of the investigations indicated there were two open staff-on-inmate investigations and neither required a notifications under this provision.

**115.73 (d):** P5324.12, page 45 and the Sexually Abusive Behavior Prevention and Intervention Program, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate’s sexual abuse allegation by another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been no substantiated allegations of sexual abuse committed by an inmate against another inmate in the previous twelve months. A review of the investigations indicated there was one closed inmate-on-inmate unsubstantiated cases and it did not required notification under this provision.

**115.73 (e):** P5324.12, page 46, indicates that all notifications or attempted notification would be documented and maintained in the investigative file. The PAQ indicated that there were two notifications made during the audit period. Upon further review it was determined one of the closed investigations did not rise to the level of PREA. As such only one required a notification. A review of documents confirmed that the inmate victim was notified of the outcome of the investigation two days after it was completed.

**115.73 (f):** This provision is not required to be audited.

Based on a review of the PAQ, P5324.12, the Sexually Abusive Behavior Prevention and Intervention Program, review of investigative files, notification documents and information from interviews with the Warden, the investigator and the inmates who reported sexual abuse, this standard appears to be compliant.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and

circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. P3420.11
3. P5324.12
4. Investigative Reports

#### Findings (By Provision):

**115.76 (a):** P3420.11, pages 6-7 and P5324.12, describes the process for disciplinary sanctions against staff. Specifically, they indicate that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.

**115.76 (b):** P3420.11, pages 6-7 and P5324.12, indicate that termination will be the presumptive disciplinary sanction for staff who engage in the sexual abuse. The policy states that engaging in this activity is a violation of Title 18, US Code Chapter 109A and that it may result in up to life in prison. The PAQ indicated there were no staff members who violated the sexual abuse and sexual harassment policies. A review of investigative reports confirmed that there were no substantiated staff-on-inmate allegations.

**115.76 (c):** P5324.12 describes the process for disciplinary sanctions against staff. Specifically, it illustrates that disciplinary sanctions for violations of the agency's sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated there were no staff that were disciplined short of termination for violating the sexual abuse and sexual harassment policies.

**115.76 (d):** P5324.12 indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated

there were no staff members who violated the sexual abuse and sexual harassment policies. A review of investigative reports confirmed that there were no substantiated staff-on-inmate allegations.

Based on a review of the PAQ, P3420.11, P5324.12 and investigative reports, this standard appears to be compliant.

## Standard 115.77: Corrective action for contractors and volunteers

### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. P3420.11
3. P5324.12
4. Investigative Reports

### Interviews:

1. Interview with the Warden

### Findings (By Provision):

**115.77 (a):** P3420.11, pages 6-7 and P5324.12, describe the process for corrective action for volunteers and contractors. Volunteers and contractors fall under the same category of staff and as such, any violation of sexual abuse or sexual harassment policies may result in up to termination from the facility.

The policy states that engaging in this activity is a violation of Title 18, US Code Chapter 109A and that it may result in up to life in prison. Additionally, P5324.12 states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and will be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there have been no contractors or volunteers who violated the sexual abuse or sexual harassment policies and who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports indicated that there were no sexual abuse or sexual harassment allegations against a contractor or volunteer.

**115.77 (b):** P5324.12 and the PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor being prohibited from coming into the facility. She stated that they would also be referred to local law enforcement and to their employers (if it is a contractor). The Warden stated there have been no violations by contractors or volunteers during the audit period.

Based on a review of the PAQ, P3420.11, P5324.12, investigative reports and information from the interview with the Warden, this standard appears to be compliant.

## Standard 115.78: Disciplinary sanctions for inmates

### 115.78 (a)

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

### 115.78 (b)

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

### 115.78 (c)

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

### 115.78 (d)

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

### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. P5270.09
4. P5510.13
5. Investigative Reports

#### Interviews:

1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

#### Findings (By Provision):

**115.78 (a):** P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it states that inmates will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a finding of guilt from a criminal investigation. The PAQ indicated there have been no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months. A review of investigative reports confirmed there have been no substantiated inmate-on-inmate allegations.

**115.78 (b):** P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the sanctions will commensurate with the nature and circumstances of the abuse committed, the inmates' disciplinary history and sanctions imposed for comparable offenses by inmates with similar histories. The PAQ indicated there have been no administrative findings of guilt for inmate-on-inmate

sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Warden confirmed the inmate would get an incident report for sexual assault and go through the disciplinary hearing process. She stated that the disciplinary process would dictate the sanctions imposed and that more than likely the perpetrator would be transferred from the facility. The Warden confirmed that the sanctions would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and sanctions imposed for comparable offenses by inmates with similar histories.

**115.78 (c):** P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the disciplinary process will consider whether the inmate's mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed. The PAQ indicated there have been no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Warden indicated that the inmate abuser's mental health would be considered in the disciplinary hearing process.

**115.78 (d):** P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the agency will offer therapy, counseling and other interventions to correct underlying reasons or motivations for the abuse and will consider whether to require the abuser to participate in these interventions as a condition of access to programming and other benefits. The PAQ indicated there have been no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. Interviews with medical and mental health staff indicated that there are designated facilities for sex offender treatment and they would review the inmate for the treatment. The staff stated all programs are voluntary.

**115.78 (e):** P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the agency may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent. The PAQ indicated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact.

**115.78 (f):** P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that inmates will not be disciplined for falsely reporting an incident or lying, if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate the allegation. The policy further states that the maintenance of an effective sexual abuse prevention policy requires inmates to be held responsible for manipulative behavior and making false allegations. As such, false reports will be considered in accordance with the P5270.09 and P5510.13. There have been no instances where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

**115.78 (g):** P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it is determined the activity is not coerced.

Based on a review of the PAQ, P5324.12, investigative reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

## MEDICAL AND MENTAL CARE



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

### 115.81 (a)

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

### 115.81 (b)

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

### 115.81 (c)

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

### 115.81 (d)

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

### 115.81 (e)

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

### Auditor Overall Compliance Determination

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

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. Medical/Mental Health Documents

**Interviews:**

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

**Site Review Observations:**

1. Observations of Risk Screening Area
2. Observation of Inmate Medical and Classification Files

**Findings (By Provision):**

**115.81 (a):** P5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have experience prior sexual victimization will be offered a follow-up with medical or mental health within fourteen days of the screening. P5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates who are identified during the risk screening to have experienced prior sexual victimization are referred to Psychology Services. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health care staff maintain documents related to compliance with these services. A review of medical and mental health files for thirteen inmates who disclosed prior sexual victimization during the risk screening confirmed that all thirteen were seen by mental health care staff within the required fourteen days. Most of the inmates were seen within a few days by mental health care staff. The interview with staff responsible for the risk screening, indicated that after the inmate discloses prior victimization, they are seen by mental health care staff within fourteen days. Interviews with three inmates who disclosed prior victimization during the risk screening indicated that they were all seen by mental health care staff within a week of the risk screening.

**115.81 (b):** P5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have previously perpetrated sexual abuse will be offered a follow-up with medical or mental health within fourteen days of the screening. P5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates identified during the risk screening to have previously perpetrated sexual abuse are referred to Psychology Services. The PAQ indicated that 100% of those inmates who reported prior perpetration were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health care staff maintain documents related to compliance with these services. Two inmates were identified with prior sexual abusiveness. A review of documentation indicated that both inmates were seen by mental health care staff within the fourteen days. Interviews with staff responsible for the risk screening indicated that after prior abusiveness is determined inmates are offered mental health follow-up services within fourteen days.

**115.81 (c):** P5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have experience prior sexual victimization will be offered a follow-up with medical or mental health within fourteen days of the screening. P5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates who are identified during the risk screening to have experienced prior sexual victimization are referred to Psychology Services. The PAQ indicated that 100% of those inmates who reported prior victimization

were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health care staff maintain documents related to compliance with these services. A review of medical and mental health files for thirteen inmates who disclosed prior sexual victimization during the risk screening confirmed that all thirteen were seen by mental health care staff within the required fourteen days. Most of the inmates were seen within a few days by mental health care staff. The interview with staff responsible for the risk screening, indicated that after the inmate discloses prior victimization, they are seen by mental health care staff within fourteen days. Interviews with three inmates who disclosed prior victimization during the risk screening indicated that they were all seen by mental health care staff within a week of the risk screening.

**115.81 (d):** P5324.12, page 49, states that 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 management decision, including housing, bed, work, education and program assignments. During the tour it was noted by the auditor that inmate medical files are electronic and inmate classification files are kept behind a locked door with limited staff access. Additionally, the auditor observed that the risk screening is conducted in a private office setting.

**15.81 (e):** P5324.12, page 50, states that medical and mental health staff are required to obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate was under eighteen. The PAQ stated that there have been no instances where medical and mental health practitioners required consent from an inmate over eighteen before reporting sexual victimization that did not occur in a correctional setting. Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting, that they disclose their duty to report and that they have not had any instances of this in the previous twelve months. Additionally, they indicated that they do not deal with inmates under eighteen and/or vulnerable adults.

Based on a review of the PAQ, P5324.12, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, the facility appears to meet this standard.

## Standard 115.82: Access to emergency medical and mental health services

### 115.82 (a)

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

### 115.82 (b)

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

### 115.82 (c)

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

### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Medical and Mental Health Documents

### Interviews:

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

### Site Review Observations:

1. Observations of Medical and Mental Health Areas

### Findings (By Provision):

**115.82 (a):** P5324.12, pages 50-51, describes inmate's access to emergency medical and mental health treatment. Page 50, specifically states that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services as determined by the medical and mental health practitioners. The PAQ indicated that medical and mental health care staff maintain secondary materials documenting the timeliness of services. During the tour, the auditor noted that the medical and mental health areas consisted of an emergency room area, numerous exam rooms and offices. All areas were private and consisted of solid doors with security windows that allowed for adequate confidentiality. A review of documentation indicated that there were three sexual abuse allegations reported in the previous twelve months. The auditor reviewed documentation for the three inmate victims. All three inmates were provided medical and/or services the same day as their allegation. Interviews with medical and mental health care staff confirm that inmates receive timely services, typically immediately or as soon as they are made aware of the incident. Staff advised that the services they

provide are based on their professional judgement. The interviews with the inmates who reported sexual abuse indicate that both were seen by medical and mental health care staff in a timely manner.

**115.82 (b):** P5324.12, page 51 and the PAQ indicated that if no qualified medical or mental health practitioners were on duty at the time of a report of recent abuse, that the Operations Lieutenant would take preliminary steps to protect the victim and notify the appropriate medical and mental health services. Procedure confirms that inmate victims of sexual abuse would be transported to a local hospital for a forensic medical examination. The custody first responder indicated that he would separate the inmates, safeguard the victim, notify the Operations Lieutenant, preserve any evidence and ensure the inmate victim is assessed by medical.

**115.82 (c):** P5324.12, pages 50-51, describes inmate's access to emergency medical and mental health treatment. Page 51 specifically indicates that inmate victims of sexual abuse receive timely access to emergency contraception and sexually transmitted infection prophylaxis. When the inmate is transferred to the local hospital, these services are typically rendered at the time and the facility would continue any follow-up medication, education or services. A review of documentation indicated that there were three sexual abuse allegations reported during the previous twelve months. All three inmates were provided medical and mental health services. One of the allegations involved penetration, however the inmate victim denied the allegation and as such emergency contraception and sexually transmitted infection prophylaxis was not applicable. Interviews with medical and mental health care staff confirm that inmates receive timely information and access to emergency contraception and sexually transmitted infection prophylaxis. The interviews with the inmates who reported sexual abuse indicate that neither of their allegations involved penetration and as such they were not offered emergency contraception or prophylaxis.

**115.82 (d):** P5324.12, pages 50-51, describes inmate's access to emergency medical and mental health treatment. Page 51 specifically states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims.

Based on a review of the PAQ, P5324.12, a review of medical and mental health documents and information from interviews with medical and mental health care staff and inmates who reported sexual abuse indicate that this standard appears to be compliant.

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

### **115.83 (a)**

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

### **115.83 (b)**

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

### 115.83 (c)

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

### 115.83 (d)

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

### 115.83 (e)

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

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. Medical and Mental Health Documents

**Interviews:**

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse

**Site Review Observations:**

1. Observations of Medical Treatment Areas

**Findings (By Provision):**

**115.83 (a):** P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that the agency will offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. During the tour, the auditor noted that the medical and mental health areas consisted of an emergency room area, numerous exam rooms and offices. All areas were private and consisted of solid doors with security windows that allowed for adequate confidentiality.

**115.83 (b):** P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that evaluations and treatments of such victims will include follow-up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody. Interviews with medical and mental health staff indicate that they provide follow-up services such as pregnancy testing, HIV and STI testing, forensic medical examinations, psychiatric referrals, referral to outside victim advocates, trauma informed care and other mental health treatment. A review of documentation indicated that there were three sexual abuse allegations reported during the previous twelve months. All three inmates were provided medical and mental health services. Interviews with inmates who reported sexual abuse indicated that one was provided follow-up mental health services and the other refused any follow-up services.

**115.83 (c):** P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that the facility shall provide victims medical and mental health services consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospitals for forensic medical examinations. A review of medical and mental health documentation indicated that inmates have access to medical and mental health care when needed and they provide services consistent with a local doctor's office. Any severe medical treatment is performed at the local hospital. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

**115.83 (d):** The PAQ indicated that female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it indicates that female offenders who have been sexually victimized while incarcerated shall be offered pregnancy tests. A review of documentation indicated that there were three sexual abuse allegations reported during the previous twelve months. All three inmates were provided medical and mental health services. One of the allegations involved penetration, however the inmate victim denied the allegation and as such a pregnancy test and information on pregnancy was not applicable. The interviews with the inmates who reported sexual abuse indicate that neither of their allegations involved penetration and as such they

were not offered a pregnancy test and pregnancy related information. Interviews with medical and mental health care staff confirmed that inmate victims of sexual abuse would be provided pregnancy tests.

**115.83 (e):** The PAQ indicated that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy related medical services. P5324.12, page 52, indicates that if pregnancy results from the conduct of section (d), such victims shall receive timely and comprehensive information and access to all lawful pregnancy related medical services. A review of documentation indicated that there were three sexual abuse allegations reported during the previous twelve months. All three inmates were provided medical and mental health services. One of the allegations involved penetration, however the inmate victim denied the allegation and as such a pregnancy test and information on pregnancy was not applicable. The interviews with the inmates who reported sexual abuse indicate that neither of their allegations involved penetration and as such they were not offered a pregnancy test and pregnancy related information. Interviews with medical and mental health care staff confirmed that inmate victims of sexual abuse would be provided pregnancy tests.

**115.83 (f):** P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. A review of documentation indicated that there were three sexual abuse allegations reported during the previous twelve months. All three inmates were provided medical and mental health services. One of the allegations involved penetration, however the inmate victim denied the allegation and as such HIV/STI testing was not applicable. The interviews with the inmates who reported sexual abuse indicate that neither of their allegations involved penetration and as such they were not offered HIV/STI testing. Interviews with medical and mental health care staff confirm that inmates receive timely information and access to HIV and STI testing.

**115.83 (g):** P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims. Neither of the two inmates who reported sexual abuse stated that they were required to pay for medical and/or mental health care services.

**115.83 (h):** P5324.12, page 52, indicates that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history. There was one inmate-on-inmate sexual abuse allegation reported during the previous twelve months, however the allegation was unsubstantiated. As such, there were no confirmed inmate-on-inmate abusers who required an evaluation under this provision. Interviews with medical and mental health staff confirm that inmate-on-inmate abusers would be offered a mental health evaluation within 60 days.

Based on a review of the PAQ, P5324.12, a review of medical and mental health documents and information from interviews with the inmates who reported sexual abuse and medical and mental health care staff, this standard appears to be compliant.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews



### 115.86 (a)

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

### 115.86 (b)

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

### 115.86 (c)

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

### 115.86 (d)

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

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

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

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

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. Sexual Abuse Incident Reviews

**Interviews:**

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

**Findings (By Provision):**

**115.86 (a):** P5324.12, pages 52-53, outlines information related to sexual abuse incident reviews. Specifically, page 53 states that the facility will conduct sexual abuse incident reviews 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. Policy indicates that Executive Staff review the incident and that the PCM documents the recommendation and forwards them to the Warden for implementation. If the allegation is substantiated a copy of the review is forwarded to the Regional PC. The PAQ indicated there were two reviews completed within the previous twelve months. Further review indicated two reviews were completed however only one review was required as the second allegation did not rise to the level of PREA.

**115.86 (b):** P5324.12, pages 52-53, outlines information related to sexual abuse incident reviews. Specifically, page 53 states that the review shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ indicated that two reviews were completed within the previous twelve months. Further review indicated two reviews were completed however only one review was required as the second allegation did not rise to the level of PREA. Both reviews were completed within 30 days of the conclusion of the investigation.

**115.86 (c):** P5324.12, pages 52-53, outlines information related to sexual abuse incident reviews. Specifically, page 53 states that the review team will consists of upper management officials, with input from line supervisors, investigators and medical and mental health staff. Additionally, policy requires that the Union President or designee be allowed input and the local union representative be authorized to review the recommendations prior to implementation. A review of the two reviews indicated that upper management leadership, the investigator and mental health staff were included in the reviews. The interview with the Warden confirmed that these reviews are being completed and they include upper management officials, line supervisors, mental health staff, medical staff, the investigator and the union representative.

**115.86 (d):** P5324.12, page 53, illustrates that the review team shall: consider whether the allegation or investigation indicates a need to change policy or practice; consider whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. Policy indicates that Executive Staff review the incident and that the PCM documents the

recommendation and forwards them to the Warden for implementation. If the allegation is substantiated a copy of the review is forwarded to the Regional PC. A review of the two reviews indicated that all required components are included in the review. Interviews with the Warden, PCM and incident review team member confirmed that these reviews are being completed and they include all the required elements under this provision. The Warden stated that the information from the reviews is utilized to look at the response to ensure it was appropriate, to review staffing and supervision, to determine if additional training is necessary and to make recommendations for improvement. The PCM stated he reviews the reports and has not noticed any trends. He stated that if corrective action was needed that he would ensure it was implemented.

**115.86 (e):** P5324.12, page 53, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will implement the recommendations for improvement or document the reasons for not doing so. Policy also states that all recommendation must comply with current collective bargaining agreements. A review of the two incident reviews indicated that a section exists for recommendations and corrective action, however no recommendations were noted.

Based on a review of the PAQ, P5324.12, a review of the sexual abuse incident reviews and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to be compliant.

## Standard 115.87: Data collection

### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

## 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes    No    NA

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Aggregated Data

### Findings (By Provision):

**115.87 (a):** P5324.12, page 54, outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization (SSV). A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards. Data is collected from numerous sources to include SIS, OIA, SENTRY and the Information, Policy and Public Affairs Division (IPPA). The OIA reports the data to the CEO and the IPPA reports the data for the SSV.

**115.87 (b):** P5324.12, page 55 and the PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. Policy states that the PREA Coordinator and Regional PREA Coordinators are responsible for the annual aggregation.

**115.87 (c):** P5324.12, page 54, outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization (SSV). A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards. Data is collected from numerous sources to include SIS, OIA, SENTRY and the Information, Policy and Public Affairs Division (IPPA). The OIA reports the data to the CEO and the IPPA reports the data for the SSV.

**115.87 (d):** P5324.12, page 55 and the PAQ indicate that the agency maintains, reviews and collects data as needed from available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. Data is collected from numerous sources to include SIS, OIA, SENTRY and the Information, Policy and Public Affairs Division (IPPA). The OIA reports the data to the CEO and the IPPA reports the data for the SSV.

**115.87 (e):** P5324.12, page 55 and the PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. A

review of the annual report, which includes the aggregated data, indicated that data was reported for all eight privately operated low security facilities.

**115.87 (f):** P5324.12, page 55 and the PAQ indicated that the agency provides data from the previous calendar year to the Department of Justice no later than June 30<sup>th</sup>.

Based on a review of the PAQ, P5324.12 and a review of the aggregated data, this standard appears to be compliant.

## Standard 115.88: Data review for corrective action

### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

## Auditor Overall Compliance Determination

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

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

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

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. Annual PREA Reports

**Interviews:**

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

**Findings (By Provision):**

**115.88 (a):** P5324.12, page 56 and the PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. Policy indicated that the National PC reviews the data completed by the Regional PREA Coordinators, IPPA and OIA and reports to the Director annually. A review of annual reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action. The interview with the Agency Head indicated that if incident-based data shows patterns then policies, procedures and training may be modified. The PCM stated that the information is reviewed to ensure compliance with PREA and that it is utilized to provide recommendations for facilities based on overall data. Additionally, the PC confirmed that the data is reviewed and compiled into a report and issued to the Director annually.

**115.88 (b):** P5324.12, page 56 and the PAQ indicated that the agency's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. A review of annual reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action.

**115.88 (c):** P5324.12, page 56 and the PAQ indicated that the agency's annual report is approved by the Agency Head and made available to the public through its website. The interview with the Agency Head confirmed that the report is done annually and that it is reviewed prior to being placed on the public website. A review of the review of the website: [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp) confirmed that the current annual report is available to the public online.

**115.88 (d):** P5324.12, page 56 and the PAQ indicated that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. Policy states that the agency complies with the Federal Privacy Act and the Freedom of Information Act. A review of the annual report confirmed that

no personal identifying information was included in the report nor any security related information. The report did not contain any redacted information.

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

## Standard 115.89: Data storage, publication, and destruction

### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Annual Reports

### Interviews:

1. Interview with the PREA Coordinator

## Findings (By Provision):

**115.89 (a):** P5324.12, page 56, describes the data storage, publication and destruction of information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency shall ensure all data is securely retained. The PAQ as well as the interview with the PREA Coordinator confirmed that the agency complies with FOIA and other applicable laws, rules and regulations to ensure all investigative, psychological and medical data is securely maintained.

**115.89 (b):** P5324.12, page 56, describes the data storage, publication and destruction of information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency will make all aggregated sexual abuse data readily available to the public, at least annually, through its website or through other means. A review of the website: [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp) confirmed that the current annual report, which includes aggregated data, is available to the public online.

**115.89 (c):** P5324.12, page 56 and the PAQ indicated that before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. A review of the annual report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.

**115.89 (d):** P5324.12, page 56 and the PAQ indicates that the agency maintains sexual abuse data that is collected for at least ten years after the date of initial collection. A review of historical annual reports indicated that aggregated data is available from 2013 to present.

Based on a review of the PAQ, P5324.12, annual reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA



- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Findings (By Provision):

**115.401 (a):** The facility is part of the Federal Bureau of Prisons. All BOP facilities were audited in the previous three-year audit cycle.

**115.401 (b):** The facility is part of the Federal Bureau of Prisons. The BOP has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the second year of the three-year cycle.

**115.401 (h) – (m):** The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.

#### Standard 115.403: Audit contents and findings

### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Findings (By Provision):

**115.403 (a):** The facility was previously audited on September 18-20, 2018. The final audit report is publicly available via their website: [https://www.bop.gov/locations/institutions/was/was\\_prea\\_20181109.pdf](https://www.bop.gov/locations/institutions/was/was_prea_20181109.pdf).

## 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.

Kendra Prisk

**Auditor Signature**

June 13, 2021

**Date**